

Torrington Homes Ltd

Acacia Lodge

Inspection report

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20 April 2022
10 May 2022

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Acacia Lodge is a residential care home providing accommodation and personal care to 18 people at the time of the inspection. The service can support up to 32 people. The home also provides a respite service. The service supports a range of people, some of whom have dementia or mental health needs as well as physical health needs.

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

People and their relatives told us staff were kind to them and they felt safe.

Since the last inspection we found some improvements had been made to the quality of the care people received. However, we still found concerns with some aspects of record keeping for people at risk of dehydration or malnutrition. We also found the electronic care planning system was not up to date for all of the people using the service, and some risks still lacked guidance for staff.

Some people still did not have an up to date mental capacity assessment in place. The service could not evidence people were always supported to have maximum choice and control of their lives. Although staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Since the last inspection a new manager had been appointed but they have not applied yet to be the registered manager. The manager is working with the provider to establish more effective systems but there remains some areas that still require improvement.

Improvements had been made to the audits carried out by the management team. We saw medicines audits, infection control audits and building maintenance checks were being carried out.

Since the last inspection new care staff had settled into their roles and we were told recruitment was underway for additional management team members and administrative staff. Lack of key personnel had hampered progress against the action plan set out following the last inspection.

Recruitment was safe and there were enough care staff to support people.

People told us they enjoyed the food, and menu options had improved. This improved the overall dining experience.

We saw accidents and incidents were recorded more effectively and the provider representatives were reviewing trends in these to help staff understand patterns of behaviours, and minimise reoccurrence of incidents.

We saw evidence that appropriate medical personnel were contacted when issues of concern were raised, and we saw use of PPE had improved.

The ordering and storing of medicines was safe. We saw improvements to 'as needed' PRN protocols had taken place following the first day of the inspection.

Staff received the required training and support to carry out their role effectively through a mixture of online and face to face training. New care staff told us that they felt that the management team was supportive.

Rating at last inspection

At the last inspection we rated this service Requires Improvement. The report was published on 13 January 2022.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Breaches of legal requirements were found, and a Warning Notice was issued. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, the effectiveness of the service and the governance of the service.

Why we inspected

We carried out a comprehensive inspection of this service on 20 April and 10 May 2022.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. This report covers all five domains.

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 and recommendations

We have identified a repeat breach in relation to nutrition and hydration. Whilst there were improvements in the management of the service, not all issues raised in the Warning Notice have been addressed. Therefore, we have identified a breach related to the governance of the service.

We have made a new recommendation in relation to the use of suitable recording for people with mental health needs.

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 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.

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led below.

Requires Improvement ●

Acacia Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection took place over several weeks, with visits to the service on two days, 20 April and 10 May 2022. The team consisted of one inspector 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. The Expert by Experience visited the service on 20 April 2022 to speak with people living there. Phone calls took place to people's relatives to request feedback in the week following the inspection visits. These were undertaken by the inspector and the expert by experience.

Service and service type

Acacia Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. A new manager had started in post in January 2022 but had not applied for the post of registered manager at the time of the inspection.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the home which included statutory notifications and safeguarding alerts.

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

During our inspection

We spoke with six people who lived at the service. We also spoke with the current manager, the director, the recruitment and training officer and the personal assistant to the director. We spoke with three care staff and the chef.

We looked at 11 care records and two staff files. We looked at various documents relating to the management of the service which included medicine administration records, staff training, supervision records, infection control and quality assurance records.

After the inspection

We spoke with four relatives to get feedback on the service.

We liaised with the local authority both prior to the inspection and after the inspection and continue to work in partnership with them to support the service. We were unable to get feedback from other health professionals.

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 inadequate. At this inspection this key question has improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found the service had still not migrated care records to the electronic system, and as they were using a mixture of paper and electronic systems, it was hard for staff to access information to manage risks safely.
- At this inspection we found that although the service was no longer in breach of the regulations in relation to risk assessments, there were still some gaps in recording.
- We found a considerable number of care records including risk assessments were now on the electronic care system. We were able to view a range of risk assessments related to wandering, incontinence, choking and behaviours that can be difficult to manage. However, we still noted some gaps in records. For example, one person for whom smoking cigarettes was very important, but who had memory problems, did not have a risk assessment in place to outline how to minimise their anxieties regarding this.
- We found permanent staff knew people well and so this minimised people at risk of harm. However, the management team told us the delay in completing risk assessments related to management capacity. We judged that this related to overall governance and adds to the evidence for a continued breach of Regulation 17.
- At the last inspection we saw there was not an up to date information on people using the service in the 'grab bag' which would be used by staff in the event of an evacuation. At this inspection we saw that this was now in place, although some additional information was required on PEEPS for people who needed significant help to leave the building. The management team planned to complete this shortly.
- Since the last inspection we saw a fire drill had taken place and a member of the management team had reviewed the fire risk assessment.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last inspection we were concerned the service had not referred numerous safeguarding incidents to the local authority and CQC in a timely way.
- At this inspection we found fewer incidents which warranted a safeguarding referral, and all but one incident was notified in a timely way to both CQC and the local authority. We discussed this delay with the provider who acknowledged there was confusion regarding this specific incident.
- People told us, "Yes I feel safe, I've got nothing bad to say" and "Yes I feel safe for sure." This was confirmed by family members "Yes, I do feel my mother is safe."
- Staff received training on safeguarding adults and were able to tell us the signs and types of abuse.

Preventing and controlling infection

At the last inspection we made a recommendation in relation to the cleaning of high touch surfaces, and the need to record more effectively cleaning undertaken.

- At this inspection we saw improvements had been made in this area.
- 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.

Learning lessons when things go wrong;

● When incidents had taken place, forms were completed and we found most of them indicated the actions taken and any learning. However, this was not always the case. We judged that this related to overall governance and adds to the evidence for a continued breach of Regulation 17.

- We also found that the provider was now auditing the incidents with greater regularity to understand trends and patterns of behaviour.
- We saw improvements in the way learning from accidents and incidents was evidenced. Issues were discussed in team meetings, and at handover to minimise further harm occurring.
- At the last inspection there had been a significant number of falls and there was no analysis by the management team of when these falls had occurred or whether there was any pattern or trigger for the falls. At this inspection we found there were far fewer falls, and trends were being reviewed to aid learning.

Staffing and recruitment

- Recruitment of staff was safe. Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work. This meant staff were considered safe to work with vulnerable adults.
- We found there were enough care staff to meet people's needs, and regular agency staff were used when required. This was confirmed by people and their relatives. We were told "Yes, I think there are enough staff" and "Yes, I think it is reasonably well staffed."

- Staff told us, "Yes there is enough people on shift." However, we noted gaps in administrative and senior care staff were affecting the service's ability to carry out all management tasks. This is discussed in the Well-Led section of the report.

Using medicines safely

- We found no concerns with medicines management.
 - As our review of medicines management was limited in scope, we discussed with the provider the need for the input of the community pharmacist to review all areas of medicines management. They told us this was due to take place following the CQC inspection.
 - Storage temperatures were monitored to make sure medicines would be safe and effective.
- People received their medication when they should. Medication Administration Records (MARs) had photos of people, their allergies and how to support them with medicines.
- At the last inspection we suggested that people being regularly given 'when required', PRN medicines, should be reviewed by the GP to decide whether the medicines should be given on a daily basis. We saw that these discussions had taken place, and where people regularly refused daily medicines, contact with the GP had taken place for their advice.
 - On the first day of the inspection we found gaps with PRN protocols, but these had been put in place, or reviewed by the second day.
 - We were shown evidence that a number of staff had received training in the administering of medicines, and we saw competency checks had taken place for staff giving medicines.
 - We checked stocks against records for boxed medicines and these tallied.
 - Medicine audits were taking place at the service.

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 requires improvement. At this inspection, this key question has remained the same.

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

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

At our last inspection the provider had failed to ensure that there were robust systems in place to ensure that the nutritional and hydration needs of all people were met at the service. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 14.

- At this inspection, although we found improvements we were still concerned regarding the recording and oversight of those who were most vulnerable, and at risk of malnutrition and dehydration.
- At the last inspection we found that whilst people were weighed monthly, there was no advice or action taken if weight was gained or lost. Also, there was no indication of the 'ideal' weight for a person. There was no commentary or information for staff to prompt them to alert a senior member of staff or make a referral to a health practitioner.
- We also saw that food and fluid charts were not completed correctly, with the amounts balanced against a target. Lack of management oversight meant we were not confident that people were safely supported with eating and drinking.
- On the first day of the inspection, we raised concerns weight charts were still not completed properly and there still lacked advice for staff on what to do if a person's weight changed. We also noted that food and fluid charts were not balanced with target intake for each person stated. There was also no oversight by the manager of the charts. We discussed these issues with the manager and provider.
- On the second day of the inspection, whilst we saw some improvements had been made, we remained concerned people were at risk of malnutrition and hydration. For example, the running balance for fluid was completed for some days. We found this was not the case consistently, and although the manager told us they asked the night staff to review the documents, there was no record of this. The manager also told us they had had a session with staff regarding completion of the documents, but clearly some staff did not understand the expectations for recording.
- We also saw that whilst people's heights had been added to the monthly weight log, it was still difficult to tell the ideal weight for a person. For example, we saw that two people had put on five kilos in three months but we were unclear if this was positive or of concern.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate food and hydration was offered to sustain life and good health, in a culturally appropriate way. This placed people at risk of harm. This was a repeat breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we were concerned that people were not being offered what was on the menu, and had found the lunch-time experience chaotic with people waiting for food to be served.
- At this inspection we found people were offered choices in line with the menu, and the lunch-time experience was much more organised and calmer. People told us they were happy with the food. Comments included "It is excellent, really good" and "It is good." Family members confirmed they were satisfied with the food. We were told "She's kept her weight and has been stable. I'm pleased with that" and "Since COVID-19 my [relative] has refused to wear her dentures and they have blended her food, and she has kept her weight." The only issue we identified was that late morning, people had to wait for 25 minutes for tea. One person told us "I don't like waiting for my tea."
- The service had updated records to incorporate people's choices, to shape future menus.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills to look after them. They told us, "Yes, they are very good" and "Yes, they seem to get on with it alright." A family member told us "The old staff are skilled, and then they train the new staff" and "Yes pretty good, they are very considerate."
- We saw that training took place in key areas including manual handling, safeguarding, infection control and the MCA. A training matrix highlighted when training was due, and the service worked with a training provider to provide refresher training for all staff.
- Staff told us they were supported in their role. One staff member said "They are helpful in getting skills in the new role. I can run ideas by the manager or the owner, they find time to help me."
- We saw new staff received an induction, shadowed competent staff and undertook training.
- Supervision took place and training needs were highlighted.
- We found one area that a number of staff would benefit training in, the completion of charts to record when people had behaviours that were agitated. We saw some staff used these appropriately, whilst others used them as a daily record.
- We discussed this with the manager and provider who said they had discussed this issue with staff.

We recommend that the staff team receive training from a mental health professional so they fully understand the principles behind the monitoring of behaviours, and the type of recording for these documents.

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

- The service assessed potential new referrals to ensure people's care needs could be met by the service. The service met with people and their family where possible, and together with reports from health professionals assessed their needs and recorded people's preferences and routines.
- The service had not admitted anyone new to the service since the last inspection, but the manager and provider were aware of the best practice guidance, and their obligations under the Equalities Act 2010.

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 so that they can 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the importance of consent and we saw staff asked permission before giving care.
- The service had a log of when people's DoLS were due for renewal. We could see the service had a system for renewing DoLS.
- At the last inspection we noted there were gaps in mental capacity assessments. At this inspection we found improvement as some mental capacity assessments were in place, but not for every person who lacked capacity.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- At the last inspection we had some concerns that people were not always being referred to external medical practitioners appropriately. At this inspection we could see that the GP and mental health team had been approached appropriately when the service needed input or advice for the person.
- We asked family members if they were kept up to date with their relatives' health conditions and alerted if any concerns. Family members told us "No worries concerning this" and "Yes I did [hear from them] when my [relative] was ill."

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 the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind to them and we saw this on both days of the inspection. Comments from people at the service included, "They are all lovely to me" and "Yes, I do think that the staff are caring." Family members said "Yes I do think that they are nice to [relative]" and "Very nice especially some."
- People's birthdays, and religious or cultural events were celebrated at the service, and one family member told us "Yes, they meet my [relative's] cultural needs." Care records highlighted people's cultural and religious background.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We asked people and their relatives if they were treated with dignity and respect. They told us "Yes, I really do" and "Yes they do their best." One family member told us his relative had always been an elegant person and it was important to him this did not change. He told us, "Yes very much so", she was treated with dignity and respect, as her hair and nails were done on a regular basis.
- Most people told us they were involved in their care planning. The service had recently been updating care records as they were migrated onto the electronic care system, and the manager and provider told us they had involved people and their family members in discussion before updating records.
- People told us "Oh, yes they are very good, and I get involved as well" and "Yes, they were involved in planning their care. A relative told us "Yes overall I feel involved, I had a good chat with them the other day about what care is needed."
- Newly updated care records indicated what people could do for themselves, and staff encouraged people to be independent.
- There were meetings for people who lived at the service to enable them to express their views about the care and support and food they received.
- Staff were able to tell us how they supported people with dignity and respect and promoted independence. One staff member said, "It's the way you behave around them; the way you speak to them; this is their home this is where they live." Another said "I call them by how they want to be called. I close the door when offering personal care."
- The service ensured people's care records were kept securely. Information was protected in line with General Data Protection Regulations.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant people's needs were not always met.

End of life care and support

- At the last inspection we made a recommendation in relation to end of life care planning. This was part of the work-in-progress at the service, and we judged had not been fully implemented at the time of the inspection. However, people were asked their end of life wishes as part of the recent care planning process.
- We judged that these issues related to overall governance and adds to the evidence for a breach of Regulation 17.

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

- At the last inspection we found that there was a mixture of both paper care plans and electronic care plans, which meant information for staff was not always easily accessible.
- At this inspection we found that whilst everyone had some care plans transitioned to the electronic care planning system, there were gaps in care plans for individuals. We found care plans for mobility, eating and drinking and personal care. For example, one person we knew had mental health needs and who on occasion refused medicines did not have a care plan to identify these issues. We were confident permanent staff knew how to manage these issues when they arose. However, it is important that all needs are documented so new and agency staff are fully informed of people's support needs.
- Daily records were being uploaded to the electronic system, but not all staff were fully competent in using the electronic care planning system. This can impact on the timeliness and accuracy of records. This is further discussed in the Well-Led section of the report.
- Care records contained personalised information and we were of the view that long term staff knew and understood people's needs and worked to provide a personalised service. Also, we saw newer members of staff interacting well with people. The provider told us the service was working to ensure all care plans were in place on the electronic care planning system. But at the time of the inspection, gaps in care planning remained, including addressing people's choices for leisure and social activities.
- We judged that these issues related to overall governance and adds to the evidence for a breach of Regulation 17.
- There were some activities at the service, chair exercises, art, music and concerts. Birthdays and religious events were celebrated. The garden provided some space for people to go outside.
- Two family members told us they would like their relatives to go out of the service a bit more, for example to the local park. We made the manager aware of these comments and they told us they would work to achieve this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Since the last inspection the service had worked to improve menus and other visual prompts to support people with communication needs.
- We saw most care plans highlighted how people communicated, and staff knew how to communicate with people in a meaningful way.

Improving care quality in response to complaints or concerns

- The service had a log of complaints, and we could see the actions taken to resolve or investigate the issue.
- People were not sure of the complaint's process, but told us they would say something to staff if they were not happy. Staff understood the complaint's process, and could tell us what they would do if an issue was raised with them. We fed back to the manager that not all the people at the service understood how to raise a complaint. They told us they would discuss this at residents' meetings
- Family members told us they knew how to make a complaint and felt issues were addressed, when raised. Comments included, "I have not had any cause," another said "I made a complaint about her clothes being put on too hot a wash and they sorted this."

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 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; Continuous learning and improving care;

- At the last inspection we had significant concerns regarding the management of the service. We issued a Warning Notice related to the governance of the service.
- Since the last inspection we could see that the service had an improvement plan and were working to make improvements. We remained concerned however, at the lack of speed in addressing some key areas. We were concerned that insufficient progress had been made. For example, care planning had improved, but there were still areas where there were not risk assessments or care plans in place to cover all risks or needs. This included mental capacity assessments, and end of life care plans.
- Since the last inspection the provider had been more involved in the day to day running of the service and assisted the manager in taking on management tasks. The provider and manager knew what needed to be done, but they lacked the resources to complete the work. We noted that some issues raised on the first day of the inspection had been addressed. For example, a broken window restrictor had been fixed, and PRN protocols improved. However, issues of concern related to food and fluid charts, the completion of records to chart behaviours, and turning charts were not being reviewed by the management team, so errors in recording, or gaps in recording by staff, had not been rectified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective governance of the service. This placed people at risk of harm. This was a repeat breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We noted on both days of the inspection that the service lacked administrative support. This meant members of the management team were dealing with administrative enquiries, which impacted on their ability to carry out all the management tasks.
- In other ways we found a number of improvements to the service. Audits were taking place for medicines monthly; competencies for the giving of medicines were now in place; audits were taking place of the environment, and the dining experience had improved. Several staff said there were improvements at the service. For example, the allocation meeting at the start of the shift enabled staff to plan their work and it was effective.
- People had less falls and where these took place, we could see what actions were taken.

- CQC and the local authority had been informed of notifiable events at the service. These were not always sent in, in a timely manner, but the new accident and incident form may prompt this management action.
- Since 2016 there has been four registered managers at the service. The current manager was planning to apply for the registered manager role but had not done so at the time of this inspection. We judged that the lack of a consistent management team at the service meant inspection ratings had fluctuated over this period. This meant valuable learning was not always retained within the service, so although improvements had been made since the last inspection, we were not confident of continuous learning across a longer period of time.

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

- People who worked at the service knew who the provider was, but were less sure about who the manager was. Family members knew who the manager was. Comments included "Yes, she is ok and deals with the things that need doing" and "Yes, I speak to her and the owner." One family member told us they did not know who the manager was due to so many changes, "There has been a turnover at the top, so I don't know who I am dealing with. I want a mobile number for that person as I don't know who to contact."
- Staff were positive about the new manager and provider. We were told "It's not a big home and I like it here. Yes, I feel supported" and "I would recommend it as place a to work." Staff meetings took place and staff told us the management team were approachable and helpful.
- People and their relatives were happy with the service. Comments from people included, "Yes, I would recommend it. There is not a bad person here" and "Yes, I think so." Family members told us, "Yes when I go she is always neat and well presented" and "yes, I would recommend it."
- We saw that the service published a newsletter quarterly and it contained pictures and videos of activities to ensure family members were kept up to date with information. One relative told us they wished the service would communicate more by email, to keep them updated. We passed on this information to the management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- At the time of the last inspection, the service was in a period of great upheaval. At this inspection we found that the new manager had been in post for approximately three months. The service was embedding new systems and audits. These would take some time to show full effectiveness. For example, the management team were still firming up how actions from audits were carried through to ensure tasks were completed.
- However, we noted there were less falls by people living at the service, and the incidences of behaviours that could pose a risk to a person and others had reduced since the last inspection.
- Clearly the previous 24 months, during the COVID-19 pandemic, had a significant impact on the service. The service was welcoming visitors and increased entertainment, which would be positive for people.
- The new manager and provider told us they were willing to work in partnership with the local authority teams and CQC to further improve the service. They had started to address a number of issues identified at this inspection by the time of writing this report.

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The provider had not ensured that the nutritional and hydration needs of service users were always met.</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 did not ensure that effective systems and processes were in place to assess, monitor, mitigate and improve the quality of the services.</p>