

Wellbeing Care Limited

# St Georges 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?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

St Georges Care Home is a residential care home providing personal and nursing care to 20 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

The care home accommodates people in one purpose built premises.

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

Medicines were not managed safely. Topical medicines were not always stored, applied and recorded appropriately. Records did not always show when medicines prescribed to be given when required should be given. Where people required their medicines to be administered covertly, such as crushed in food, there was a lack of guidance for staff as to how to support people with covert medicines. The service was working with the local Clinical Commissioning Group to improve their medicines management.

The registered manager is registered for this and two of the providers other services. This service is managed on a day to day basis by a deputy manager. The service has had three deputy managers since the provider took it over in January 2020 and the deputy manager in post on the first day of our inspection visit has left the service.

Audits carried out by the management team were not always used to drive improvement in the service.

People living in the service told us that staff respected their privacy and dignity. However, we observed occasions where people were not treated with dignity.

The registered manager and deputy manager were aware of current PPE guidance and staff had received infection control procedures. However, we observed staff were not always wearing masks appropriately.

Care plans contained sufficient information for staff to deliver care and support according to people's needs and preferences. Staff recording in care plans could be more detailed to reflect people's mental well-being in addition to the physical care given. Care plans were not always updated to reflect people's changing needs.

The registered manager told us that people were involved in their care planning where possible. However, people's involvement was not recorded in the care plans. We received very mixed feedback from relatives about their involvement with their relatives' care planning and contact from the service.

Staff told us that there were sufficient staff to provide care and support. Appropriate checks were carried out before staff provided care and support.

People told us they enjoyed the food. We observed the lunch time meal, people were offered a choice of food and received support as required.

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. There was some lack of understanding by staff as to their role in assessing mental capacity in some instances.

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

Rating at last inspection The last rating for the service  
under the previous provider was Inadequate, published in December 2019.

#### Why we inspected

This was a planned inspection based on the previous rating and was prompted in part due to concerns received about medicines and staffing levels. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the list of relevant key question sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Georges Care Home on our website at [www.cqc.org.uk](http://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 the management of medicines and the overall management of the service. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we 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.

<b>Is the service safe?</b> The service was not always safe.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was not always caring.	<b>Requires Improvement</b> ●
<b>Is the service responsive?</b> The service was not always responsive.	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service was not always well-led.	<b>Requires Improvement</b> ●

# St Georges 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.

Due to the COVID-19 pandemic the first day of inspection was carried out by an inspector and specialist advisor visiting the service. The second day of the inspection the medicines inspector visited the service. The following days were carried out remotely. This means we made telephone calls to staff and relatives away from the site and asked for documents to be sent to us by the service.

#### Inspection team

The inspection was carried out by an inspector, a medicines inspector and a specialist advisor with a specialism in dementia care.

#### Service and service type

St Georges 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. 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 Care Quality Commission. 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 one hour's notice of the first inspection visit so that we could check whether they had any active COVID-19 infections before visiting.

#### 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 professionals who work with the service. 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 four people who used the service and three relatives. We also spoke with the deputy manager and the service manager. We observed care and support being provided in communal areas.

We reviewed a range of records. This included four people's care records and multiple medication records.

#### After the inspection

We continued to seek evidence from the provider and registered manager. We spoke with the registered manager, three relatives of people living in the service and two members of staff. We also received e mail feedback from two members of staff.

# 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 under the previous provider this key question was rated as Inadequate. At this inspection this key question has now 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.

### Using medicines safely

- Oral medicines were stored securely and at correct temperatures. However, medicines prescribed for external application such as creams and emollients were not being kept safely to ensure people could not access them and put themselves at risk of accidental harm.
- Medicines given by staff were recorded on an electronic Medicine Administration Record system. However, we found that for some medicines there were discrepancies where the recording system did not show and confirm they were given to people as prescribed. In addition, for medicines prescribed for topical application such as creams and emollients the records did not show which topical medicines were applied to which areas of the body and there were unexplained gaps in the records.
- We found that some medicines with shorter expiry times after opening were still available for use after their shelf-life had expired. Containers of topical medicines were not always dated when opened to ensure they were not used after their shelf-life had expired.
- There was a lack of written guidance available to help staff give people their medicines prescribed on a when required basis (PRN) and to enable them to give people their medicines consistently and appropriately.
- For a person who was unable to consent to taking their medicines and who would otherwise refuse them, staff gave them their medicines concealed in food (covertly). Guidance available for staff on how to prepare the person's medicines to give to them in this way conflicted with advice previously taken from the pharmacist about this. In addition, the advice recorded did not apply to all medicines currently prescribed.

We found no evidence that people had been harmed however medicines were not effectively managed. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider is receiving support from the Clinical Commissioning Group pharmacist to improve.
- Staff had received training on medicine management and had been assessed as competent to give people their medicines.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives spoken with said they felt safe in the service.
- Policies and procedures were in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.

- Staff received safeguarding training. Staff spoken with said they were confident about how and when to raise a safeguarding concern.
- Records demonstrated that where a safeguarding matter had been raised it had been reported to the correct authorities.

#### Assessing risk, safety monitoring and management

- Assessments were completed to provide staff with guidance about people's risks related to their health and safety. This included meeting people's physical needs by using various pieces of equipment in line with their care plan. However, when new equipment and aids were provided by therapy services the care plan was not always updated with information about how to support the person to use these and no considerations of any associated risks.
- Some equipment in people's rooms was regularly checked. However, this was not comprehensive, and we observed a crashmat which was soiled and had a tear exposing the filling.
- Personal evacuation plans were available for all residents

#### Staffing and recruitment

- The service used a dependency tool to assess people's needs which fed into the staffing level. The deputy manager told us that the current assessed staffing level was one team leader and three care staff during the day and one senior and two care staff at night. The senior may be on a sleep in shift, if this was the case there would be three night staff.
- The service staff rota showed that on two occasions in the previous month the service had fallen below their assessed staffing level on the night shift. This meant that people may have to wait for their care and support and staff may not be able to take their breaks.
- Staff said there were enough people on shift to meet residents' needs. The clinical lead felt this was recent improvement and was the result of better co-ordination of shifts and delegation of work.
- Staff were recruited safely, and the required checks were undertaken before staff carried out care independently. Some staff had begun working in the service before all of the checks were received with a risk assessment in place. The service was not aware of the expedited Disclosure and Barring Service (DBS) process put in place during the pandemic.

#### Preventing and controlling infection

- We were not fully assured that the provider was meeting shielding and social distancing rules. The deputy manager told us that only one member of staff at a time went on their break and this meant that there was only one member of staff using the staff room at a time. However, we observed two members of staff in the staff room. We asked the deputy manager about this and they said that this should not happen, and they would investigate our concerns.
- We were not assured that the provider was using PPE (personal protective equipment) effectively and safely. Prior to our inspection we received concerns that staff were not wearing PPE correctly. The provider had been made aware of the concerns. During our inspection visit we observed staff either not wearing masks or wearing them incorrectly. There were notices displayed in the service reminding staff to wear their PPE. The provider has given reassurances since our inspection visit that they are enforcing PPE guidance.
- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed some areas of the service were not kept clean and tidy. Breakfast items including cold food, cereals, and used knives were left on a sideboard. The margarine and marmalade tubs were left uncovered for extended periods of time. A hot pot of tea was left unattended on a trolley. One person said, 'I do not like to see these dirty cups and things.'
- There were insufficient side tables in the lounge for people to use for activities and drinks. This meant staff had to repeatedly move a table from one person to another. We observed one staff member bumped a resident's leg when they moved a table as there was insufficient space and they had to lift the table over the

resident. We also observed that tables were not cleaned when moved between people.

- Staff were unaware of the potential for increased risk when supporting a resident with an aerosol generating procedure (AGP). The home did not have a supply of the recommended PPE for AGPs should this resident test positive for COVID-19. We discussed our concerns with the Deputy Manager who assured us he would address our concerns.

The service had failed to adequately apply infection control measures.. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections. No visitors were being admitted to the service. The service had arranged for people to see relatives through the window or visit in the garden. Visitors were required to book in advance to make sure that their visits were spread out to avoid the potential risk of transmission to other visitors. The hairdressing salon which has an external door to the car park was also being considered for visits on colder days.
- We were assured that the provider was accessing 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 and that audits were taking place.
- We were assured that the provider was admitting people safely to the service.

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

Learning lessons when things go wrong

- Accidents and incidents were recorded, and a variety of audits were carried out. We saw some examples of where the audits had been used to improve the service for example with regard to medicines management. However, we found other occasions when audits had not identified an issue and action had not been taken for example, identification of when people had not been re-positioned.

# 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 under the previous provider this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they found the home comfortable, and they were able to personalise their own individual rooms.
- People chose where in the service they wanted to spend their time.
- Staff told us that there had been improvements to the environment since our previous inspection visit. These included new armchairs in the lounge and new flooring. We were also told about plans to remodel the dining room.

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

- Care plans gave relevant information about people's needs, likes and dislikes. This supported care staff to deliver care according to people's preferences.
- Care plans were reviewed monthly. However, this review did not always reflect the changes in people's needs. For example, for one person who had tested positive for COVID 19 their care plan had not been updated following a negative test result.
- Standardised assessments were used to identify dependency and risk, for example the Malnutrition Universal Screening Tool. These were reviewed monthly.
- Care plans contained information about people's protected characteristic. This supported staff when making care and support decisions.

Staff support: induction, training, skills and experience

- Staff told us they received the support and training they needed. One new member of staff said, "Training throughout has been really good, last six months they have provided really good training."
- New staff received an induction which included moving and handling, infection control and mental capacity training.
- Care staff received regular supervisions with their manager where they could discuss their performance.

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

- People told us they enjoyed the food provided. One person commented, "It's tasty."
- We observed the lunch time meal. We saw the support offered to people effectively met their eating and drinking needs. People were prompted to be as independent as possible when eating and drinking and were offered discreet support if needed.
- People were assisted to clean their hands with wet wipes before eating.

- Care plans recorded people's meal preferences, allergies and the support people required with dietary needs, including soft diets and thickened fluids.
- On the day of our visit people were offered of choice of cold drink, there were two main courses (one meat, one fish) and there were three desserts.
- There is a picture menu board on the wall outside the dining room with clear photos of the options available for the next meal to support people with making a choice.

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

- The service had facilities to support people with virtual and online consultations with healthcare services.
- The service was working with the local Clinical Commissioning Group to improve their management of medicines.
- People were referred to other healthcare professionals such as the occupational therapist and dietician when needed, for further advice about how risks to their health could be reduced to promote their wellbeing.

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.

- Staff received training about the MCA and there were notices about the home describing the key principles. However, some staff were unsure about the extent of their role, for example they were concerned about assessing capacity for a medical procedure to be undertaken at the hospital. It is not the responsibility of the home to carry out this capacity assessment.
- Mental capacity assessments were being undertaken for specific decisions for example, COVID 19 testing and leaving the building alone.
- Applications to restrict people's liberty under DoLS were made appropriately.

# 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 under the previous provider this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Our observations of care and support revealed inconsistencies in how people's privacy and dignity were respected. We observed some interactions where people were comfortable in the company of the staff member. They were smiling and laughing together, and enjoyed responsive physical comfort from staff, such as hand holding. However, we saw other examples of where staff did not respect people's dignity and preferences. For example, we saw one person being hoisted from a chair to a wheelchair in the main lounge. There were no screens around the person and parts of their body were exposed to others in the lounge. In another instance a staff member came into the dining room and turned the radio on, a person living in the service turned the radio off, the staff member then returned and turned the radio back on with no consultation.
- People told us they felt well cared for and treated with respect. One person told us, "The staff are friendly." Relatives told us that their family members were treated with kindness and compassion. One relative said, "Perfectly satisfied. Nothing to complain about. They even make a fuss of me."
- Staff showed sensitivity and consideration about issues around equality, diversity and human rights when speaking with us about the people they supported.

Supporting people to express their views and be involved in making decisions about their care

- People had taken part in a feedback survey the week of our inspection visit. The results from satisfaction surveys had yet to be analysed and the service manager said they would be shared with people and their families and on-going improvements were planned.
- The survey included questions about safety, dignity, and mealtimes. It used pictures, people could choose between smiling face, sad face or an indifferent expression. People who used nonverbal communication were able to participate using facial expression and gestures and staff recorded their feedback.
- We observed staff had time to treat people as individuals. Staff told us that staffing levels had recently been increased and that they now had time to speak with people apart from when providing care and support.

# Is the service responsive?

## Our findings

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

At the last inspection under the previous provider 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

- Care records did not demonstrate that people had been involved in writing them. Some relatives did not feel that the service had actively encouraged them to be involved with care planning. One person said, "I have to chase tablet [video] calls. Used to be okay but have not spoken as much recently. I might think of something they could add. [Relative] taste in food has changed, she used to love certain foods in last couple of years she does not appreciate food as much as she used to." Another relative confirmed that they had received communication from the service during the pandemic but went on to say, "No one has asked me recently." We asked the registered manager about people's involvement in their care planning and they told us that they tried to involve people and relatives as much as they could.
- Where people required regular re-positioning, records did not always demonstrate that this had been done. We discussed this with the registered manager who believed that some omissions were due to incorrect recording. Lack of re-positioning could lead to people developing pressure ulcers.
- The daily records sometimes lacked detail about people's mental wellbeing or how the person chose to spend their time, instead focusing on the physical care tasks carried out by staff.
- We observed a number of activities going on at once in the lounge and people were able to choose which to take part in. However, the television was on with no sound, the radio was on and people were signing a different song to that on the radio. It would have been better to have one audio activity taking place as people could find this quite confusing or distressing.
- Some people chose to remain in their rooms throughout the day. One person said the lounge was too noisy for them, another only came to the dining room for meals before returning to their room, again saying the lounge was too noisy.
- People's care records contained information for staff on how best to support people with all aspects of their life. They also included information about their health needs and the care people required to manage their long-term health conditions.
- Staff showed through discussion, and conversations they had with people who lived at the home, they knew people's current needs and preferences.
- We saw staff were responsive to people's needs. When one person's demeanour changed becoming quiet and lethargic, they took their temperature, assisted them into a more comfortable position and opened the windows. Another person requested a sandwich, and this was immediately made for them.

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.

- Staff knew how to communicate with people to understand their wishes. Staff found different ways to support effective communication, for example, understanding facial expressions and body language. In the activity folder, there were photos of one person using word flash cards to support communication.

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

- We observed a number of individual activities taking place in the lounge. People played cards, coloured poppies for a wall display, read, sang or watched television. Staff supported people with their chosen activity and gave positive encouragement.
- Staff were aware of the National Institute for Health and Care Excellence (NICE) standard for Mental wellbeing of older people in care homes and had highlighted 'Participation in meaningful activity' as important. Activities had been planned to promote people's cognitive, social and emotional wellbeing. However, we did note that some songs being sung, such as nursery rhymes were not wholly appropriate for people living in the service
- People were asked about activities they would like to do, including a 'wish list' book. One person said they would like to see their cat. Staff arranged a video call with relatives, so they were able to see the cat on screen.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people knew how to complain and felt comfortable to do so. One relative told us, "Management are approachable."

End of life care and support

- Nobody was receiving end of life care on the day of our inspection visit. Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- People's care records had some information regarding people's wishes and choices such as funeral directors' information, who they would like present and their religious beliefs.
- The service manager was aware of the need to provide staff with support following a death.

# 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 under the previous providers this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager for St George's Care Home was also the registered manager for two of the providers other services. We were told that the management structure was for each service to have a deputy manager in day to day control and the registered manager to have management oversight of the three services. This included checking audits and ensuring action was taken to address any concerns.
- St George's Care Home has had three deputy managers since the provider took over in January 2020. The deputy manager in place during our inspection visit has since left the service. This meant that the registered manager had needed to be involved in the day to day running of this service as well as having oversight of this and the providers' other two services.
- Frequent changes in management can lead to poor morale in the staff team.
- A variety of audits were undertaken however; the service did not demonstrate that these were used to drive improvement. For example, an audit of personal care interventions recorded 'Bath and shower numbers are low, staff must record if residents decline a bath or shower by use of the icon on the i-pod.' There is no record the reason for the low number was investigated or how this information was communicated to staff.
- We were told by the deputy manager care plans were audited monthly. These audits had not identified the concerns with care plans that we had found. For example, poor recording of in people's daily notes and a person's COVID-19 status not updated.
- The provider had commissioned an independent inspection of St George's Care Home. The report dated 18 August 2020 had identified some areas for improvement. The registered manager told us that they had not been able to write an action plan to address the concerns raised in the report. This report identified some similar concerns to those we found.
- Initially, when this provider took over, we received positive feedback from commissioners about improvements. However, as demonstrated in this report although some improvements have been made there were still shortcomings in the management of the service provided.

The service was not effectively assessing monitoring and improving the quality of the service provided. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their responsibility to send notifications to the CQC.

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

- The culture of the service was not always person centred. Records showed that staff had received training in how to support people with dementia and how to support people with dignity. However, we observed that this was not always put into practice when staff were supporting people. We observed a person's dignity being compromised when they were being transferred and another person's preferences being overridden by staff with no consolation.
- Staff had received training in the use of PPE and the deputy manager told us that they were regularly reminded to wear masks correctly. However, we observed staff not wearing PPE correctly putting people at risk from COVID-19.
- The registered manager and provider had been open with CQC providing the information requested.

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

- Feedback from relatives regarding contact with the service was inconsistent. One person who visited regularly said, "I am perfectly satisfied. Nothing to complain about." However, another person who was not able to visit regularly said, "If I did not call, I do not feel I would hear from them. It would be nice to get a regular update."
- A recent questionnaire regarding the quality of the service had been devised in a format that everybody could use. The responses to the survey had not been analysed at the time of our inspection

Continuous learning and improving care; Working in partnership with others

- The registered manager told us how they kept up to date with changes in the sector. However, we found that deputy manager was not aware of changes in application process for DBS or the availability of end of life care.
- We received positive feedback from other healthcare professionals about how the service engaged with them.

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 understood their responsibilities under the duty of candour and was able to provide examples of how this had been met.

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>Topical medicines were not always stored, applied and recorded appropriately. Records did not always show when medicines prescribed to be given when required should be given. Where people required their medicines to be administered covertly there was a lack of guidance for staff as to how to support people with covert medicines.</p> <p>Appropriate infection control procedures were not always followed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance audits were not used to drive improvement in the service.</p>