Bupa Care Homes (CFHCare) Limited

Manor Court 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 responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Manor Court Care Home is a care home that provides personal and nursing care for up to 111 people accommodated in four self-contained units. At the time of our inspection, only three of the units were in use accommodating 78 people. The service provides care to older people, some who were living with the experience of dementia, and younger adults with physical disabilities.

People's experience of using this service and what we found
The provider did not always have effective systems in place to protect people from risks they faced in their daily lives. We found there were not enough staff to meet people's needs and to provide safe care. We observed staff were task focused and did not always have time for much meaningful interaction with people. There was also a lack of person-centred activities.

The provider had infection prevention and control policies in place, but records showed cleaning schedules were not always completed and we identified several areas where cleaning had not been maintained adequately.

The provider had systems in place to monitor, manage and improve service delivery, but these have not always been used effectively so shortfalls were identified in a timely manner and addressed.

Safe recruitment procedures were followed. Staff knew how to respond to possible safeguarding concerns. We saw medicines were managed safely so people received their medicines as prescribed.

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.

Care plans were personalised and recorded people's preferences, so staff knew how to respond to people's needs appropriately.

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 good (published 25 November 2021).

Why we inspected
We received information of concerns in relation to staffing levels and the impact this had on the quality of care people were receiving. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

Enforcement and Recommendations
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 and will take further action if needed.

We have identified breaches of regulations in relation to safe care, person centred care, staffing and good governance at this inspection.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Manor Court 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 Health and Social Care Act 2008.

Inspection team
The inspection was conducted by three inspectors, a nurse specialist advisor and an Expert by Experience who spoke with people living in the home. A second Expert by Experience supported the inspection after our visit by contacting the relatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Manor Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Manor Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager. However, they had not been present at the service for a number of months and had resigned their position the week of the inspection.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 19 people who used the service and one relative. We spoke with twelve members of staff including the regional director, nurses and care workers.

We reviewed a range of records. This included 15 people's care records and various medicines records. We looked at three 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 reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found. We also spoke with 11 relatives who provided feedback about the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Staffing and recruitment
• The provider did not ensure that adequate staffing levels were provided to attend to people's needs. The provider used a nursing and care calculator to determine staffing needs. However, we observed the service did not always have adequate staffing levels to attend to people's needs. This included nurses, care staff and domestic staff.
•Feedback from people using the service, their relatives and staff confirmed this. People's comments included, "Staff always help me. Sometimes there is enough staff and sometimes there is not", "They are short staffed a lot of the time. They do the best they can", "I don't leave my room because there is no one to take me into the garden. They keep saying they have no staff", "When I do ring the call bell, they take time. They eventually come. They are understaffed. Sometimes it takes 10 minutes, sometimes 30 minutes for them to come", "Lack of staff. Nobody seems to be bothered. I shouldn't be in bed. I should be out. You can see for yourself everyone is in bed." Relatives told us, "I would say no they don't have enough staff. They always have outside agencies", "I don't think there is sufficient staff. My [relative] is always in their room" and "The carers are doing multiple roles as well as the general personal care for the residents. They are also sorting out the food for the residents. Also, I have noticed bins haven't been emptied and my [relative] said their room is not adequately cleaned."
• Rotas we looked at for nurses indicated when the provider was short staffed, some staff did back to back shifts. The regional director told us, if this was the case, the nurses were able to sleep on the second shift but remained available if needed. We saw no evidence to indicate the provider monitored the working patterns of the staff to demonstrate that they received adequate breaks between shifts or compensatory breaks if they worked more hours.
• When we reviewed the cleaning records, we could see a number of days on the cleaning schedules recorded 'no staff'. In Willow Unit, cleaning records for communal areas and equipment cleaning on 15, 19 and 20 August 2022 indicated 'no staff' where staff should have signed to say they had completed specific cleaning tasks. Therefore, we were not assured the tasks were completed as required.
• Staff told us it was not usual for agency staff to be used, so they were often short of staff and those on duty covered for those absent. Comments included, "If short on staff we can be struggling. We know the job needs to be done but we can't do it efficiently if we don't have more staff" and "Not enough staff. Sometimes we are working in a very pressured situation."
• Due to staff not being deployed appropriately, people in the lounge areas did not always have adequate supervision which increased their risk of unsafe or poor care. For example, we saw a person try to stand up themselves and almost tipped their chair over. When they started to stand up, there was no staff in the room

to ask for assistance. When the person was already in an unsafe position, a visiting manager walked into the room and an inspector drew their attention to the situation.
• We observed liquid dripping from under one person's wheelchair and alerted staff to this, as staff had not noticed.
• In Sycamore and Larch Units we observed the activity coordinators were often the only staff in the lounge areas and were focused on speaking with people and ensuring they had drinks.
• In Larch Unit care staff's interactions with people were task based and little time was spent with people. Staff walked through the lounge on their way to somewhere else, without stopping to talk to people or spend time with them. At times there were no staff at all in the lounge.
• We observed a person calling out and several staff walking by without acknowledging them.
• In Sycamore Unit we observed between 10am to 12.30pm, the activity coordinator was the only staff member located in the lounge to support an average of six people. They engaged everyone in conversation and ensured people had drinks, but they had no time to undertake any other activities with people.
• In Willow Unit which was for 24 people requiring nursing care, the rota indicated that on the morning of the inspection there were two nurses and four care staff supporting people in the unit with an additional member of staff providing one to one support. A visiting manager also came to assist. There was no activity coordinator and no domestic staff until a housekeeper was brought in by the visiting manager. By midday no people living on the unit had come into the lounge as they were still in the process of receiving personal care, which indicated there was either a lack of staff to meet the needs of the people living in the unit or staff were not deployed effectively. This meant the way people usually spent their day was disrupted as they could not get to the lounge before midday.

The above demonstrates the provider did not have appropriate arrangements to ensure the numbers of staff deployed were adequate to meet peoples' needs and to ensure their safety. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Although our observations and feedback were that the service was short staffed and staff were busy, we saw, and were told consistently by people, staff were kind and caring when they did have time to interact with people.
• We looked at the recruitment records for four staff. The provider had a number of new staff and not all had a background in social care and therefore training and induction were necessary to help ensure they had appropriate skills to care for people. For three of the staff we saw induction booklets were either not fully completed or not scored to demonstrate learning and understanding. We raised this with the regional director who thought the inductions may have been completed online. However, we did not see evidence of this.
• The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service.
• Staff records contained a range of employment checks including proof of identity, right to work in the UK, employment history, satisfactory references and a current Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Preventing and controlling infection
• The provider did not have robust systems to ensure cleaning was always carried out to a high standard to protect people and others from the risk of the spread of infections. We reviewed various cleaning records for May to September 2022 and found these were not always completed. Therefore, we could not be sure cleaning had been undertaken to an appropriate standard.
• In Willow Unit we found communal area cleaning records were not completed for 15, 19 and 20 August and 4 September 2022. Dates not completed on the cleaning records for the night staff included 19 dates between August and September 2022. We also looked at weekly deep clean records between May and

September 2022 and found records to be either missing or not completed in full.
• In Larch Unit we saw on 8 and 27 July and 13 August the cleaning schedule for people's rooms 23 to 40 was not completed and on 4 and 5 July, they recorded 'no staff'. Cleaning records for night staff were only completed up to 7 August 2022. Equipment cleaning was not completed on 13, 22, 23, 24, 25 and 26 August 2022.
• In Willow Unit there were no domestic staff in the unit on the morning of the inspection. We found a malodour and saw dust on furniture and windowsills. In the dining room, there was a large birdcage with a single bird in it and bird droppings on the cage and on the floor. When we discussed this with a visiting manager, they spoke with someone and told us the bird was going to a member of staff's house soon. We found the staff toilet was not clean, there was no toilet roll and the paper towels were on the floor.
• In Larch Unit an inspector alerted staff to liquid on the floor. The staff member then asked a new member of staff to mop the liquid up without explaining to them what is was. Consequently, the new staff member used the wrong mop and the inspector who alerted staff to the liquid initially, then had to explain to the staff what it was and that they were using the wrong mop.

Incomplete cleaning schedules, the lack of domestic staff and the use of incorrect equipment meant we were not assured effective arrangements were in place for preventing and controlling infection. This was a further breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Cleaning records in Sycamore Unit were generally completed appropriately. Some relatives told us they found the home to be clean.
• The provider's infection prevention and control policy was up to date.
• Staff received infection prevention and control training and we observed staff used and wore personal protective equipment (PPE) appropriately.
• There were arrangements in place for preventing visitors from catching and spreading infections and for admitting people safely to the service.
• People had visiting care plans and the provider supported people to have visitors in line with government guidance.

Assessing risk, safety monitoring and management
• There were systems in place to keep people safe from harm, but these were not always effectively used. We saw a potentially unsafe practice in Larch Unit when a person was being supported to eat at an almost reclining position during lunch. We observed the person's medicines were administered to them in the same position. Good guidance indicates people should sit in an upright position at a table in a dining room, in a chair by the bed or upright in bed if they cannot get up so that they can swallow safely when eating and drinking. However, there was no guidance in the person's care plan for how the person should be seated at mealtimes to confirm if this was the only position the person could take or to help mitigate the risk of choking.
• People had personal emergency evacuation plans (PEEPs) which contained information for supporting them in the event of a fire or other emergency. However, the PEEPs were not dated so we could not tell if they were up to date with people's current needs. We also saw some people required equipment that was stored in a different area to their room and there was no contingency plan if the emergency, such as a fire, prevented access to equipment such as wheelchairs.
•We raised these concerns with the regional director so they could look into these matters to address them.
• Notwithstanding the above, in other examples we saw risks to people's safety were assessed and recorded. Risk assessments included risks relating to falls, skin integrity and mobility. They contained guidance to help minimise risks to people, were reviewed monthly and updated in response to changes in the person's needs to help to keep people safe.

• Equipment used to support people was appropriately maintained.
• The provider completed environmental assessments and regular health and safety audits to help ensure the environment was well maintained. This included the inspection and servicing of fire equipment, gas and electrical maintenance.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

• We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Where people could not make decisions, mental capacity assessments and best interest decisions were also completed appropriately.

Using medicines safely
• We looked at medicines' records for 26 people. Overall, medicines were managed consistently and safely in line with national guidance by staff who had received relevant training and who underwent annual assessments of their competency.
• However, we identified the temperature in the medicines room was checked to ensure medicines were stored correctly but not in the rooms of people who self-medicated. We also saw the blood glucose meter in Larch Unit was not being calibrated. This meant the glucometer might be providing a reliable reading. We told the regional director who said they would address it.
• Medicines Administration Records (MAR) contained sufficient information for each person to help ensure the safe administration of their medicines. MARs were completed accurately and medicines stocks we checked tallied with the balances recorded on the MARs.
• Staff followed the guidance in place on managing as required (PRN) medicines for each person and documented the reasons why they had administered the medicines.
• There were checks of medicines and audits to identify concerns and address any shortfalls.

Systems and processes to safeguard people from the risk of abuse
• The provider had arrangements to help protect people from the risk of abuse and avoidable harm. People and their relatives told us they felt safe in the service. People said, "I do feel safe here", "I do like it here. It is secure. I like the security", "Everything here is safe. I don't feel unsafe" and "Yes, I do like it here. It is safe here. They do look after me."
• The provider had up to date policies and procedures for safeguarding and whistleblowing.
• Records confirmed staff had relevant training and staff we spoke with knew how to respond if they had concerns about abuse.
• The provider had systems for reporting and investigating suspected abuse. The provider knew how to raise safeguarding concerns with CQC and when required, had worked with other agencies such as the local authority to investigate concerns to help protect people from further harm.

Learning lessons when things go wrong
• The provider had systems for learning when things went wrong. They recorded, investigated and responded to safeguarding alerts, accidents and incidents and complaints. A root cause analysis was

undertaken where necessary and the provider's in house quality metrics system recorded how to help prevent similar incidents from happening again. Accidents and incidents reports for the home were analysed monthly and a lessons learnt exercises were completed quarterly to identify overall trends and help improve service delivery.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

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
• The provider did not have effective arrangements to support people to follow their individual interests, prevent social isolation and to take part in activities that were socially and culturally relevant to them.
• The service had employed activity coordinators to support people with their interests and activities. However, on the day of the inspection only two out of three units had activity coordinators. We observed the activity coordinators were the only constant members of staff in the lounge areas, supporting everyone in the two units' lounges. As there were no other care workers in the lounges, this meant instead of focusing on meaningful activities for people, they were ensuring people had drinks and responding to any other needs. In one unit we saw the activity coordinator cutting people's nails in the lounge. In the other unit we observed the activity person supporting someone to go out to have a cigarette which resulted in no interaction for the people left in the lounge, as other staff were just passing through.
• The unit that did not have an activity coordinator on the day of the inspection was the Willow nursing unit where most people remained in their rooms. There was an activities board in the lounge area with activities scheduled for the week but did not reflect the current date, and until lunchtime, the lounge was empty with no people or activities.
• We saw no evidence of people engaged in meaningful activities in their rooms or supported to follow individual interests. Staff told us, "Not that much activities. No organised activities. People that are in their room are just left in their room watching TV" and "There needs to be more activities. As people are not getting stimulation and they are sitting there falling asleep."
• We were told that records were kept for engagement in activities, but these were not up to date.
• People told us they did not always have the opportunity to participate in activities or did not always want to participate in what was available. Comments included, "I'm always in my room, I don't go out", "I don't do any activities, I just watch television", "Sometimes I go out in the garden. Sometimes I go to the lounge. I went a week ago and played games", "The activity chap is off, so we don't have any activities. I used to play scrabble.", ". There is not anyone to talk to", "Staff do interact with me. Generally, they ask me if I am okay. I don't get involved in activities" and "They do interact with me. They take me out."

The provider did not ensure activities were always available in communal areas or to people in their rooms according to their preferences and choices and that they were meaningful and reflected people's preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• We observed when the activity coordinators had the time to sit and engage with people, they demonstrated they knew people well and their interactions were positive and cheery.
• The provider supported people to maintain relationships with their loved ones. We saw several family members who told us they were regular visitors to the home and observed people speaking to relatives on the phone.
• People were supported to communicate with their relatives through tablets and phone calls and visits were in line with COVID-19 guidance as required.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Care plans were person centred and recorded people's preferences about how they wished to receive care. Staff were knowledgeable about the needs of the people they supported. Despite our concerns about the staffing levels in the home, most people and their relatives told us they were happy with the care they received. People told us, "Everything here is good. I like it here", "They do support me. The home provides me with care and [staff] have a respect.", "They do come and talk to me, staff are friendly", "They do support you if they have the time" and "This is a really nice care home." Relatives comments included, "It's pretty good here. Staff are pretty good with [person] and connect as best they can", "They are quite good. I don't have a problem with them" and "There are three carers there who are excellent and have really taken the time to get to know my [relative]".
• Care plans contained information and guidelines for staff so they could meet people's needs and preferences. This included information about people's family histories and the lifestyle section recorded their preferences regarding social and recreational activities.
• Care plans were specific to people's needs. For example, we saw assessments for diabetes and catheter care with guidance for staff on how to support these needs.
• People's care plans were regularly reviewed and updated to reflect their current needs.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

• People's communication needs and preferences were identified in their care plans including if they required any aids such as glasses or a hearing aid.
• There was also guidance about how to communicate with people according to their needs and preferences. For example, 'Staff need to listen carefully in order to understand [person's] speech. Staff to also be patient and speak slowly allowing two-way conversation.'
• One person used sign language to communicate and the home had clear face masks to help facilitate the person reading facial clues.
• Staff spoke a range of different languages, therefore most people had at least one member of staff who could communicate in their first language.
• The provider could offer different formats such as translated documents or in large prints if required.

Improving care quality in response to complaints or concerns
• The provider had procedures in place to respond to complaints. People and their relatives knew how to make a complaint. They generally spoke with the nurses in charge of the units if they had concerns.
• The provider kept a record of complaints and we saw these were investigated and responded to appropriately.

End of life care and support

• The provider completed end of life care plans to help ensure people's wishes and preferences for care at the end of their lives was known in the event they required this support.

• Procedures were in place to help ensure people were cared for in a culturally sensitive and dignified way as recorded in their care plans. Information included the person's priorities for care, where they would like to be cared for, if they wanted to be resuscitated and the relatives and friends that the person thought should be contacted during this time.

• People at the end of their lives were supported by specialist equipment and healthcare professionals as needed so they received appropriate end of life care.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• We found the culture of the service was not always person-centred, open, inclusive and empowering. People, their relatives and staff provided mixed feedback about how the provider promoted a positive culture and achieved good outcomes. Most people and their relatives that we spoke with as part of the inspection, felt the staff were caring. However there was a clear consensus about the perceived lack of staff and the impact that had on service delivery. For example, not enough care staff to free up activity coordinators to focus on meaningful activities or domestic staff to ensure an appropriate level of cleanliness was maintained. This meant the service did not always achieved the best possible outcomes for people.

• Staff we spoke with indicated they did not always feel supported by managers. Care staff said they would talk with a nurse if they had any concerns but did not feel supported by senior managers. One staff member said, "Not much support for staff on the unit apart from the unit manager who is really good"

• The registered manager had not been present in the service for a number of months and had resigned the week of the inspection. A regional director and regional support manager had been supporting the service in the registered manager's absence, but many staff did not feel they were approachable, and relatives did not know who they were. A new clinical lead was employed, and the feedback indicated they were more available to staff.

• Since 2020 the service has had three registered managers. The lack of consistent leadership and sufficiently trained and familiar staff had created an atmosphere of poor morale and a negative working culture with many staff feeling unsupported. Comments from staff included, "We are struggling with the staff a lot. So many people left their job because no one appreciates them", "Care depends on the staff. [The home] has lost staff. Loads of new staff and some are not experienced. It's like starting from scratch" and "It is communication. Managers come and then go. They need to keep the staff updated and in the loop. Staff will respect them more. It would be nice to have a monthly meeting with someone higher up in management, just to listen to us."

• The provider had processes such as audits in place to monitor the quality of services provided. However, these were not always effective as the care records checks had not identified the person who was being poorly supported to eat, did not have an appropriate care plan for this activity. The infection prevention and control audits had also not identified the infection control concerns we found during this inspection in the Willow Unit which put people at risk of the spread of infection and cross contamination.

Failure to effectively operate systems to assess monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Relatives said they did not know who the manager was but some thought the home was well run. Comments included, "It looks like it's managed pretty well to me", "I don't see it is being managed badly. It looks very efficient" and "It seems to be running well."
•The provider had a number of processes available to staff to help promote effective communication with the management team. These included operational meetings which enabled staff to meet with senior managers in the home as well as an open-door policy operated by the Regional Director and Regional Support Manager and an out of hours manager.
• Care plans were person centred with guidance to help achieve good outcomes for people.
• The provider had followed government guidance to support people's family visiting their loved ones living at the home and to maintain contact.

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 provider understood their responsibilities under the duty of candour. They submitted notifications of significant events to CQC and informed people and their relatives, and other relevant agencies, such as the local authority when things went wrong.
• Records indicated complaints were responded to appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider was aware of some of the concerns around staffing and had tried to engage staff in a number of ways including a 'breakfast club' for staff and showing their appreciation of staff through an employee of the month programme. Since the registered manager has been absent the regional director has been in the service three days a week and staff had their email should they wish to raise any concerns.
• Satisfaction surveys were regularly undertaken, however the last one used an electronic QR code and getting people to engage through an IT system about their experience of the service was not successful.
• In addition to the complaints process, the provider had a system to manage compliments received as a way of monitoring feedback received about the service.
• The provider held 'residents and relatives' meetings to give people the opportunity to feedback their views of the service. However, the relatives we spoke with said they did not attend. Comments included, "There aren't any", "No, I haven't [attended]", "No, it's always at an awkward time" and "No, I've never been invited to any."
• The regional director told us the last relatives' meeting was two weeks ago and most relatives had the regional director's email address so they could raise issues with them.
• People's care records included information around their individual needs and protected characteristics. This included their religion and communication needs. Staff spoke several languages and could communicate with people in their first language.

Continuous learning and improving care
• The provider had systems for monitoring and improving the quality of the service. They undertook a range of monthly and quarterly audits including audits on all aspects of the service such as medicines, care plans and health and safety.
• The regional director acknowledged the change in management and staffing had been challenging for some staff. They had tried to support staff and in particular the heads of teams with additional training to support them in their role.

• The regional manager said they listened to staff concerns around the number of people with high dependency needs being admitted to the service and were now scrutinising new referrals and reviewing current care needs to help ensure their current staff team could meet people's needs and keep them safe.
• They were continuingly recruiting and in addition to a new manager and nurse, were planning to employ more senior care workers.
• The regional director managed six homes for the provider and managers were now working with each other and across homes, including Manor Court Care Home to deliver training, share good practice and provide practical support when required.

Working in partnership with others
• Records indicated the provider worked with other professionals to maintain people's wellbeing and to ensure they received good care. These included the GP, dietitian, tissue viability nurse and speech and language therapist.
• Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.

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 9 HSCA RA Regulations 2014 Person-centred care The provider did not always ensure that care was always designed and provided to meet service users' needs according to their wishes and preferences. Regulation 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure systems were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the needs of service users.

Regulation 18(1)