

HC-One Oval Limited

Grey Ferrers Care Home

Inspection report

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

Grey Ferrers Care Home can accommodate up to 120 people across four separate units, each of which has separate adapted facilities. One of the four units provides palliative and end of life care and the other three units specialises in providing care to people living with dementia, mental health needs and physical disabilities.

At the time of our inspection one of the units providing care to people living with dementia, mental health needs and physical disabilities was not in use. There were 70 people using the service when we visited.

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

The management of people's medicines needed to be strengthened to ensure people received their medication safely. We found some areas of medication administration did not follow best practice.

We found staffing to be mostly adequate in two units. However, in the third unit staff told us their ability to provide timely and good quality care was impacted because there were not being enough staff. We noted some people were still getting up at 11am. Across all units we found that some people had to wait a long time for their meals because of a lack of staff to support them

We have made a recommendation about safe staffing levels.

Detailed risk assessments were in place and reviewed regularly to reduce potential risks to people. However, the guidance in these was not consistently followed by staff. People's needs were assessed and documented. However, we found staff had not always completed care monitoring records for personal and oral care.

Overall, the service was clean and hygienic. Staff followed infection control and COVID-19 guidance and wore appropriate Personal Protective Equipment (PPE). However, we found some areas of the environment required improvement to ensure they were easy cleanable and to keep people safe from the spread of infection.

People's oral healthcare needs were not always met because staff did not always follow the guidance in their care plans.

We have made a recommendation about the management of people's oral health care needs.

Overall, the service was suitable and accessible to the people living there. However, there were some areas that required attention. Many of the areas looked tired and shabby and in need of redecoration.

There was an extensive range of quality checks in place to monitor the quality of the service. However, these needed to be strengthened to ensure they identified areas where improvement was needed. We found there

was a task focused culture among some staff. We saw some staff interactions with people lacked a person-centred approach.

People and their relatives felt that Grey Ferrers was a safe place to live. Staff we spoke with had completed training in safeguarding people who use care services from potential harm and understood how to recognise abuse.

Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care. Most staff felt well supported by the management team. They received regular supervision and said they could contact the registered manager if they needed support.

People were supported to eat and drink enough to maintain their health and well-being. Staff supported people to live healthier lives and access healthcare services.

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.

The registered manager had taken up their role in January 2021. The registered manager and area director manager had identified that further development was needed and had implemented numerous improvements. They were in the process of developing an action plan detailing their priorities to bring about change.

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 Requires Improvement (published 02 July 2019). The service remains rated Requires Improvement following this inspection. This service has been rated Requires Improvement for the last three consecutive inspections. This demonstrates a lack of sustained improvement by the provider.

Why we inspected

The inspection was prompted due to whistle-blowing concerns received about staffing levels, a lack of choice at mealtimes, inadequate meals provided to meet people's dietary needs and the management and leadership of the service. A decision was made for us to inspect and examine these risks. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence the provider needs to make improvements.

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

Enforcement

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

We have identified a breach in relation to the safe administration of medicines and risk management and good governance.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Grey Ferrers 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 Care Act 2014.

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 three inspectors, a specialist advisor 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

Grey Ferrers 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. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service short notice of the inspection on the first day of the inspection. We telephoned and spoke with the registered manager and informed them of our inspection 15 minutes prior to entering the service. This was to help the service and us manage the risks associated with COVID-19.

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 clinical commissioning group (CCG) who commission with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require provides to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke and met with 14 people who used the service and five family members about their experience of the care provided. We had discussions with 14 staff including the registered manager, clinical service manager and area director manager. In addition, we spoke with nine care and support staff, the activities care coordinator and a member of the housekeeping team.

We used the Short Observation 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 13 people's care records and multiple medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including monitoring of quality and risk, policies and procedures and minutes of meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included information in relation to staff training, induction, supervision and environmental improvements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same. 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.

Using medicines safely

- Staff involved in handling medicines had received training in the administration of medication, however, medicines were not always administered in line with best practice. On the morning of our site visit we saw staff administering medicines who were not wearing a "do not disturb" tabard and were being distracted by other staff during the medication round. We observed the medicine's round was still taking place at 11:30am because of the interruptions.
- Where time sensitive medicines (medicines needed to be given at a certain time to make sure they are safe or work effectively) were administered, the times given were not recorded on people's Medication Administration Records (MAR) sheets. This meant staff were not provided with the information they needed to check the actual dosing interval before administering medications early or late.
- We checked the management of controlled medicines (A drug or other substance that is tightly controlled by the government because it may be abused or cause addiction) used at the service. We found some medicines that were out of date and needed to be destroyed and one label on a controlled medicine that was unreadable and needed to be destroyed. The registered manager ensured these were destroyed on the day of our visit.
- We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner. However, they had not identified the areas we found during our visit.

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place and reviewed regularly to reduce potential risks to people. These were accessible to staff on all units. However, we found that some staff failed to follow the guidance in the risk assessments to keep people safe. For example, one person's skin integrity assessment provided a score of very high and recorded they were prone to bruising if they had a table in front of them. We observed the person sitting with an overbed table in front of them that had a bar across it which they could bang their legs on. This was brought to the attention of a staff member who changed the type of table without a bar.
- People had sensor mats (a mat used for people who are risk of falling, alerting carers when an individual sits up or leaves their bed) in place. We observed one person who was in bed and positioned so they were very close to the edge of the mattress and facing the floor. Their sensor wasn't connected which meant if they had fallen staff would not have been alerted.
- One person had a movement sensor on their room to alert staff if they had a fall or if other people entered their bedroom. We found the sensor was not responding/faulty. We brought this to the attention of the unit manager who arranged to have the faulty motion sensor replaced.

The management and administration of people's medicines did not always follow best practice to ensure people received their medicines as prescribed. Risks management plans in place to ensure people's safety were not consistently followed by staff. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

- Referrals were made to appropriate health care professionals where risks to people's health and welfare had increased. For example, when people were at risk of choking, they were referred to a speech and language therapist, and where people lost weight a dietician was contacted.

Staffing and recruitment

- The registered manager used the provider's clinical risk register to determine staffing numbers for each unit. However, we found that on one unit people's individual dependencies were not always reviewed, for example after a fall or for staying in bed, which meant the total staffing hours for the unit did not reflect that individual's new care needs.
- We found that on two units there were adequate staff to support people with their personal care, although this was not the case at mealtimes where we saw numerous people having to wait a long time before they received their meals.
- We observed on one unit that staff were rushed, and people had to wait for staff to attend to their needs in a timely manner. One staff member told us, "We have so many [people] who require support with eating and drinking. If we have extra staff, they are moved to another unit." Another commented, "Yes I think we need more staff. Just one more would make such a difference," A staff member told us at 11:00am, "I'm still getting people up."
- Relatives we spoke with said there had been lots of staff changes which caused them anxiety and uncertainty. We received mixed views about staffing levels. One relative said, "There is more than enough staff who are well trained and understand my relative." Another commented, "They could do with more staff I really do think so. I would like to see a regular team of nurses."
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

We recommend the provider conducts a thorough review of staff workload and the capacity to meet people's safety-related needs.

Preventing and controlling infection

- Some areas of the environment required improvement to ensure people stayed safe from the spread of infection. For example, we observed that some chairs needed to be replaced as they were torn and not easy to clean. We found in some units the ventilation was not sufficient to let fresh air into the indoor spaces to help remove air that contains virus particles and prevent the spread of coronavirus (COVID-19). We saw one person who was self-isolating. However, their bedroom door was open, and they were using an electric fan that increased the risk of the virus spreading from one person to another. We observed numerous commodes in rooms that did not have lids.
- 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 personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing COVID -19 testing for people using the service and staff.
- 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.
- At the time of our visit the service was closed to visiting because there had been two positive COVID-19 cases. However, we were assured that provider would be facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt Grey Ferrers was a safe place to live. One relative told us, "Yes, my [family member] is safe because they always take a lot of care when hoisting them." Another commented, "My [family member] is safe because it is all on one level. They have a history of falls but living here they have not had any falls."
- Staff told us they received training on safeguarding adults using a care service who may be at risk of abuse and records confirmed this. They were aware of the signs of abuse and the procedure for raising concerns.
- The provider had policies and procedures to keep people safe. The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the Care Quality Commission (CQC). Records showed that these were completed.

Learning lessons when things go wrong

- An analysis of accidents, incidents, safeguarding concerns and key aspects documenting people's care was undertaken monthly by the registered manager. Learning was shared with staff in team meetings and one to one supervision meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We found that systems in place to ensure people's oral healthcare needs were met needed to be strengthened. Although there were detailed oral health care plans in place the staff did not always follow the guidance. For example, one person's teeth/denture care plan contained no record of oral care for six days.
- One person had their own set of bottom teeth, and a top denture set. A staff member confirmed they had not supported the person to brush their bottom teeth on the day of our visit.
- We observed that some people did not have a toothbrush, some did not have toothpaste and several people had dirty teeth.

We recommend the provider consider current guidance on Improving oral health for adults in care homes and take action to update their practice.

- When people needed support from healthcare services, staff made the required referrals and incorporated their advice into the person's care plan. One relative said, "It is picked up straight away if my relative is unwell."
- The registered manager held three monthly meetings with the fall's prevention team, and we received positive feedback from relatives about how their family members were supported in relation to falls. One relative commented, "My [family member] is a high falls risk but there haven't been any falls."
- Records showed people had access to a GP service, dietitian, Speech and Language Therapy (SALT) and other professionals as required. During the Covid-19 pandemic most of the referral meetings were held remotely.

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

- We found some areas of the service that required attention. For example, one person's dressing table-top drawer was missing and there were exposed nails. In the conservatory we observed the blinds to be broken and dirty, there were numerous lounge chairs in a state of disrepair and the overall décor was tired and in need of attention.
- The provider had completed some works at the service. The area manager informed us that when they had a fully recruited maintenance team on site there would be a planned rolling schedule for decorations and general uplift of the aesthetics of the building.

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

- We found that people did not always receive person centred care that was in line with their preferences. We observed some staff interactions were task focused and lacked an individualised approach. For example, one person waited 40 minutes before they received their lunch. During this time no one spoke to them and there were no interactions from staff.

- We found that care monitoring forms had not always been fully completed. For example, in the care file for one person there was no record of a bath or shower from 25 May 2021. In another file the personal hygiene records showed the person had a shower on 4th, 12th June (8 days) and 25th June (13 Days). Between the period 17 - 22 June no care notes were entered. This meant people were not always receiving care in line with their preferences and needs.

- During the Covid-19 Pandemic, the provider was not visiting people in their homes or at hospital to undertake an assessment of needs. The registered manager confirmed they were using a local authority assessment and/or hospital information to develop care plans for people who were newly admitted to the service. The assessment covered all aspects of people's physical and mental health needs and was used to develop a care plan.

Staff support: induction, training, skills and experience

- Staff completed a three-day induction programme when they started working at the service. During the COVID-19 pandemic the provider had also introduced a COVID-19 Induction checklist to support their services who were managing induction locally.

- The registered manager informed us that they planned to re-introduce the three-day induction for all new staff which would be face to face training and would be held in the home to reinforce staff learning of key areas.

- There were some gaps in staff training, but the registered manager had a training plan in place with dates for staff to complete further training.

- Staff felt well supported in their roles and received regular one to one support from a more senior staff member. One member of staff told us, "The registered manager and [senior staff member] are really supportive. It's much better now."

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

- We received mixed views about the food. One person told us, "The food isn't very nice, but I can choose, and they will make me something different." Another commented, "I have eaten lunch; I always eat all of it. The food is good." People confirmed they were provided with a choice of meals.

- Weekly 'dignity in dining checks' were completed by each unit manager and these were then audited by the registered manager. The checks looked at whether people were given choices, the quality of the food, appropriate support was provided and whether people had enough to eat and drink. However, these had not identified the lack of support available to people that we observed on the day of our visit.

- Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Decisions to deprive a person of their liberty followed the best interests' approach. Related assessments and decisions had been properly taken, using a multidisciplinary approach, involving relatives, and relevant health and social care professionals.
- Records showed that DoLS applications and authorisations from the local authority were closely monitored and regularly reviewed. This ensured any restrictions were appropriate for the person, and always followed the principles of being the least restrictive.
- Staff has completed training in the MCA and DoLS. They understood the importance of gaining people's consent before providing them with care and support, in order to comply with the MCA.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

- There was a wide range of quality monitoring checks in place. These included a daily walk around each unit by the registered and clinical service manager, out of hours and weekend monitoring visits, and quality assurance checks such as routine auditing and analysis. However, these had not always been effective at identifying areas where improvement was needed.
- For example, medicines audits had not been effective at identifying that some controlled medicines were out of date. We found gaps in monitoring charts to show when people had received oral or personal care. Care plan audits had not identified these areas so swift actions could be taken.
- The quality of staff interactions with people were mixed. Staff in some instances supported people with minimal or no conversation or involvement, whilst other staff were seen providing reassurance and comfort when people were upset and distressed.
- We found there was a lack of oversight in relation to assessing and providing adequate staffing numbers so that people received the care and support they needed, when required.
- Although weekly 'dignity in dining checks' were completed these had failed to identify the issues regarding a lack of staff to support people with their meals and people having to wait for long periods to receive their food.
- Environmental and infection control audits were completed but actions were not taken swiftly to address areas of concern. For example, replacing chairs that were torn and not easy to clean.

Systems in place to assess, monitor and improve the service were not always effective at identifying areas that needed to be improved so swift action could be taken. This was a breach of Regulation 17, (good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was suitably qualified and experienced to lead and manage the service effectively. She had been in post since January 2021 and was supported by a clinical service manager and an area director manager.
- Systems in place to manage staff performance had been improved and enhanced to ensure they were effective and reviewed regularly. There was a supervision, appraisal and training programme in place. One staff member said, "I have a new role and have been supported in this, so I have confidence to do my new role."
- The registered manager was clear about their responsibilities and sent us the information we require, such

as notifications of changes or incidents that affected people who lived at the service.

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

- The registered manager told us she was aware of the task focused culture among some staff and was trying to raise more awareness about the importance of person-centred care. She told us she had experienced numerous challenges trying to change the culture at the service, but this was on-going with training and support for staff.
- There had been a lot of changes at the service, including management and staffing changes that had caused anxiety and uncertainty among people using the service, relatives and staff. However, the registered manager was able to demonstrate their commitment to improving the quality and culture of the service.
- We saw different schemes in place to promote a more person-centred approach. There was a resident of the day scheme which involved all heads of departments visiting the 'resident' of the day to see if they were happy with the service and whether they could make any improvements. There was also a 'stop the clock' scheme; so, at 15:00pm members of the staff team were free to spend quality time with people, whether it's was to have a conversation or taking part in an activity together.
- There were systems in place to ensure staff felt valued. For example, monthly face to face training with some staff who struggled with computer skills and literacy. There were 'kindness in care' awards, 'employee of the month' awards and the registered manager tried to give staff the day off on their birthday. Staff were provided with meals when on duty and they received gift vouchers at Christmas and long service awards.
- Most staff we spoke with felt well supported by the new manager. One told us, "I do feel supported. The management have put me forward for a course which will be very helpful to me in my job." Another told us, "The new manager is helpful, and supports the staff team. I like the changes she has brought in."
- The registered manager understood and complied with the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- During the COVID-19 pandemic systems in place to ensure people could provide feedback on all aspects of the service had not been able to take place, such as resident/relatives meetings. However, relatives we spoke with told us communication with the service had been good. We saw that residents/relatives' meetings had been scheduled to take place in the future on a two-monthly basis for each unit.
- There were daily 'flash' meetings to share information with all heads of departments and monthly clinical risk meetings to look at all aspects of a person's care. This involved looking at pressure damage, skin conditions, infections, falls, weight loss, illness and any other areas of concern. This meant that trends could be identified swiftly, and health interventions put in place to support the individual.
- During the COVID-19 pandemic staff meetings had stopped because of restrictions in place. However, the registered manager commenced monthly update meetings with staff in February and March 2021 and then re-introduced staff meetings. These had been scheduled to take place every eight weeks to ensure staff have a platform to share new ideas and give their views about the service.
- There was a resident/relative survey sent out every year, so they could comment on their experience and to drive improvement at the service. We looked at the latest one completed in October 2020 and saw there was an action plan in place to address any areas of concern.

Continuous learning and improving care

- Clinical risk registers were in place, which focused on key aspects of people's care. For example, catheter

care, end of life, wound management and weight monitoring. These were undertaken monthly by each unit and reviewed by the registered manager to ensure action was being taken where appropriate to improve outcomes for people.

- Staff spoke positively about the training they received, some staff spoke positively about the direct support they received through their supervision with their line manager.
- The registered manager undertook a range of audits and root cause analysis in key areas, which included monitoring of people's care, medication, infection prevention and control, and reviewing of accidents and incidents.
- The registered manager, in conjunction with the area director manager had recognised that further development was needed and had implemented numerous improvements already. They informed us they were in the process of developing an action plan for the whole service to ensure continuous improvements were made.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the speech and language therapists and people's GP's.
- The registered manager held three monthly meetings with the fall's prevention team so that if anyone had been identified as at risk of falls, interventions such as the provision of equipment could be put in place swiftly.
- The registered manager had worked closely with the local authority during the pandemic to ensure all guidance about Covid-19 was up to date and in line with best practice. They had also liaised with Public Health England to ensure they were following current Government guidelines.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The management and administration of people's medicine's did not always follow best practice to ensure people received their medicines as prescribed. Risks management plans in place to ensure peoples safety were not consistently followed by staff.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to assess, monitor and improve the service were not always effective at identifying areas that needed to be improved so swift action could be taken.</p>