

Mr M Mapara

# St Bennett's Care Home

## Inspection report

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Date of inspection visit:  
13 September 2022  
14 September 2022  
15 September 2022

Date of publication:  
25 October 2022

### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

St Bennett's care Home provides accommodation and personal care in one adapted building for up to 27 older people, including people living with dementia and people with a learning disability and or autism. At the time of our inspection, there were 20 people living at the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** Opportunities of choice, control and independence were limited. Activities to pursue interests, hobbies and make future plans were not supported.

People were not supported to have maximum choice and control of their lives. However, staff provided care and support in the least restrictive way possible and in their best interests; the policies and systems in the service however were not consistently adhered to.

**Right Care:** Staff were kind, caring and provided dignified care. However, care plans were not fully reflective of people's current care needs. Care was therefore not consistently personalised.

**Right Culture:** The management team were in the process of developing a new staff team and showed a commitment in wanting to make improvements at the service. This included developing a positive staff culture and empowering people by improving their care and support experience and opportunities.

Risks associated with people's care and treatment had not been consistently assessed and planned for. Guidance for staff of how to manage and mitigate known risks was not always available, up to date or sufficient in detail. Environmental health and safety risks had also not been consistently assessed, planned for and monitored.

Medicines were not consistently managed safely or effectively, and best practice guidance was not always followed. Safeguarding procedures did not fully protect people. Where authorisations to deprive a person of their liberty had been granted with conditions, these had not been reviewed and monitored as required.

Staff deployment was not sufficient. The provider did not use a dependency tool to assess people's care needs. Care staff were also required to complete domestic tasks, and this had a negative impact on their availability to meet people's care needs.

The provider's systems and processes to assess and monitor quality and safety were not robust. This impacted on the provider's oversight and leadership. Care records and documentation was disorganised, not always up to date, insufficiently detailed or missing. The provider's policies and procedures had not been regularly reviewed to ensure they met current legislation and best practice guidance.

People's health conditions had not consistently been assessed and planned for. Whilst changes to people's health were reported to external health professionals and recommendations implemented, record keeping reflecting actions were poor.

People received enough to eat and drink but guidance for staff about people's individual food and hydration needs lacked detail.

Staff were recruited safely and received ongoing training and support.

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

The last rating for this service was good (published 28 April 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about staff deployment, care planning, risk management and the provider's systems and processes. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

The provider took some immediate actions to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Bennett's Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

### Enforcement

We have identified breaches in relation to risk management, the provider's systems and processes that monitored the service, medicines management, safeguarding procedures and staff deployment.

Please see the action we have told the provider to take at the end of this report.

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

### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 well-led.

Details are in our well-led findings below.

**Inadequate** ●

# St Bennett's Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. 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

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

#### Registered Manager

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

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent to us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvement they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with eight people who use the service and two visiting friends to ask about their experience of the care provided. We also observed staff interaction with people who use the service. We spoke with three visiting health care professionals.

We spoke with the manager, the provider, two senior care staff, five care staff, two cooks and a domestic. We looked at 16 care files along with a range of medication administration records. We looked at other records relating to the management of the service including staff recruitment and audits.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data, quality assurance records and policies. We also contacted an additional four relatives for their feedback.

# 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 requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- The provider had failed to effectively assess, monitor and mitigate risks. At our last inspection, concerns were identified with risk assessments lacking guidance for staff of how to manage and mitigate known risks. At this inspection, we identified continued concerns in risk management. This put people at increased risk of harm.
- Risks to people associated with healthcare conditions had not been assessed. For example, people with a diagnosis of diabetes, had no specific care plan and risk assessment. Diabetes can cause major health complications and requires close monitoring and awareness of the signs and symptoms of ill health. Not having a specific care plan and risk assessment put people at increased risk of harm.
- Mobility risk assessments had recently been completed, but important risk factors such as the use of a floor sensor mat used to mitigate a falls risk was not recorded. Mobility care plans either lacked up to date guidance for staff or were not available. This put people at increased risk of harm.
- Where people had been assessed as being at risk of choking, there was not a risk assessment in place that provided guidance for staff. Some people required their drinks to be thickened and their food modified to reduce the risk of choking. However, this guidance for staff was missing or was limited in detail. This put people at risk of harm.
- Incident management was not robust. When people had experienced a fall, the provider had not taken all required action to reduce the risk from reoccurring. Such as making a referral to the community falls team or reviewing the person's care plan and risk assessment. A person had recently sustained an injury to their leg, whilst the community nurse was involved in the care of this, there was no incident form, or any other recording or action taken to investigate how this may have occurred. There was a lack of action to learn from incidents.
- The provider had failed to ensure health and safety checks were robust and effective to mitigate risks. We noted some people had portable heaters in their bedrooms. It was not clear why this was, and no risk assessment had been completed. Portable heaters pose a trip and burn hazard. Concerns were raised about the supply of hot water to some parts of the service. Whilst we were told hot water checks were completed, information to confirm this was not available. Wardrobes were not secure to walls and some were used to store items on the top. This was posed a potential risk to people's safety.
- Personal Emergency Evacuation Plans (PEEPs) were identified by the local authority who visited on 1 and 6 September 2022 as requiring reviewing. Whilst the provider had completed this the local authority had requested further detail adding to PEEP's. This action was still ongoing at the time of our inspection. This was a concern and meant staff may not have all the required information to safely evacuate people if required.

Using medicines safely



- The storage and management of medicines was unsafe. We found no open dates on insulin, liquid medicine bottles, eye drops, and creams found in the medicines trolley and fridge. These medicines only had a short shelf life once opened. Therefore, we could not be assured that the medicines were still suitable for use. This placed people at risk of receiving unsafe medicines.
- The monitoring of people's prescribed medicines was not effective. One person's prescribed medicine was out of stock at the pharmacy. However, no action had been taken to raise this with the GP. Another person was waiting for the GP to add a medicine prescribed from the hospital, which they had run out of, to be added to their monthly medicines. However, this had not been followed up with the GP. This lack of accountability and actions put people at increased risk of harm.
- Prescribed medicines were not consistently administered safely. There was evidence of medicines being dispensed but not administered. For example, we observed the medicine trolley on 14 and 15 September 2022 with three people's medicines that had been dispensed in medicine pots. Two of these had been in the medicines trolley potted up overnight. The staff member responsible for the administration of medicines, was unable to give us a detailed explanation. This was unsafe practice and put people at risk.
- Medicines guidance was not available or not in place. Medicines which were taken 'as required' (PRN) required a protocol to ensure safe administration. Protocols were not readily available to staff administering medicines. Information in relation to risks associated with anticoagulant medicines was also not available to staff administering medicines. These medicines are classed as 'high risk' and are used to prevent the blood from clotting as normal. Some people had missing important information in their medicines file such as, allergies, GP contact details, and photographs to aid identification. This put people at increased risk of harm.
- Medicines administration records (MAR) were not always completed consistently. We identified multiple MAR's with missing staff signatures, this included missing second staff signatures for controlled medicines. Body maps were not used to record the site application of patches. If patches are not rotated this can cause skin irritation and, in some cases, thinning of the skin. This lack of record keeping put people at increased risk of harm.
- The medicines room and fridge temperature were not being taken and it was unclear when this was last completed. We noted the room thermometer minimum and maximum temperature were set wrong. The minimum was set at 25 degrees and the maximum was 29 degrees. The maximum temperature should be set at 25 degrees. This is important as storage conditions can influence the stability of medicines. This put people at increased risk of harm.

The provider failed to ensure people's needs had been fully assessed and action taken to mitigate risk. Environmental safety checks and monitoring were not robust. Prescribed medicines were not safely and effectively managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- The provider had failed to ensure there were enough staff deployed to meet people's care needs and safety. The provider did not use a dependency tool to assess people's needs to help inform them of what staffing levels were required. Neither was there consideration to the size nor lay out of the building which impacted on staff deployment. A person told us their call bell was not always responded to in a timely manner.
- A risk assessment identified staff were always required in the communal areas. One person's care plan and risk assessment identified they were a high falls risk and required close monitoring by staff. We observed staff were not always present in the communal areas and on the third day of the inspection, when no staff were present in the lounge, this person had a fall. This showed people were at increased risk of harm.
- Care staff had additional domestic tasks they were expected to complete such as, laundry, serving the

evening meal and cleaning at a weekend. Staff also had to provide activities, however during the three days of inspection we did not observe activities were offered to people. This impacted on staff's availability to provide care and support.

- We identified some competency and accountability concerns with some of the staff. This included falsification of records. For example, completing in part, a staff handover document, recording actions that had not yet occurred. The staff member told us they did this due to not having sufficient time to complete records. We also identified a staff member to lack competency in the management of medicines. They also lacked accountability in maintaining care records such as recording their contact with health care professionals. This increased the risk to people.

The provider had failed to assess people's dependency needs and monitor and respond to changing needs of people. There were insufficient numbers of suitable, competent and skilled staff deployed. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us their greatest concern was the recent high turnover of staff. The provider used agency staff to cover shortfalls and they had recruited new staff and recruitment was ongoing.
- The provider had safe staff recruitment procedures. This included, Disclosure and Barring Service (DBS) checks, this provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were not robust. At our last inspection, we noted the policy and procedure lacked detail about safeguarding actions the provider would take if an incident or concern was identified. We raised this with the provider. At this inspection, we noted the safeguarding policy and procedure had not been reviewed since our last inspection. This was therefore an ongoing concern. A lack of robust clear procedures for staff, may have impacted on safeguarding incidents and concerns being acted on.

- Staff had received safeguarding training. Staff told us of the actions they would take if there was a safeguarding incident or concern.

- People told us they felt safe living at St Bennett's Care Home. A person said, "I'm not frightened or worried about living here." Another person said, "I like it better than the other place I lived, I am safe and comfortable." Relatives did not raise any concerns about safety.

Preventing and controlling infection

- We were not assured that the provider's infection prevention and control policy was up to date.

Information about COVID-19 was not reflected in the policy. There was a COVID-19 risk assessment and other related information. However, this had not been updated since 2020.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- 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 responding effectively to risks and signs of infection.

- 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.

## Visiting in care homes

- At the time of the inspection, government guidance was not being fully complied with. For example, people received visits, but this was not in communal areas. Visits were either conducted in the person's bedroom, a designated room or outside. Visitors were requested to book a visiting appointment.
- Following our inspection, the provider had lifted visiting restrictions. We spoke to relatives who confirmed this to be correct. The manager also sent a letter to people and relatives advising of the changes made to visiting.

# 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.

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.

- DoLS authorisations with conditions, had not been reviewed and action taken as required. Three people had conditions that required the provider to review and take actions to protect and safeguard them. This included arranging three monthly reviews of two people's prescribed medicines. This action and other required actions had not been completed. We raised this with the manager who told us of the action they had taken about one person's condition. However, this was not recorded. We were not sufficiently assured people were protected, and this put people at increased risk of harm.

The provider had failed to effectively monitor and action DoLS authorisation conditions. This is a breach of Regulation 13 Safeguarding people from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw examples of MCA assessments; however, these were not decision specific. The manager told us they were aware mental capacity assessments and best interest decisions was an area that needed improving upon. They had contacted the local authority and requested MCA assessment documentation to assist with this.

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

- The provider had a pre-assessment document used to assess people's individual needs. People and relatives could not recall if they had been involved in the pre-assessment and development of care plans.

However, we saw examples of care plans having been signed by the person confirming their involvement.

- Care plans lacked specific guidance for staff or were not available. The manager had identified care plans needed to be more person centred and how some care plans were missing. The manager was in the process of reviewing and updating care plans.
- Staff demonstrated an understanding and awareness of people's care and treatment needs.

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

- We received a mixed response about the quality, choice and availability of food. Whilst some people told us, "The foods' not bad, it's enough for me." And, "There's enough food, I can ask for a plate of sandwiches any time." Others told us, "There is not enough food sometimes." We sat in a staff handover and noted how the manager reminded staff that the kitchen was open 24 hours a day and to offer people additional food.
- Nutrition and hydration care plans were inconsistent in the guidance provided for staff. The monitoring of people's food and fluid intake to ensure this was sufficient was not effectively monitored. Care records showed people had not consistently been weighed at the frequency they had been assessed as requiring. This put people at increased risk.
- Food stocks, storage and management were found to meet best practice guidance. The service had a five-star rating with the food standards agency, meaning they were compliant with expected practice.

Staff working with other agencies to provide consistent, effective, timely care

- People's care documents used to share information with external professionals to assist in continuity of care were not consistently completed or up to date. For example, some people had an Integrated Care Plan and a Hospital Passport to share important information. However, not all people had these documents available. We saw an example where these records were available, but they had not been updated to reflect a person's change in their care and support needs. This increased the risk of receiving unsafe and ineffective care.
- Care records were poorly maintained, and it was therefore difficult to conclude if timely referrals to external health care professionals were made. However, there was a weekly GP visit. The manager acknowledged record keeping needed to improve but felt assured any concerns about peoples' health was acted upon without a delay.

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

- The service had undergone some refurbishment work and these were positive improvements. However, further improvements were required to the environment such as redecoration and other refurbishment. The provider told us this work was ongoing, but they had no action plan to confirm the timescales for completion.
- People raised concerns about the bathing facilities. A person said, "You can't use the baths because they don't have any plugs, so we have to have showers. You can have one everyday but it's a faff, because it takes a while for the hot water to come through." We shared this with the provider to follow up.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions had not been consistently assessed and care plans developed. This meant staff did not have guidance about a person's health condition and how this impacted them and their care and treatment needs.
- Feedback from three visiting health care professionals was positive about how people's health needs were being managed. However, care records about people's changing health conditions and guidance for staff was poorly maintained, lacked detail, was not available or was not up to date. This increased the risk of receiving unsafe and ineffective care.

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing opportunities to discuss their work, training and development needs. The manager had completed some training that enabled them to train staff, such as in moving and handling. We also saw records that confirmed the manager had completed some staff competencies.
- Staff confirmed they had received an induction and how the manager supported them and provided them with guidance.
- People and relatives were positive about staffs approach and competency. A person said, "The best thing is that the staff are nice people, the staff are lovely." A relative said, "The staff are all lovely with [relation] I can't fault them, and they are kind to me too."

# 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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider's systems and processes had failed to ensure people's individual care needs had been adequately assessed and planned for. Incident management was also ineffective, with a lack of learning to improve care. During our last inspection, we identified risk assessments lacked sufficient guidance for staff of how to manage known risks. This continued to be a concern at this inspection. Guidance for staff about the actions required to manage and mitigate known risks was either not available, lacked detail or was not up to date. Risk management was poor and compromised people's health and safety.
- The new manager who commenced in June 2022 had identified care records was an area that required improvement. Whilst they had started to review care plans and risk assessments, we were concerned there was no priority of which ones to do first and no timescales for completion. From reviewing a sample of care plans and risk assessments completed by the manager, we saw inconsistencies in the quality and standard. The manager was experienced, knowledgeable and competent, but lacked support and time to review care plans and risk assessments. This had a negative impact and resulted in a lack of attention to detail, increasing the risk to people.
- Care records were disorganised. Missing care records on the first day of our inspection were found on the second day of our inspection. Some care records such as food and fluid monitoring were recorded on several documents making it is confusing for staff. Management oversight of documentation to ensure people were receiving the care they required was either not consistently happening or was ineffective. Important information staff required in the management of medicines was not available to them, because they were on the managers computer. Poor record management put people at increased risk of receiving unsafe care.
- Governance audits had not identified all the concerns found on this inspection and the audit visit completed by the local authority on 1 and 6 September 2022. It was a concern that personal emergency evacuation plans, had been identified by the local authority for review. Whilst the manager had reviewed these the local authority was not satisfied with the level of detail. This was an outstanding action at our inspection and compromised people's safety.
- Governance systems and processes had failed to ensure the MCA and DoLS legislation had been followed. The quality of MCA assessments were poor and DoLS authorisations with conditions had not been monitored and reviewed. Staff deployment had not been effectively assessed and monitored. This compromised people's health and safety.
- The provider regularly attended the service but did not complete any audits and checks to assure governance, systems and processes were accurate and up to date. Some refurbishment works had been

completed. However, the service was clearly showing evidence of being tired and worn and required decoration and further refurbishment. The provider had no written action plan for works to be completed. Neither was there an improvement plan to further develop the service. This was a concern given the shortfalls in the expected care standards identified by the local authority on 1 and 6 September 2022 and during our three-day inspection. This limited the manager and provider's ability to further develop the service, embed improvements made and sustain them.

- Staff competency and accountability concerns were identified with some staff. They had failed to maintain accurate and up to date care records and had not kept the manager fully aware of people's individual needs. This shows a lack of understanding of roles and responsibilities and put people at increased risk of harm.

The provider had failed to consistently assess, monitor and mitigate risks and to maintain accurate records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The manager was aware of their responsibility to be open and honest when things went wrong. When concerns and complaints had been received these had been investigated and action taken to make improvements. A relative gave an example of how they had raised a recent concern. They told us the manager was apologetic and agreed to make improvements.
- The manager was open and honest about the challenges they had experienced, and the ongoing improvements required. This included the high turnover of staff and the impact this has had on the service. The manager and provider showed a commitment and determination to make improvements and this work had started.
- Care staff had a positive approach and we observed positive, caring and compassionate care. We received a mix response from staff about the change of manager and leadership. Whilst some were finding it challenging, others were positive. A staff member said, "The new manager is working really hard to make improvements and is very committed. It's just the organisation that needs to improve."
- We also received mixed feedback from people and relatives about the leadership of the service. A repeated concern was a lack of activities and opportunities. A person said, "There isn't really enough staff, they all keep leaving since the new manager came. I am getting used to the new manager. I get bored there is nothing to do." Another person said, "I don't know who the manager is. I am bored there is not enough things to do." A relative said, "I'm not sure yet about the manager, the staff are all lovely and caring, my concern is the lack of activities. I've never seen anything offered, it would be nice to have entertainers visit such as a singer."

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

- The manager told us they were in the process of arranging a resident and relative meeting. They told us they felt this would be positive in developing better communication.
- The manager told us they were also in the process of enabling people and their relatives the opportunity to complete a feedback questionnaire. They told us how they would use the feedback to support them to make improvements at the service.
- Since our inspection, the manager had written to relatives introducing themselves, sharing their contact details and advised on changes to visiting arrangements.



### Working in partnership with others

- Visiting health professionals regularly visited the service. Whilst recommendations made to support people with their health conditions were implemented, these were not consistently recorded. For example, a person's health had deteriorated, and the GP had given some recommendations about the person's diet, whilst the staff waited for a swallowing assessment to be completed. A visiting speech and language therapist told us the staff had taken appropriate and timely action in raising this concern and had correctly followed the GP's recommendation. However, the lack of up to date guidance for staff put people at increased risk.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure DoLS authorisations with conditions had been monitored and actioned.</p> <p>Regulation 13 (1) (2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to assess people's dependency needs and ensure there were sufficient staff deployed to meet people's individual care needs and safety.</p> <p>Regulation 18 (1)</p>

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 provider had failed to assess, monitor and mitigate risk. Concerns were identified in staff competency. Medicines management was poor.  Regulation 12 (1) (2) (a) (b) (c) (g)

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to have effective systems and processes to assess, monitor quality and safety. Information was not up to date and accurate.  Regulation (1) (2) (a) (b) (c)

**The enforcement action we took:**

Warning Notice