

North Northamptonshire Council

Beech Close

Inspection report

Beech Close
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Beech Close is a residential care home providing personal care to up to 42 people. The service provides support to older people and older people living with dementia. At the time of our inspection there were 20 people using the service. Beech Close comprises of six units, of which four are in use. Each unit provides bedrooms, bathing facilities and an open plan kitchenette, lounge and dining area.

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

People's quality of life, quality outcomes and their preferences were affected by the environment in which they lived. People struggled to have baths or showers as bathing facilities did not meet people's mobility needs, and there were issues with the reliability of water temperatures for the accessible shower facility. Areas of the home were not in use due to repairs being needed.

Central heating and hot water systems were not fit for purpose. The central heating had to be on at all times, irrespective of the weather and the external temperature. This was to ensure there was hot water at the home. The hot water heating system did not operate independently of the heating system. The provider informed us following our site visit that remedial work had been undertaken to address this.

The provider was aware of the environmental challenges and the actions required. A report commissioned by the provider for potential development plans for the service was in place. However, no decisions had been made based on the report findings.

Opportunities were available for people and family members to share their views. However, feedback had not brought about changes to concerns expressed by people with regards to the environment and the premises, and its impact on their quality of life.

People's privacy and dignity was not always maintained and not all staff demonstrated kindness or compassion. A contributory factor was a majority of staff were agency staff, who were unfamiliar with people's needs. Staff supporting people did not always recognise or understand people's needs and the support they required, or respond to people when they became distressed or anxious.

Opportunities for staff to access training to enable them to promote people's safety and quality care was limited. Reasons for this included; staff shortages, the Covid-19 pandemic, and poor internet connections to access online e-learning.

People's assessed needs required improved support from staff for the management of oral health, as people were not being routinely supported. People's care records could be used to better reflect person centred care by including greater detail as to people's individual needs and preferences, and the role of staff in supporting them.

Systems and processes were in place to promote people's safety through ongoing assessment and

monitoring. Staff followed good practice guidance for infection prevention and control. Systems and processes for the recruitment of staff were in place and followed.

People's needs were assessed and kept under review. People had access to support from a range of health care professionals, which included regular reviews of their prescribed medicines. People's dietary needs were met.

People were supported to have maximum choice and control of their lives, within the limits created by the improvements required to improve the equipment and premises. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and family members spoke positively of the kindness and care demonstrated by staff.

People and family members were involved in decisions about their care, which included the reviewing of care plans and decision related to the going monitoring and treatment of their health, and decisions related to end of life care.

Opportunities were available for people to take part in activities within the home.

Quality monitoring systems and processes were in place, which included a range of audits to identify where improvements were needed. People's views were sought, and we found examples where people's comments had been acted upon and listened to. Family members spoke positively of effective communication between the registered manager and staff in relation to general issues and specific issues related to their relative's care.

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 the service under the previous provider, Shaw Healthcare (de Montford) Limited was Requires Improvement, published on 1 February 2019. Beech Close was registered with us under the new provider, North Northamptonshire Council on 1 April 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the provider's registration date.

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

We have identified breaches in relation to staff training, unsuitability and maintenance of the premises to meet people's needs, and the treating of people with dignity and respect.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our well-led 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 ●

Beech Close

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

Beech Close 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. Beech Close 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 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 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 a person using the service, two relatives in person and four relatives by telephone, we sought their views about their experience of the care provided. We spoke with the registered manager, the service manager and briefly with agency staff. We sought staff views via e-mail and received feedback from staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were examined.

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 under the previous provider we rated this key question Requires Improvement. This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Improvement was needed in the maintenance of the premises. Reports carried out by a range of professionals had identified improvements, which included warning notices for some key areas related to fire, gas and safety systems. Essential repair work had been carried out.
- Central heating and water heating systems were of concern. The heating of water for showers, baths and washing facilities was not independent of the central heating system. This meant the central heating had to be on at all times, regardless of the weather and the external temperature. This posed a potential risk to people's safety from dehydration. The registered manager was aware of the potential risk and took measures to reduce the temperature in warmer weather. For example, they closed the curtains in the home to keep it cooler indoors and encouraged people to increase their fluid intake.

The provider had failed to ensure the premises or equipment provided met people's needs. The central heating system to regulate and monitor the temperature of the building and its hot water was not effective. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Potential risks to people's care and safety were assessed and kept under review to promote their safety. For example, equipment was used such as sensor mats and hoists to reduce the risk of people falling and people's weight was monitored where they were at risk of malnutrition.
- Assessments of risk were signed by the person or their family member and considered the person's ability to make informed decisions about their safety and care.

Staffing and recruitment

- Staffing numbers were not sufficient to meet people's needs. However, we found no evidence people's safety was at risk. Staffing numbers were based on historical and inherited principles of the number of people in residence and a staffing budget set by the provider. Staffing numbers were not based on people's needs. Beech Close had four self-contained units in use, and six staff supported people across the four areas. The registered manager had raised their concerns with the provider regarding staffing numbers and the impact on the quality of care people received. The provider informed us following our inspection of the appointment of a recruitment officer.
- There was a heavy reliance on using agency staff to maintain staffing numbers. For example, on the day of the inspection five of the six care staff on duty were agency staff, of which some had worked at Beech Close for one or two days. A member of the care staff team carried out the duties of a cook to cover catering staff

absences. This impacted on the quality of care people received.

- Family members views on the staffing and the use of agency staff were mixed. Some said they didn't believe the use of agency staff affected the care of their relative. However, this view was not shared by all. A family member told us. "I wonder what it must be like to be woken up by a stranger, perhaps, it's a blessing [relative] has dementia and may not necessarily always recognise the staff."
- Following our site visit, the registered manager calculated staffing hours required based on people's assessed needs. They told us this had shown additional staffing hours were required to promote the quality of care people received.
- The registered manager was aware of the staffing challenges and had liaised with a range of local services, attended job fairs, and advertised on a range of sites to fill the staffing vacancies at the home. However, there had been a very poor response over several months.
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide 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; Learning lessons when things go wrong

- Systems and processes were in place to protect people from abuse.
- Staff had undertaken training on safeguarding, however training was not up to date for 27% of staff.
- Investigations in response to safeguarding concerns, accidents and incidents were used to review and update systems and processes to promote people's safety. For example, an analysis of falls was undertaken to identify any themes or trends to enable action to be taken to reduce further risk.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff had worked to bring about improvement with support from the local authorities quality monitoring team, following a number of medication errors.
- People's records detailed their prescribed medicine, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain. To promote good practice guidance, the implementation of a body chart should be considered too clearly record the areas where prescribed topical medication needs to be applied.
- Staff involved in handling medicines had received training in the administration of medication and had their competency assessed.
- People's medicine was regularly reviewed by a health care professional.

Preventing and controlling 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.

Visiting in care homes

- People had contact through visits by family members and friends.
- Family members we spoke with were aware of guidance in relation to COVID-19 and visiting arrangements. They were aware of changes in guidance which meant they were no longer required to test for COVID-19 or wear a mask when 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 under the previous provider we rated this key question Good. This is the first inspection of this newly registered service. This key question has been rated 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 training in key areas to promote safety was not up to date as detailed on the provider's training matrix, for topics relevant to staff's role and responsibilities. For example, training was out of date for 41% of staff in first aid, 57% of staff in safe people handling, 27% in safeguarding adults and 24% in fire safety.
- The registered manager advised this was due to a lack of face to face sessions or availability of courses due to the COVID-19 pandemic, accessibility issues for on-line training due to internet issues, and the releasing of staff for training due to staff vacancies and absences.

The provider had failed to ensure staff attended or had access to learning and development to enable them to meet people's needs, which included first aid training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- The environment and its bathing facilities did not meet people's needs. The one bathroom which had a height adjustable bath to support people with mobility difficulties was not in use as the unit where it was located was closed. The remaining bathrooms were too small to accommodate moving and handling equipment required by people with limited physical mobility, and therefore people elected to have a wash. The walk-in shower was not favoured by people, as the water temperature fluctuated.
- A person we spoke told us. "When I first moved into the home I was in a flat, which had a high/low bath it was lovely, I enjoy a bath. But since moving into another flat I have not been able to use the bath in as it is not currently in use. I have a strip wash; I haven't had a bath or a shower in a long time."
- Improvements were required to the design and maintenance of the building to meet people's needs and improve quality outcomes. For example, the design and layout of the building did not support people living with dementia. There was no signage to support people to orientate themselves around the home.
- Family members told us the home was always clean and homely, but that the home appeared 'tired'. A family member said; "It is old fashioned but a homely environment. The garden needs some work to make it a bit nicer to sit in."
- There was a central courtyard which provided some planting and seating areas, which people on the day of our inspection were accessing due to the warm weather. However, people would benefit from the area being maintained to provide a more pleasurable space in which to relax. The introduction of colourful and scented plants would provide sensory stimulation for people with sight impairments and those living with dementia.

The provider had failed to ensure the premises or equipment provided met people's needs, or where possible their preferences. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- People's oral care and health was not sufficiently supported by staff consistent with information within their care records. We found the bristles on many people's toothbrushes to be very hard and dry. This strongly indicated people had not been supported to clean their teeth for a significant period of time. We brought our concerns regarding a lack of oral care to the direct attention of the registered manager during the inspection. They said they would take the appropriate action to bring about improvement.
- Referrals were made to the relevant health care professionals where concerns about people's health were noted. For example, people had regular support from doctors, district nurses, speech and language therapists and chiropody services. A person spoke to us of the regular intervention and care they received from a district nurse for their health care needs, which was consistent with the information in their care records.
- People were involved in decisions related to their care and treatment, and care records were signed by them detailing their care and support.

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

- People's needs were assessed and kept under review. However, care records which referenced people's known health conditions, which included dementia and chronic health conditions did not always provide information as to how it impacted on them, or provide guidance as to staff's role in supporting them with their health and wellbeing to achieve effective outcomes.
- People's needs were discussed with them consistent with good practice guidance and people or their relative signed their care records.

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

- People's nutritional needs were assessed and kept under review. Where people were at risk of malnutrition dietary advice was sought from the relevant health care professional and followed, which included the use of dietary supplements.
- People's dietary needs considered health conditions. For example, meals and foods were provided to support people to manage their diabetes and promote good health outcomes.
- Family members spoke positively of the food. A family member said. "The food always looks good and they use branded names and good quality products. I have seen [relative] with staff, who are always patient when assisting with [relative's] meals."

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 authorisation were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisation were being met.

- We found the service was working within the principles of the MCA. DoLS applications for all those in residence at Beech Close had been submitted to the appropriate authorising body. There was evidence the applications had been received and assessed as low priority.
- The registered manager had a record of DoLS applications and liaised with the authorising authority on the progress of applications.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider we rated this key question Requires Improvement. This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were not always treated with kindness and compassion. Our observations in one of the units supporting people living with dementia found there was minimal interaction between staff and people. A contributory factor was the staff supporting people were agency staff and had limited knowledge of people as they had worked at the home for a few days only.
- We spent time observing the quality of support people living with dementia received from staff. Some staff had minimal interactions with people. For example, one person required full support from staff to eat and drink. A member of staff supporting the person during the mealtime had almost no interaction with the person and the person was falling asleep during the meal.
- A majority of staff unfamiliar with people's needs, lacked empathy for people and did not recognise or respond to people. A person became quiet and withdrawn when a relative who had been visiting ended their visit, staff did not recognise this, and no reassurance was provided to the person. We also observed a person enter the room looking for staff reassurance by making verbal sounds. However, the staff made no attempt to welcome or acknowledge the person's arrival or presence in the room.
- We observed a person in the dementia care unit, sitting at the dining table in a wheelchair facing a wall. The person remained there for several hours. We and the registered manager noted this, and the person was then assisted to move away from the table to another area.

The provider had failed to ensure people were treated with dignity and respect. Staff did not always recognise, understand or respond to people's needs. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- We observed some positive interactions between staff and people. For example, we saw a staff member ask a person if it was okay if they put on an apron to protect their clothes whilst they ate their meal. They offered food choices and sought assurances that the person was enjoying the meal. We also observed a staff member supporting a person with their laundry.
- Family members we spoke with were positive about the care their relative received. A family member told us, "Staff are fantastic, and we are happy with [relative] living at Beech Close. We have not got a bad word to say about anything or anyone." A second family member said, "[Relative] always looks smart and clean, the staff do an amazing job, they are marvellous. The staff are kind and patient with all the residents."
- Family members we spoke with were positive about the care their relative received and referred to staff

who had worked at the home for a long time who had developed positive relationships with their relative and themselves. A family member told us. "Some of the longer-term staff know [relative] so well because they've been there so long, they are like family."

- Family members spoke positively about their involvement in key care decisions and the communication between themselves and staff at the home. A family member told us. "Communication is brilliant, they keep us up to date at all times. We cannot praise them highly enough."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question Requires Improvement. This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records provided an overview as to people's care needs, which included information as to their preferences and how they wish their care to be provided. However, some preferences were recorded as not being able to be met not due to environmental factors including the maintenance of the building and equipment.
- Family members spoke of their involvement in the care of their relative. A family member told us. "The staff keep in touch if [relative] is not well they will contact me; I am very much involved with [relative's] care." Later in the day we saw them supporting their relative to eat their meal.
- People's care plans were regularly reviewed and signed by the person or their family representative, this showed people were involved in decisions about their day to day lives. A family member told us. "We are involved in the review of care plans and the staff know we want to be involved."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Alternative arrangements, such as additional staffing could not be made available due to staff vacancies and shortages to support people to take part in activities when the activity organiser was absent. Our observations supported this. People were reliant on the television or music in the main. On occasions we saw television programmes designed for children to on, and in some instances people sat in silence, without any stimulation from the environment or staff.
- People's records provided information about their family life, along with information as to their hobbies and interests, likes and dislikes related to social activities and where the person preferred to spend their time at Beech Close. Records could be further developed to expand upon people's likes and dislikes. For example, by identifying the types of music people enjoyed.
- Family members were positive about the opportunities available for their relative to engage in activities. A family member told us. "[Relative] takes part and loves any of the singing activities. They also get taken to the local church services or for a walk around the park which [relative] loves."
- The service had good links with the local Church, and people attended events held there. Weekly services for residents were held at the home to maintain links with the local community and support people with their faith and wellbeing. People had the opportunity to attend coffee mornings at the local community centre.
- Local school children engaged with people at Beech Close, especially for annual events such as Christmas, with carol singing and Easter Bonnet parades and chocolate giving. School children also sent wellbeing cards to each resident during the COVID-19 pandemic to let them know they were thinking of them.

- School children had visited the home on Carers Day in celebration of the Millennium Green space, planting tulips with residents and staff. A local business supported the home by funding activities such as singers, magicians and entertainers.

Meeting people's communication needs

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

- People's communication needs were referenced within their records, which included information as speech, hearing or sight impairment and the role of staff in supporting good communication. For example, by maintaining good eye contact and allowing people the time to process information provided and respond. However, one person's 'Grab and Go' care summary stated they used hearing aids, we noted on the day of the inspection they were not wearing the aids. A staff member told us the person often took them out and put them in drinks and a decision had been made not to use the aids. The rationale for this decision was not recorded within the person's care summary.

Improving care quality in response to complaints or concerns

- The provider and registered manager had not received any complaints.
- Family members spoke of having the confidence and knowledge to raise concerns; however, they were clear in stating that they did not have any concerns with the service provided. A family member told us, "The manager seems very nice and is always visible, I feel I could approach them if I had the need to." A second family member said. "We have no complaints or concerns; we never want to move [relative]."

End of life care and support

- End of life care had been discussed with people, and any views in relation to end of life care were documented within their care records. This included personal preferences as to remaining at Beech Close, who they would like to be present, and the role of staff in maintaining their personal care needs and emotional support. At the time of our inspection no one was in receipt of end of life care.
- People's records included information in relation to advanced decisions, which included decisions as to whether resuscitation was to be attempted, known as DNACPR (Do not attempt cardiopulmonary resuscitation).

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 under the previous provider we rated this key question Requires Improvement. This is the first inspection of this newly registered service. This key question has been rated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Deficits with the environment and premises were long standing. The provider had received a report from a chartered surveyor who had been commissioned to assess potential development options for Beech Close. As of yet a decision had not been made, and therefore people's quality of life and experiences continued to be impacted.
- The registered manager continued to raise their concerns with the provider, highlighting the continued deficiencies with the premises and equipment and their concerns with staffing numbers, and its negative impact on the quality of people's lives and on staff morale.
- People's privacy and dignity was not always maintained. Staff did not always recognise the support people required, as many staff were agency staff who had worked at the home for a few days.
- At the time of inspection, the culture in the service did not always promote people's privacy and dignity. Agency staff were not always able to recognise or understand people's needs and respond appropriately to support them in a timely and meaningful way. Agency staff did not always have sufficient guidance or support by the management team to carry out their role and responsibilities well.
- The provider had systems in place to assess and monitor the quality of the service delivered. A hierarchical structure of management meant people had designated roles with key areas of responsibility for oversight and monitoring. However, the number of people involved in the oversight of the service meant it was challenging for the registered manager to bring about improvements, as they did not have the authority to make changes without approval.

The provider had failed to ensure effective governance systems were in place to bring about identified change in a timely manner and promote good quality outcomes for people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Notifiable incidents were reported by the registered manager to the Care Quality Commission (CQC) and other agencies.
- Staff meetings were regularly held, which had included meetings for agency staff. The provider held events for staff to support them and share their ideas in how to manage and influence change.

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 worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

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

- Opportunities were available for people using the service and their relatives to share their views in meetings facilitated by the complaints and compliments officer. However, not all feedback had brought about improvement. For example, in the meeting of January 2022 and in subsequent meetings people had expressed concerns regarding the boiler and heating at the home and the impact of reduced access to accessible bathing facilities.
- Improvements had taken place in response to some issues raised by people during meetings. For example, a change in hours worked by the activity organiser meant people had the opportunity to take part in activities at some weekends.
- Family members spoke of having previously attended meetings, and some had received a questionnaire seeking their views. A family member told us. "The registered manager produces a monthly newsletter with general information which is very informative and keeps you up to date with what it going on in the home."

Working in partnership with others

- The registered manager worked in partnership with their colleagues within the local authority and local health partners to provide support and care to people to meet their ongoing health needs and promote their safety and wellbeing.

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 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider had failed to ensure people were treated with dignity and respect. Staff did not always recognise, understand or respond to people's needs.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure the premises or equipment provided met people's needs, or where possible their preferences in relation to bathing and showering.</p> <p>The provider had failed to ensure the premises or equipment provided met people's needs. The central heating system to regulate and monitor the temperature of the building and its hot water was not effective.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective governance systems were in place to bring about identified areas of improvement in a timely manner to ensure good quality outcomes for people.</p> |
| Regulated activity | Regulation |

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure staff attended or accessed training, learning and development relevant to their role to enable them to meet people's needs and promote safety, which included first aid training.