

Bcs Medical (Shackleton) Ltd

Shackleton Medical Centre

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Shackleton Medical Centre is a care home that can provide accommodation and personal or nursing care for up to 26 people with both nursing and general care needs and end of life care. At the time of the inspection there were 18 people living at the care home.

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

The provider had developed individual risks management plans for specific risks relating to people's health and wellbeing but these were not always in place for all identified risks. As a result, nurses and care workers were not always provided with adequate information as to how they could reduce possible risks to people.

Some improvements had been made but processes were still not always in place to ensure infection control practices were implemented effectively.

Medicines were not always managed in a safe way to ensure they were administered appropriately and as prescribed. We identified one issue in relation to the administration of medicines. Medicine care plans were in place for some people which included risk assessments and measures to mitigate the risks.

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

Records relating to the care of people using the service did not always provide accurate and up to date information as they were not always updated following an incident and accident or a change in care needs. This meant there were risks that people's needs would not always be met.

The provider had a range of quality assurance processes, but these did not always assist the provider to identify areas requiring improvement. The provider was in the process of reviewing and developing new quality assurance processes.

Staff had completed training identified as mandatory by the provider. Training in relation to specific specialist support needs was being organised and staff competency had been completed. There were occasions when staff on the rota did not have specific skills to meet people's care needs. We have made a recommendation in relation to ensuring appropriately skilled staff are on the rota.

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 21 January 2020) and there were multiple breaches of regulation. We carried out a targeted inspection on 18 August 2020 (published 7

October 2020). 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.

Why we inspected

We undertook this targeted inspection to check whether the breaches of regulation in relation to Regulations 9 (Person Centred Care), 11 (Need for Consent), 12 (Safe Care and Treatment), 17 (Good Governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of regulation in relation to management of risk, infection control, medicines management, mental capacity assessment, person centred care planning and quality assurance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last rated inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last rated inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last rated inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last rated inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Shackleton Medical Centre

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on whether the provider had met the breaches of regulation 9 (Person centred care), regulation 11 (Need for Consent), regulation 12 (Safe Care and Treatment), regulation 17 (Good Governance) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014 which were breached at our last comprehensive inspection in November 2019. These remained repeated breaches at the last targeted inspection in August 2020.

Inspection team

The inspection was carried out by two inspectors and a specialist advisor for nursing.

Service and service type

Shackleton Medical Centre 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.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. There was an interim manager in post and the provider was in the process of recruiting a new manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 two people who used the service. We spoke with seven members of staff including the manager, clinical lead, a nurse, care workers and the housekeeper.

We reviewed a range of records. This included seven people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Following the inspection, we reviewed the training records for staff and risk assessment for agency nurses.

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 in August 2020 this key question was not rated. At the previous inspection in November 2019 the key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulation we found at the previous inspection.

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 (Safe Care and Treatment) 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 12

- During the previous inspection we saw risk assessments and information was in place for the majority of risks, but those relating to some specific health risks did not provide enough information for staff. This meant that staff were not aware of actions they could take to mitigate these risks.
- At this inspection we saw that risk management plans were still not always in place for people who had recently moved into the home. We saw people were living with identified medical conditions such as diabetes and stroke but risk management plans had not been developed.
- Where a fall was recorded as an incident and accident, the person's falls risk assessment and mobility care was not updated to reflect recent events.
- During the August 2020 inspection we identified that an action recorded on an incident and accident record for one person indicated a risk assessment was required for a specific identified need. At this inspection we found this risk assessment had still not been completed.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the management of risk.

- At the August 2020 inspection we found that the personal emergency evacuation plans (PEEP) did not include full information on people's support needs. At this inspection we saw that the PEEPs for people living at the home had been reviewed and now included more information on support needs. The information included the number of staff required to help them if they needed to be moved to a place of safety in case of a fire as well as a photograph of the person to help them be identified in case of an

emergency.

- In the care plans of people who had lived at the home for a longer period of time we reviewed, we found the risk assessment process was clear and comprehensive and included a range of risk assessments. For example, risk of malnutrition, risk of developing pressure ulcers, falls, use of bedrails, moving and handling and choking. The risk assessments identified clearly the level of risks and there were plans in place to mitigate these risks.
- Where a person was identified as having a pressure ulcer the records indicated the Tissue Viability Nurse was involved in their care and the care plan was reviewed monthly. Records indicated the person was regularly repositioned and a wound care evaluation record confirmed the wound was checked each time it was dressed for any sign of infection. This meant the nurses could monitor the improvements in the person's skin condition and identify any issues in a timely manner.
- Equipment used around the home was regularly checked to assess it was working appropriately. Where a person used an air mattress to reduce pressure when lying down it was checked to ensure it was at the correct setting.
- Each person living with diabetes had their own glucometer, used to monitor blood sugar levels, and they were calibrated each month to ensure they were working accurately. People's records indicated they had regular blood sugar checks in line with their care plan.
- The contents of the first aid kit were regularly checked and the defibrillator was checked daily to ensure it was effective.

Preventing and controlling infection

Systems were not in place or robust enough to demonstrate infection control was always effectively managed. This placed people at risk of harm.

At our last inspection the provider did not have an infection control system robust enough to show infection control was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Infection control procedures were not always followed. For example, we found one person did not have a COVID-19 risk assessment, care plan or visitor plan in place. The records for another person who accessed the community did not have a risk assessment in place for going into the community during the pandemic.
- Where risk assessments had been carried out for people, the assessments were designed to assist people in deciding if they should shield or go to work which did not reflect the needs of people living at the home. Some of the risk assessments included information that was not always accurate to reflect the person's health issues and support needs. This included a person's ethnic background and their weight.
- We found staff did not have COVID-19 risk management plans to identify how they should be supported when carrying out their role to reduce possible risks to their health.
- Where agency staff were employed, the provider did not have information on other locations that they worked and therefore had not taken appropriate measures to mitigate risks.
- Training records indicated that eight care workers from 15 employed and three housekeeping staff had no record of completing infection control or coronavirus awareness training.
- The procedures for the use of personal protective equipment (PPE) were not always followed. One staff member was not wearing their mask correctly throughout the inspection. Masks to be used by staff when supporting people with specific health needs were not stocked in a cupboard accessible to staff. We asked the clinical lead if care workers and nurses used face visors when providing care for people. They confirmed

care workers had googles which they could use but when we asked care workers if these were available, they did not have them. Following the inspection, the manager confirmed there was a supply of face visors available for all staff who needed them.

We found no evidence that people had been harmed however, the provider did not always ensure the systems in place to manage infection control were followed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the management of risk.

- We saw there had been some areas of improvement in relation to infection control since the August 2020 inspection. More PPE stations had been added around the home with improved access to hand gel dispensers and other equipment for staff.
- There was improved signage for hand washing and other infection control procedures.
- The manager had begun to implement new policies and audits but these needed to be embedded and sustained.

Using medicines safely

- The provider had a medicines administration procedure in place but this was not always followed. The policy on the disposal of medicine was not adhered to. There was an identified bin for the disposal of unused medicines but the medicines which were due for disposal at the end of November 2020 had not been stored in line with the procedure. The medicines had not been removed from the blister pack and placed in the identified bin with the names and dosages of the medicines, who they had been prescribed for and the quality recorded. The clinical lead confirmed the nurses had not disposed of them correctly. We reviewed the records for previous months and we found that the recording and disposal of medicines had been done correctly.
- We identified that one person did not receive their medicines as prescribed on one occasion and the medicines had been left in the blister pack. One of the prescribed medicines was an anti-coagulant to reduce the risk of blood clots forming. The medicines administration record (MAR) chart indicated the medicines had been administered on that day but they were still in the blister pack. We saw the rest of the blister pack for the month was empty indicating that medicines had been administered as prescribed. This omission meant that the person did not receive their treatment in a consistent manner.
- The provider had medicine policies in place. This reflected the clinical guidelines as set out by National Institute for Health and Care Excellence (NICE). However, there were no records to indicate that staff who administered medicines had read the policy and understood it.
- There was no pharmaceutical poster to indicate what can be disposed of in the pharmaceutical waste bin. There was a sharps bin available and sharps such as needles were being disposed of correctly but there was no poster for sharps injury displayed near the sharps bin to provide staff with appropriate guidance. The manager confirmed following the inspection that the posters had been identified and ordered.
- The competency of nurses to administer medicines was not always assessed in line with the providers procedure. We found for one nurse there were no records to demonstrate the competency to administer medicines had been assessed. The records for another nurse showed their competency had not been assessed for more than one year. This meant that the provider could not be assured of the competency of these nurses when administering medicines.

We found no evidence that people had been harmed, however, medicines were not always administered as prescribed and the competency of nurses was not always assessed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a robust process for the ordering of medicines. People's medicines were ordered in sufficient time for processing, delivery and checking by the nurses in readiness to be administered. The records confirmed that all medicines received from the pharmacy had been checked for accuracy and corresponded to the prescription. Drug balances were recorded to prevent wastage and in particular in the management of analgesia prescribed as necessary (PRN).
- Medicines were stored securely to prevent unauthorised access to such products. Medicines were stored at the correct temperature. Records confirmed that the temperature of the room and the fridge where medicines were stored were checked daily. Controlled drugs were stored and recorded appropriately. Records demonstrated actual stock levels in the medicine's cabinet corresponded with the balance recorded in the controlled drug register. The controlled drug stock balances were counted, checked and recorded daily.
- There were medicine care plans in place for some people which included risk assessments and measures to mitigate the risks. For example, the medicine care for the person with Type 2 Diabetes had information about the risk from hypoglycaemia and hyperglycaemia and the measures to deal with it.
- The nurse on duty on the day of the inspection followed all the six rights of medicines when administering medicines for people; the right resident, the right medicine, the right route, the right dose, the right time and respect the right of the resident to refuse.
- Body maps were used to indicate where medicated patches were applied. They showed dates of application, removal and that the sites of were rotated. Hence preventing skin irritation and the prevention of possible overdose when patches are not removed before applying a new one. Pain scale were used to monitor people's pain level. PRN protocol were completed for people who were prescribed drugs given as necessary. These were reviewed regularly.
- MARs were legible and complete with the person's allergy details clearly noted. Changes to medicines such as doses and timings are written as new entries. Discontinued medicines were clearly recorded on the MARs with date, name and signature of the person authorising these. All the topical items are recorded correctly. However, the recording sheets showed incidences of 'scribbling' writing over previous recording in order to correct previous entries.

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 not rated. At the previous inspection in November 2019 the key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulation we found at the previous inspection.

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.

At our last inspection the provider had failed to ensure the principles of the MCA were complied with. This was a breach of regulation 11 (Need for Consent) 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 11.

- The provider did not always ensure mental capacity assessments and best interests decisions were completed where it was identified a person may not be able to consent to a specific aspect of their care.
- During the August 2020 inspection we identified that a mental capacity assessment and best interest decision had not been made in relation to a person's belongings being kept by staff. At this inspection we found these documents were still not in place and there was no record that the person had consented for staff to keep their belongings. Following the inspection, the manager confirmed the mental capacity assessment and best interests decision had been completed.
- We saw two people had floor sensor mats in place to alert care workers when they were moving around

their room to reduce the risk of falls. A mental capacity assessment had not been completed to identify if the people could consent to this equipment and a best interests decision had not been completed if they could not consent. This meant the provider could not ensure the action taken was the least restrictive and in the best interests of the person.

We found no evidence that people had been harmed, however, the provider did not always follow the principles of the Mental Capacity Act 2005, This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the previous inspection we identified people had been tested for COVID-19 but where a person may not be able to consent to the testing, a mental capacity assessment and best interest decision had not been completed. During this inspection we saw people had both a mental capacity assessment and best interest decision in place for COVID-19 testing if they were unable to consent.

Staff support: induction, training, skills and experience

At our last inspection the provider had training in place, but this did not always provide staff with the support and up to date knowledge they required to provide suitable care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18. However, further improvements were needed to make sure the provider continued to meet this regulation.

- At the previous inspection the training records indicated that some nurses had not completed the training required to meet people's specific support needs which included tracheostomy training. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help a person breathe. During this inspection we noted that tracheostomy training had not been completed which had been identified at previous inspections and the manager explained they had been unable to locate a suitable trainer. Following the inspection, the manager confirmed they had identified a suitably qualified training to undertake this training for nurses which would be arranged as soon as possible.
- The manager provided the training certificates for the clinical lead, two nurses and four care workers for PEG training in January 2020. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach through a thin tube that has been passed surgically through the skin and into the stomach. We reviewed the staff rotas from 23 November 2020 to 6 December 2020 and identified that on one day there were no care workers or nurse on duty who had completed the PEG training. On two other days there was no staff member shown on the rota between 2pm and 8pm who had completed the training. There were agency nurses on the rota but there was no record to confirm their competency in relation to the use of PEG care. This meant the provider could not ensure a staff member who had completed the PEG training was on duty each day.

We recommend the provider ensures rotas include staff with appropriate training to meet the support needs of people using the service.

- The manager explained through appraisals and discussions with staff they were identifying the most appropriate form of training for staff to meet their specific learning style so it could be more effective.

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 not rated. At the previous inspection in November 2019 the key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulation we found at the previous inspection.

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

At our last inspection the provider had failed to ensure the care plans always provided care workers and nurses with up to date information regarding people's care needs. This was a breach of regulation 9 (Person Centred Care) 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 9.

- During the August 2020 inspection we identified a number of issues in relation to people's care plans. This included the mental health care plan for one person which stated a learning disability was a mental health condition. There was also a lack of guidance for staff how to support people when they behaved in a way that could challenge staff, including when a behaviour record chart should be completed. During this inspection we found the issues identified in the care plans had not been reviewed to provide staff with up to date information on people's support needs.
- When walking around the home, we saw a person who was naked from the waist down standing in their bedroom with the bedroom door open, while a care worker provided personal care. This meant the person was being cared for in a way that did not maintain or promote their privacy and dignity. We discussed this with the manager. They explained that this was a known behaviour for the person, and they were going to look into this matter.
- One person who had recently moved into the home did not have all their care plans completed to provide care workers and nurses with information on their care and support needs. The care plans which had not been completed included physical health, moving and handling and care choices. This meant the provider could not ensure the person was always receiving care which met their support needs.

We found no evidence that people had been harmed, however, the provider did not always ensure that care plans included up to date information on a person's care needs and that care was always provided to meet a person's needs and maintain their dignity. This was a continued breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with confirmed they received their care in a timely manner and they felt safe.
- During the previous inspection we found one person's care plan did not include guidance for care workers and nurses on how to provide appropriate support. At this inspection we found this care plan had been updated and guidance had been provided on how they could be supported.
- The care plans for people requiring complex care and support with skin integrity issues included a clear process for their nursing care needs, including an assessment, care planning, implementation and evaluation to ensure the plan reflected their specific nursing needs.
- The manager explained they were developing a case study system where the person's key worker would review their needs and present the information to other staff to increase their understanding of the person's specific care needs and how they wanted that care provided.

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 not rated. At the previous inspection in November 2019 the key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulation we found at the previous inspection.

Continuous learning and improving care

At our last inspection the provider had not ensured the quality assurance processes were robust or effective enough to provide information on where improvements were required. 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 new manager and clinical lead were in the process of reviewing the quality assurance processes in place but the audits we reviewed during this inspection were the same format as those in place at the August 2020 inspection. Although these audits were being carried out, they did not always identify failings in relation to care plans, medicines administration, risk management and infection control.
- The care plan audit did not identify that care plans did not always reflect people's current support needs, as highlighted during our inspection. A care plan audit had been completed for the majority of people using the service during October and November 2020. An audit form had been completed for each person to indicate any documents which were incomplete, for example if the care plan did not include the contact details of an optician or dentist.
- We looked at the care plan audits for two people whose care plans we also reviewed during the inspection. We saw the care plan audit for one person indicated the falls risk assessment and falls management care plan was reflective of the previous month. However, this person had experienced a fall 17 days prior to the audit and the falls risk assessment and falls management care plan had not been updated to reflect this fall, or identified as an action from the audit. The audit indicated any issues identified were resolved on the same day the audit was completed. Therefore, the audit was not robust enough to provide the information required for the provider to ensure the records were accurate and improvements could be made.
- The medicines administration audit was completed monthly and we saw the action plans that had been acted on during the previous three months of audits. However, the quality assurance processes in relation to medicines did not identify the issues identified during this inspection, including the competency of the nurses, the absence of posters providing information for staff and the medicines which had not been administered. Therefore, even though an audit had been regularly completed with an action plan it did not

provide adequate information in relation to the administration of medicines.

- An infection control audit was done quarterly and last completed in September 2020. A quarterly check was not robust enough and were not carried out frequently enough to ensure the cleaning had been carried out in line with guidance and as frequently as needed to ensure the home was as safe as possible. This meant the provider could not accurately monitor cleaning was done effectively in line with best practice.
- The provider had not ensured risks relating to people's health, wellbeing and care were always assessed, monitored and mitigated by providing appropriate information for staff or by having effective processes in place to ensure action to reduce possible risks were undertaken.

The provider had not ensured the quality assurance processes were robust or effective enough to provide information on where improvements were required. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager explained they were implementing a review process for all quality assurance processes in place at the home to identify which were adequate and where further development was required.
- The provider had organised new policies to be provided by a company which ensured all documents were regularly updated to reflect good practice and current legislation.
- The manager told us they were introducing a COVID-19 management audit questionnaire to review their infection control practices.
- A meeting was held every day with staff to discuss any issues or concerns related to the people using the service or about the home in general.