

Rodney House (Weston) Limited

Rodney House Residential Home

Inspection report

34-36 Trewartha Park
Weston Super Mare
Somerset
BS23 2RT

Tel: 01934417478
Website: www.rodneyhouseweston.co.uk

Date of inspection visit:
22 April 2021
23 April 2021

Date of publication:
01 June 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

Rodney House Residential Home accommodates up to 30 older people in one adapted building across three floors. The service specialises in the care of people who are living with dementia. At the time of our inspection there were 19 people living at the home.

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

There were shortfalls in the staffing arrangements, action was taken by the nominated individual to address this during the inspection. Medicines were not always managed safely, there were shortfalls in staff recruitment files. There were detailed risk assessments in place, we identified one person who did not have all the required risk assessments in place.

There were systems in place to record and escalate any incidents and accidents. We found one instance where staff had not reported incidents via this system. The manager reviewed incidents and took action to prevent a reoccurrence.

Risks relating to infection control were managed safely, however we observed staff were not always wearing masks correctly. The service equipment was maintained.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not fully support this practice.

Due to staffing pressures, staff did not always receive an induction when starting at the service. Staff did not always receive up to date training and formal supervision. The environment of the home was not suitable for people living with dementia.

People's health care needs were met. People received enough nutrition and hydration and made choices about what they wanted to eat.

There was a lack of activities and stimulation for people. People had individualised care plans detailing their needs and preferences, people's end of life wishes were recorded. Complaints were acknowledged and responded to.

There were governance systems in place which identified most of the concerns we identified during our inspection. Action points were being worked towards but were not all completed. We identified similar and additional concerns from our last comprehensive inspection in June 2019. The accumulation of shortfalls alongside staffing shortages meant the manager was under increased pressure and their workload had become unmanageable.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 August 2019) and there were multiple breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

We undertook a targeted inspection in January 2021, this inspection was carried out to check on a specific concern we had about how infection prevention and control procedures were being managed in the home. During this inspection we identified improvements had been made in relation to infection control.

Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rodney House Residential 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 will continue to monitor the service.

We have identified breaches in relation to how medicines are managed, the staffing skill mix, lack of information in recruitment files, people being deprived of their liberty without authorisation from the local authority, the application of the Mental Capacity Act 2005, lack of staff supervision, induction and training and the governance systems at this inspection. Our enforcement actions have taken account of the provider's decision to close the home

Follow up

We will continue to monitor information we receive about the service until the homes closure. 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 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 well led.

Details can be found in our well led findings below.

Inadequate ●

Rodney House Residential 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.

Inspection team

The inspection was carried out by two inspectors on day one and two inspectors and a member of the CQC Medicines Optimisation Team on day two.

Service and service type

Rodney House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a manager in post who had applied to become the registered manager for the service. The manager had been in post since November 2020. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

A nominated individual had been assigned to the service to oversee the governance and provide support to the manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

The first day of the inspection was unannounced. The second day was announced.

What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person about their experience in the home. We completed observations of the service. We spoke with the manager, the nominated individual, the nominated individual's representative who visited the home and eight staff including the deputy manager, care staff, the kitchen staff, housekeeping staff, and maintenance staff. We reviewed five people's care records. We looked at the medicines policy and audits, medicine administration records and associated care documents for nine people. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 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.

Preventing and controlling infection

At our last inspection the provider had failed to ensure risks relating to infection control were managed safely. This was a breach of Regulation 12 (Safe care and treatment) 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, relating to infection control.

- Since our targeted inspection in January 2021 the manager had arranged for staff to receive training in infection control and putting on and taking off their personal protective equipment (PPE).
- Staff had access to enough PPE. The service provided uniforms for staff and these were changed on entry to the home. Staff had an allocated entrance to the home to prevent the risk of the virus entering the home.
- There were regular arrangements for COVID-19 testing to be completed for people and staff. Where people lacked the capacity to consent to the test, a mental capacity assessment and best interest decision had now been completed. Additional pedal bins had been purchased and suitable arrangements had been made to store mop heads.
- The manager had implemented a detailed infection control audit relating to COVID-19, these were completed monthly.
- 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 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.
- We were somewhat assured that the provider was using PPE effectively and safely. During the inspection we observed not all staff were wearing their masks appropriately. We also observed one staff member entering the home not using the allocated staff entrance and not wearing appropriate PPE. We discussed this with the manager who told us they would address this with staff.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

At our last comprehensive inspection in June 2019 we identified the provider had not operated a safe and effective recruitment system. This was a breach of Regulation 19 (Fit and Proper Persons Employed) 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 19.

- Three of the staff files we checked did not have a photograph of the staff member. One file did not contain a reference from the previous care employer, two did not include photographic identification and one staff file contained no identification.

This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was not always a suitable skill mix of staff available at the home. This was due to staff sickness and staff leaving the service. We reviewed the rotas and identified instances where there were no suitably trained senior staff on shift, to administer medicines for example.
- There was also a lack of management and housekeeping staff cover at the weekends. This meant care staff would also be responsible for the cleaning of the home.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were short of staff at times; however, they said the team pulled together to help each other out. Some staff such as the housekeeping staff had dual roles, staff told us this meant they were able to. "Help out the carers."
- Comments from staff included; "We get agency to cover shifts on most days, roughly we get the same agency most of the time. A couple of times we have been short", "Staff are leaving but the shifts aren't short, we get agency in and get the same staff. We usually have a senior on shift unless they phone in sick and then [name of manager] or [name of deputy manager] take over" and "Staff are leaving and some staff are doing long days on the trot, they are running round like headless chickens. Mostly staffing is ok, if staff phone in sick housekeepers chip in they are trained we all muck in, we use agency and try and use the same staff, we have a few good ones."
- The manager was using agency staff to cover staff vacancies and was helping out with day to day senior tasks when required. We discussed our concerns with the manager and nominated individual who were addressing the issues relating to staffing. They assured us that plans were in place to ensure senior staff were on shift at all times.

Using medicines safely

- Medicines were not always managed safely.
- The service had a current medicines policy. However, this was not always followed.
- For example, medicines refrigerator temperatures records showed that the maximum temperature of the medicine's refrigerator had been greater than 8C and no action to mitigate this was recorded. This meant that the provider could not be assured that medicines were stored within the recommended range of 2-8C and that they would be effective.
- Controlled drugs (medicines that have additional controls due their potential for misuse) were not stored in accordance with current regulations. This was not identified on the monthly audits that had been

completed.

- Pain relief patches were not monitored in accordance with the medicines policy. Gaps were seen in the monitoring to show that a patch was still in place and not all patch removals were documented
- People were not assessed appropriately where it was necessary to administer medicines covertly (disguised in food or drink). There was a lack of evidence that decisions were made in people's best interest and advice had not been sought from a pharmacist about how medicines could be given safely. Information was not present to indicate how medicines should be administered covertly.

The above issues are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12, Safe care and treatment.

- Staff were assessed to ensure they were competent in the safe administration of medicines.
- Staff carried out medicines audits and met to discuss medicines issues.
- The manager was aware of the issues relating to staff medicines training and had this as an action point on their action plan.

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

At our last inspection we found people were not always protected from environmental risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12 relating to the safety of the environment.

- During this inspection we found most of the concerns we identified at our last inspection relating to environmental risks has been addressed.
- However, on the first day of our inspection we observed an open and unlocked unused bathroom on the top floor; there were supplies of various kinds stored inside which could be a danger to people living with dementia. The door had a very clear sign on the outside saying, 'This door must be shut and locked at all times'. This door was observed as being open at our previous comprehensive inspection in June 2019.
- The last recorded fire drill was in July 2020 and not all staff had received up to date fire training at the home. There had been a recent incident in April 2021 relating to a fire, a recommendation of this was for all staff to receive fire training.
- At our last comprehensive inspection we identified action points from the fire risk assessment had not been completed. At this inspection we found the action points had been addressed. There was a fire risk assessment in place, this was to be reviewed annually and had not been reviewed since 2019. The manager had arranged for someone to attend the home and review the risk assessment, the delay had been due to COVID- 19.
- PPE was now stored safely.
- There were regular checks on the equipment in the home.
- People had detailed individual personal emergency evacuation plans in place.
- People had risk assessments in their files relating to their mobility, nutrition, supporting people when they are anxious, risk of developing pressure ulcers and moving and handling. The assessments identified the potential risks and control measures in place.
- We reviewed incident and accident records relating to one person who displayed an identified risk to people. Although staff described how they supported the person to prevent the risk of these events occurring, there was no risk assessment in place.
- Staff told us about incidents involving one person living in the home putting the person at risk, however

they were not recording these as incidents. There was no risk assessment in place for the person relating to this.

- We discussed these two concerns with the manager who told us they would put risk assessments in place.
- We reviewed the accident and incident file which demonstrated incidents and accidents were recorded and action was taken to reduce the risk of a reoccurrence. This included updating the person's GP and completing regular checks on the person.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns were identified, recorded and referred to the appropriate agencies, such as the local authority safeguarding team.
- There were safeguarding systems in place. Staff understood the possible types of abuse people could be subjected to, and how to report it both internally and externally. One staff member told us, "I would report anything to [name of manager], I am happy she would definitely take the right action. I would also go to the local authority safeguarding. I am aware of the whistleblowing procedure; I have not seen anything here and I would report it if I did."

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 now remained the same. 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

At our last comprehensive inspection we found the provider was unable to demonstrate that staff were provided with opportunities for effective supervision. This was a breach of regulation 18 (Staffing) 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 18.

- Staff were still not receiving training and supervision to support them in their work.
- Four of the staff files we reviewed did not contain supervision records. One staff member told us, "I don't think I have had supervision or an appraisal in the last year." Another staff member said, "I haven't had a supervision for a while, I can't remember the last one." This meant these staff had not been given the opportunity to formally discuss and receive feedback about their individual performance and development.
- We also identified staff had not all received up to date mandatory training. We reviewed the staff training matrix and some staff were out of date with subjects such as first aid, moving and handling, medication, the Mental Capacity Act 2005, safeguarding and fire training.
- There was also a lack of up to date training in how to support people living with dementia, provide oral care, and support with nutrition and hydration.
- Staff had not always received an induction when starting at the service. We identified three staff who had not received an induction.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the lack of staff training with the manager who told us they had attempted to arrange training with a training provider, however this had not been authorised. They were also in the process of inducting new staff and they showed us an induction form they had for staff to complete.

Since our last inspection the manager had ensured that all staff had received infection control training and training in how to put on and take off their personal protective equipment (PPE).

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

- The environment of the home was not suitable for people living with dementia. People had no access to

safe outdoor space. There was a garden area but this was full of obstacles and potential risks to people so they did not access this area. There was limited signage around the building for people to navigate themselves. The dining room was kept locked which meant people couldn't access this area except at mealtimes. There was a lack of items around the home to encourage people to be stimulated such as sensory and tactile surfaces.

- We discussed the garden area with the manager who told us this was on their action plan for improvements to the home.

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.

- People's rights were not fully protected because the correct procedures were not always followed when people lacked the capacity to make a decision for themselves.
- Whilst there were some MCA assessments and best interest decisions in place, we identified areas where this had not been completed that were potential restrictions for people. For example, areas included the use of bedrails, stair gates on a bedroom door and room sensors.
- We also identified relatives were signing consent forms where they did not have the legal powers to complete them.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the manager had been in post they had completed MCA assessments and best interest decisions that were in line with the principles of the Act.
- Where restrictions had been placed on people's liberty to keep them safe, DoLS authorisations by the local authority had not always been applied for when the DoLS had expired. The manager had started the process of applying for people's DoLS however there were 12 people living at the home who's DoLS had expired in 2020 and a new application had not been submitted to the local authority.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed before the person arrived at the service. Information from the assessment formed the basis of the care plans which were detailed. Expected outcomes were identified and care and support was reviewed.
- People had detailed oral care plans in place. However, records did not demonstrate oral care was being carried out. We discussed this with the manager who told us they would address this.

- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their religion, diet and gender preferences for staff support.

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

- People had access to enough food and drink and they received a balanced diet. There were two options on the menu each day. One person told us, "The meals are excellent. The chefs are very good. They bring me drinks, tea, coffee, anything I want."
- We observed the lunchtime meal on day two of the inspection. Meals were shown to people so that they could make a choice. When plates of food were served, staff explained to people what the food was.
- We observed people were offered a range of hot and cold drinks and snacks throughout the day.
- People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks.
- People's care plans included a list of their food likes and dislikes.

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

- People were supported to receive healthcare appointments. These included visits from the district nurse, occupational therapist, podiatrist and GP. The service also worked alongside the mental health team to support people where required.
- Regular ongoing health monitoring of people was carried out, such as monitoring people's weights.
- Where concerns were raised about people's health, appropriate healthcare professionals were contacted and staff acted on their advice.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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; 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 our last comprehensive inspection we identified person centred activities were not taking place. People who did not undertake the group activities lacked social stimulation. During this inspection we identified similar concerns and improvements had not been made.
- There was no activity coordinator in post. Staff told us they spent time with people when they had the time, however due to there being no activity coordinator, staff vacancies and sickness they did not always get time to spend with people.
- One staff member told us, "We don't get to spend much time with them, I would like to be able to sit with people and do stuff but its hard when you have a lot to do, its ok with four staff, with three we don't get time with them." When asked if there were sufficient activities another staff member told us, "No, there is no activities coordinator they became a carer and left, people are sat in the lounge watching TV, if I have a chance I will try and do stuff with them. I think people are bored that's why [name of person] gets aggy."
- During the inspection we observed minimal activities were being carried out. People sat in the lounge with the television on.
- We did however observe staff sat with people and painting their nails on the first day of the inspection.
- The manager was aware of these concerns and addressing this had formed part of their action plan.
- People's care plans were detailed, person centred and contained relevant information relating to their needs and preferences.

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.

- People's individual communication needs were assessed and recorded in line with the AIS.
- People had communication plans in their care records that detailed their communication needs and preferences.
- Staff knew people well and responded to their individual communication needs.

Improving care quality in response to complaints or concerns

- A record of complaints received was completed when a complaint was raised.
- The complaints file showed that complaints had been investigated and issues were addressed and

responded to appropriately.

End of life care and support

- People's end of life wishes and preferences were discussed with them and their wishes were recorded in their care plans.
- There was no one receiving end of life care at the time of our inspection.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last comprehensive inspection we found the provider's quality assurance systems and processes did not ensure that they were able to prevent shortfalls in the quality of service provision. This was a breach of regulation 17 (Good Governance) 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 17.

- The provider had failed to ensure people received a high-quality service. This home has been in breach of regulations and rated requires improvement for the last three consecutive inspections. At this inspection there were multiple and widespread breaches in regulations. Four of these were repeated breaches from the last comprehensive inspection in June 2019. The service has deteriorated, and the provider has been unable to sustain a good level of service.
- The current manager had been in post since November 2020. The manager told us they were not given the opportunity to receive a handover from the previous manager. They told us since being in post they had identified a wide range of concerns in the home which had been increasing.
- The accumulation of these issues alongside the staffing issues that had become apparent had led to the shortfalls becoming to a point where they were not all manageable. The manager was under increased pressure due to the level of concerns they were identifying.
- A consultancy organisation was overseeing the governance of the service, they had been in post since June 2020. Although concerns were being identified by this organisation and an action plan was being worked through, actions identified were not always being authorised and resources were not always available.
- The governance systems had identified most of the concerns we observed relating to the environment, lack of activities, Mental Capacity Act, DoLS applications, staffing and training. Although action plans had been created identifying issues and action required, these had not been completed resulting in multiple breaches in regulations.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and representative from the consultancy organisation met weekly to discuss any concerns and develop action plans. The manager told us they felt well supported by this process.
- Statutory notifications had been submitted by the manager in line with their legal responsibilities.

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

- Staff told us they worked well as a team. However partially due to a lot of staff leaving it was currently an unsettling time for them. Staff leaving had placed additional pressure on the staff team.
- Staff told us they would like to deliver person centred care to people but they didn't always have the time.
- We received some mixed feedback from staff relating to the management of the service. Most of the staff felt the manager was supportive and approachable. However, we received some comments relating to the manager's management style.
- Visits were being arranged for people's relatives to meet with them in a safe way. Inside visits were arranged in a designated area with a perspex shield between the person and their relative.

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 manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- The manager had kept in contact with people's relatives keeping them up to date with any changes within the home. We reviewed compliments from people's relatives relating to this.
- Staff confirmed they attended staff meetings. One staff member said, "We have started having team meetings monthly."
- An annual survey was carried out to seek feedback from people and their relatives. The survey in 2020 had not been completed and the manager told us they were planning on arranging this for 2021.

Continuous learning and improving care; Working in partnership with others

- The manager had a range of action plans in place to improve the service. They had not been able to fully implement improvements due to current pressures and constraints on the service.
- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights were not fully protected because the right procedure were not always followed where people lacked the capacity to make decisions for themselves.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always stored and managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Applications to authorise people being deprived people of their liberty were not always completed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective governance systems in place to ensure people received safe and good quality care.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Procedures were not being followed to ensure the recruitment of staff was safe and suitable.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There were not always a suitable skill mix of staff available at the service. Staff did not always receive an induction, training or suitable supervision.