

Hazeldell Ltd

The Willows

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

The Willows is a residential care home providing personal care to 42 older people at the time of the first day of our inspection on 10 May 2021. Some of the people were living with dementia. The service can support up to 66 people in one adapted building. The service had three floors, at the time of our inspection only the ground floor and first floor were being used.

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

There were not enough staff working in the service at the time of our inspection to ensure people's needs were met at all times, including their emotional and social needs. During our inspection staff were being recruited to replace the staff who no longer worked in the service.

There were insufficient domestic staff in the service to undertake cleaning, this is particularly important to ensure enhanced cleaning was undertaken throughout the pandemic. Whilst we found the service was generally clean, we found the hygiene standards in the kitchenette on the first floor needed improvement.

There had been some improvements in the systems to monitor and assess the service provided, such as falls analysis. However, the governance systems in place were not robust enough to identify the shortfalls we found during this inspection. There was inconsistent management in the service; over the four inspections of this service since registration, there had been a different manager each time. This had a destabilising effect on the staffing, morale and improvements being made and sustained.

The manager was in the process of making improvements following a recent staff survey. However, we were concerned that staff's concerns relating to staffing levels had not been addressed.

We had received concerns relating to the lack of social interaction and activity provided to people. At the time of our inspection improvements were being made, but this was not yet fully implemented to ensure people received meaningful activity to reduce social isolation and boredom.

We identified positive caring and respectful interactions from staff and examples of good practice relating to improving people's wellbeing. However, due to the staffing numbers we were not assured people were always receiving a caring service.

Systems in place reduced the risks of people not receiving their medicines safely and when they needed them. However, there had been a recent introduction of a new medicines system, for which staff had not received formal training.

Staff had been trained in keeping people safe from abuse. However, a recent incident had not been reported to the management and as a result to the appropriate professionals responsible for investigating safeguarding. Staff were recruited safely.

Staff wore personal protective equipment (PPE) during our inspection. The service was following guidance relating to visits, and testing during the pandemic.

Prior to moving into the service people's needs were assessed. These were used to formulate care plans and risk assessments which guided staff how to meet people's needs and mitigate risks, this included people's end of life decisions. We found some shortfalls in the records maintained to show when people had received personal care.

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.

People were supported to maintain a healthy diet and where risks were identified actions were taken to reduce them. People had access to health care professionals where required.

There was a complaints procedure in place. People and their relatives were asked for their views of the service provided and these were being used to improve the service.

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)

At our last comprehensive inspection (published 21 February 2020) the rating for this service was inadequate and there were multiple breaches of regulation. The key questions Safe and Well-led were rated inadequate and the key questions Effective, Caring and Responsive were rated requires improvement. The provider completed an action plan after the last comprehensive inspection to show what they would do and by when to improve. The service had been in Special Measures since 21 February 2020.

We undertook a focused inspection (published 10 August 2020), we reviewed the key questions Safe and Well-led only. The ratings from the previous comprehensive inspection for those key questions not looked at were used in calculating the overall rating at this inspection. The overall rating for the service had changed from inadequate to requires improvement. We checked the provider had followed their action plan, to confirm they met legal requirements and we found the service was no longer in breach of regulations. The service was no longer rated as inadequate overall or in any of the key questions. Therefore, this service was no longer in Special Measures.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Willows on our website at www.cqc.org.uk.

Why we inspected

This was a planned comprehensive inspection based on the previous rating. The inspection was also prompted in part due to concerns received about staffing, staff morale, lack of social activity, safeguarding and leadership. 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 COVID-19 and other infection outbreaks effectively.

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

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

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 a breach of regulation in relation to staffing 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 for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Willows

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.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

The Willows 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 did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager sent us an application to cancel their registration, which was processed in March 2021, a new manager had been working in the service since February 2021, they had submitted a registered manager application.

Notice of inspection

This inspection was unannounced on the first visit of our inspection on 10 May 2021. We told the manager we would be returning to undertake a second visit, the date of the second visit was not provided.

What we did before the 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 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 all of this information to plan our inspection.

During the inspection

We undertook two visits to the service on 10 and 12 May 2021. We spoke with seven people who used the service and two relatives who were visiting their family member. We spoke with the manager, nominated individual who is responsible for supervising the management of the service on behalf of the provider, a director, the deputy manager and five members of staff including catering, domestic, activities, care and senior care. We also observed the care and support provided and interactions between staff and people using the service.

Following our visits, we reviewed records remotely including training records, care records relating to seven people who use the service, medicines records for three people and records relating to the management of the service, including audits. We received electronic and telephone feedback from seven staff members and three relatives.

On 25 May 2021 we fed back our findings from the inspection to the manager, deputy manager and the nominated individual.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Further information was sent to us relating to the support provided to people with their nutritional needs.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Prior to our inspection we had received concerns regarding the staffing levels in the service. We wrote to the manager, who assured us staffing levels were appropriate. We were concerned that the tool used to calculate the staffing numbers required to meet people's needs was not fit for purpose or used appropriately because it had failed to identify the issues we had during our inspection.
- Staff rotas did not always reflect the staffing levels the manager had told us about, with some days falling below these numbers. Feedback received from staff during our inspection continued to raise concerns about the staffing levels.
- Prior to our inspection, the manager told us catering staff were now doing drinks trolleys and breakfasts to free up care staff. However, the rota showed there were one or two catering staff on duty who were responsible for preparing meals as well for people using the service.
- Staff told us, at times, there were two staff on each floor at night. Several people required the support of two staff, therefore if one of these people were being supported there were no staff on that floor to respond to call bells and monitor the safety of people, including if people walked with purpose.
- We were concerned about the domestic cover in the service due to the pandemic and increased cleaning regimes required, as well as ensuring laundry was attended to. Over seven days in May 2021, the rota showed there were only two domestic staff in each day.
- On our second visit, people were being gathered on the ground floor to undertake an activity, however, we were later told this did not take place due to staff being needed elsewhere. This demonstrated the staffing levels were not sufficient.
- Staff were not always visible in communal areas, because they were busy supporting people with their personal care needs. We saw people walking with purpose, one was trying to get out of doors and packed their belongings to leave. We saw staff walk with the person to the dining area and offer a cup of tea, but they did not give them time to reduce their anxiety.
- There was little or no time for staff to provide emotional support. Staff told us there was no time to sit with people to talk. A staff member described the care provided as like a, "Conveyer belt." This demonstrated the service was mainly task led.
- One relative told us, "[Family member] says staff are usually good at answering the call bell but does say of late there seems to be a shortage of staff. But when I have asked staff, they say no staffing issues."

Staffing levels were not sufficient to meet people's needs at all times. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Several staff had recently left the service, and recruitment of new staff was ongoing; there was some use of agency staff to cover staff sickness and vacancies.
- During our feedback the manager told us new staff had been recruited and the staffing numbers were being increased. This was confirmed in rotas provided, which included increases in care, domestic, catering and activities staff.
- Staff were recruited safely, this included checks on prospective staff members to ensure they were of good character and suitable for working in this type of service.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we had received concerns that an incident had not been reported to the management team, as a result a safeguarding referral had not been raised regarding the incident. Therefore, swift action had not been taken to reduce future risks. When the manager became aware, actions were taken, including reporting to the appropriate professionals and retraining staff in safeguarding in April 2021.
- Staff spoken with understood their responsibilities in reporting concerns to the appropriate professionals.
- People's relatives told us they felt their family members were safe. One person told us, "I think it is safe, nice place." Another commented, "I feel safer here," than the previous place they lived.

Assessing risk, safety monitoring and management

- We had received concerns relating to the moving and handling of one person. We found the guidance in the care plan was inconsistent about whether the person required support from one or two staff. The manager assured us this would be addressed.
- There was unsafe management of food and items in the kitchenette on the first floor. We saw food past the use by date and some food did not have a date of opening or use by date. Three containers of cleaning materials accessible under the sink could cause a person harm if ingested and there was also a bottle of moisturiser in a bathroom. The manager immediately removed the items.
- We observed staff supporting people safely to move using mobility equipment, such as hoists.
- The manager told us how they were improving fire drills. Staff told us and records confirmed, they had recently received training in fire safety. People's care records included personal evacuation plans and guidance was posted around the service regarding fire safety.
- Risks were being monitored by the manager and actions taken to reduce risks. People's care plans showed the risks to people were assessed, such as risks associated with pressure ulcers developing, nutrition, choking and mobility.
- Equipment used to support people with their mobility was being serviced and checked to ensure it was safe for use and fit for purpose.

Using medicines safely

- Records showed staff had received training in medicines management and had their competency assessed. However, a new medicines system was being used and staff had not received formal training on how to use it safely. The manager told us the organisation supplying the system did not provide formal training, but the manager had shown staff how to use it, and competencies had been undertaken.
- We received concerns about the pharmacy for the new system being a distance away and not being able to access medicines quickly if needed. The manager assured us medicines were available and they could use a local pharmacy if required.
- Medicines audits showed any errors or issues were identified and actions taken to reduce future risks. Medicines administration records showed people received their medicines when they needed them. We observed staff giving people their medicines safely.
- People's relatives told us they felt their family members received their medicines when they needed them. One person told us staff gave them their medicines and explained how they needed creams applied and this

was always done.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found the service to be generally clean, however, we found the kitchenette on the first floor was not clean and an infection control risk. The microwave, cupboards and refrigerator were dirty. There were items in the cutlery drawer such as a roll of sticky tape which was not hygienic. The manager told us this area was immediately cleaned.
- The manager provided their cleaning schedules which they said they had improved since starting to work in the service, which included cleaning wheelchairs and equipment.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- We were concerned lessons had not been learned in relation to the calculated staffing levels in the service, identified at our last comprehensive inspection.
- The manager told us about the actions taken as a result of incidents which put people at risk to prevent recurrence. This included disciplinary action and training.
- The new manager had introduced a tool to analyse falls and identify any patterns to reduce future risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to moving into the service the manager had completed needs assessments, the assessments seen only included the manager as being involved. There was no reference to who else had been involved in the assessment. The manager assured us this would be addressed going forward.
- A relative told us about the positive experience they had during the assessment and development of their family member's care. They saw this as working in partnership with the manager, which they said was supportive during the person's move into the service.
- Needs assessments contributed to the development of people's care plans which guided staff in how people's needs were to be met.

Staff support: induction, training, skills and experience

- Staff were being provided with training to meet people's needs. Training was kept under review and where updates were required this was planned. One staff member told us, "I feel my training was very very good I have worked in care before and I felt the training provided by The Willows was the best training I've received."
- The manager showed us documents which demonstrated staff received one to one supervision meetings. They had introduced targeted supervisions, where for example whistleblowing was discussed, as this had been identified in a recent staff survey as staff needing more information on the subject.

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

- Mealtimes were calm and people were supported with eating, where required. People had access to specific cutlery to aid their independence. People told us the quality of food was good, one person told us they enjoyed their meal and said, "The food is always good." Another person described the food as, "Gorgeous."
- People had a choice of meal they wanted, and if they did not want what was on the menu, they were provided with an alternative meal and we saw examples of this happening.
- People's care records included their dietary requirements and risks assessments guided staff to how risks were reduced. We saw records which evidenced, due to the support being provided in the service, the risks relating to people's nutrition had reduced since they had moved into the service.
- Where there were risks associated with how much people were eating and drinking, records were being maintained to assist staff to monitor how much people had. One person's relative told us how their family member had gained weight since moving into the service. Another relative said the staff ensured their family member got enough to drink, which was important due to their condition.

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

- People had access to healthcare professionals, including the GP's weekly surgery at the service. Where people were at risk of falls and there were any concerns relating to mobility, referrals had been made to other professionals to reduce risks.
- Guidance received from other professionals, such as dieticians, was incorporated into people's care records, such as the consistency of food they required and any high calorie supplements or fortified food to increase their calorie intake and maintain a healthy weight. The catering staff told us they were kept updated with any changes in people's needs.

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

- The service was well maintained, and accessible to the people using the service, such as wide corridors and doors to enable people who used a wheelchair to access areas safely.
- There was lift access available between floors and a courtyard where people could go into in the fine weather. During our inspection visits we saw people walking in the courtyard and one person was watering the plants.
- People told us they liked the environment they lived, and two people showed us their bedrooms, which they said they liked.

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.

- People's records included information about people's capacity and the assistance they required in decision making. DoLS applications were made, where required and any best interest decisions were recorded.
- The manager showed us their monitoring system, which included if people had capacity to make decisions, if a DoLS was in place and if the person had lasting power of attorney appointed for care and welfare and/or finances. This was kept under review.
- During our inspection visits, we saw staff asking for people's consent before they provided any support. This included if they required any assistance with their meals or mobility.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- Due to concerns relating to staffing, we were not assured the service provided was wholly caring due to the lack of staff to provide emotional support to people using the service. Particularly where their care plan explained areas of anxiety and reasons for this, the staffing levels did not fully support people requiring emotional support.
- Staff talked about the people they cared for compassionately and they were motivated to provide good quality care; they had raised concerns regarding staffing levels and the amount of time they could spend with people to provide emotional support. Prior to our inspection we had also received concerns relating to this area.
- People told us they were treated with kindness and respect; this was confirmed in our observations. One person told us, "People speak with me like they know me, they know me better than I know them." Another person said, "They are very nice staff." Another commented, "They are good to me."
- We heard of caring actions taking place, for example a relative and the manager told us about the support provided to a person to move bedroom to enable them to watch the wildlife through their window. This had made a positive impact on their wellbeing.
- All of the relatives spoken with told us the staff were caring and respectful. One person's relative said how they delivered items for their family member during the pandemic and a staff member had taken a photograph of their family member holding them, which they liked.

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

- Care plans did not identify how people and/or their relatives were involved in the review of their care. However, the manager sent us a document where they had introduced a review with relatives and took their views into account when formulating the care plan and any changes in the person's needs.
- Not all people's records included their likes and dislikes relating to food and drink, however, we saw this was being addressed at the time of our inspection.
- We saw people making decisions during our inspection visits, this included what they wanted to eat and where they wanted to spend time in the service.

Respecting and promoting people's privacy, dignity and independence

- We saw some people preferred their bedroom doors open, however, we walked past one person's door and they were uncovered, meaning others could see their bare legs from the corridor, not supporting their privacy.
- People's care plans included information about the areas of their care they could attend to

independently.

- We saw people had been provided with half door screens which prevented other people from entering their bedrooms, discussions with a person using the service and a relative of a person confirmed this is what people wanted to support their privacy.
- We saw staff supporting people with their mobility using a hoist, they ensure the person's dignity was respected by covering their legs whilst using this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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 had received concerns about the lack of social activities provided to people using the service. There had been no increase in activities, particularly when people were not receiving the same levels of visits and social interaction from friends and family they were prior to the pandemic. Feedback received from staff was there was a lack of person centred care due to the staffing levels not being sufficient to spend time with people.
- The manager told us how they were making improvements in this area. The manager showed us the activities planned. In addition, interactive equipment had been purchased which was to be used to engage people and provide stimulation. This had not yet been delivered to the service however.
- We saw during our visit that people were not always able to engage in activities due to staffing issues. We did see people on the first floor playing games such as darts and people listened to music on the ground floor.
- A staff member showed us newly introduced records relating to the activity provided to people, which included who participated in activities and if they were engaged. The manager told us this was part of their planned improvements relating to ensuring people received meaningful activity and social interactions.
- One person was watching television, we asked what they usually did during the day, they said, "Not a lot you can do." Another person said, "It is a bit boring." Another commented, "Not a lot going on." We asked one person if the staff spent time with them in their bedroom, they responded, "The night staff spend time, days they are busy bless their hearts."
- The manager told us they were getting the basics right in care and the next step was improving the activities provision. At feedback the manager said they had employed more activities staff and were increasing one to one and group activities.
- People were now receiving visits from family, and at feedback the manager told us staff were no longer sitting in on the visits to ensure people's privacy.

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

- People's care plans included information about the care and support they required and preferred to meet their specific needs, and how their conditions affected them, including dementia. The care plans guided staff how these needs and preferences were to be met.
- The minutes from a senior staff meeting in February 2021 showed staff were advised the electronic records were not always being maintained relating to personal care. The manager told us they reviewed these regularly and assured us people's care needs were being met.
- The manager had received a concern regarding a person's oral care in April 2021, the manager was

monitoring people were receiving this care. Staff had been advised at a meeting of the importance of the provision of oral care and referred to a CQC publication relating to this area.

- People spoken with said they felt they were cared for, one person said, "We are all looked after." Another person said, "They look after me, I am happy." Another commented, "I love this place."
- One person's relative told us how their family member always looked, "Well turned out," and their family member had told them they had never showered so much since moving into the service.

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.

- The manager and nominated individual told us important information could be provided in accessible formats, included different languages, larger print and audio.
- People's care records included information about how they communicated and guided staff how to effectively communicate with the person.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and complaints were managed in line with the procedure.
- People and relatives knew how to raise a complaint, if they needed to.

End of life care and support

- People's care records included their end of life decisions, where they had chosen to discuss this. Where people had been reluctant to engage this was recorded and was revisited by staff to ensure their choices could be respected.
- Staff had received training in end of life care, and staff who were allocated as champions in palliative care had received enhanced training, with an aim for champions to support and give advice to colleagues.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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; Continuous learning and improving care

- The previous registered manager was deregistered in March 2021; the new manager had started working in the service in February 2021. The new manager told us they had submitted a registered manager application to CQC.
- At our last comprehensive inspection (published February 2020) the service was rated inadequate overall and there were multiple breaches in regulation. We undertook a focused inspection (published August 2020) in the key questions safe and well-led, improvements had been made and the rating had improved to requires improvement and they were no longer in breach of regulation.
- We were concerned that there had been several changes in management since registration. Over the four inspections of the service there had been four different managers. The inconsistencies in management had a destabilising effect on the staff team, improvements made were not sustained in relation to staffing levels, the rating had not improved to good and we found breaches of regulation relating to staffing and governance.
- The provider had failed to learn lessons to ensure the service was adequately staffed. Despite concerns being raised by staff and anonymously to us, the provider continued to admit new people into the service.
- Prior to our inspection, the manager assured us staffing levels were sufficient to meet people's needs, however, the shortfalls at our inspection had not been identified and addressed independently by the governance systems.
- The manager and nominated individual undertook a range of audits and monitoring checks, including mealtime experience, infection control, environment and medicines. These enabled actions to be taken to address any identified issues. However, the shortfalls in the kitchenette had not been identified by the monitoring systems in place.
- Prior to our inspection we received concerns about the manager's approach. During our inspection we received varying feedback from staff about how the service was led. We did speak with staff who were tearful and unhappy, they told us they loved their job and were committed to providing people with a good service but were not happy about the approach of the manager or the staffing levels to enable them to provide the quality care to people they wanted to. One staff member said, "Some things have changed for the better, would be okay if we had enough staff."
- Since the new manager had started approximately 20 staff members had left, due to their own decisions and/or disciplinary action. The manager told us how some staff were resistant to change and the problems

they had with some staff's actions which had put people at risk. The manager reported the remaining staff were working with them to improve.

- We received statutory notifications, as required, which informed us of incidents and actions taken to reduce them.
- The manager had introduced monitoring tools, for example a tool to assist them to analyse and assess falls, which supported them to identify any patterns and address them to reduce the risks to people.
- The manager showed us their 'champions' notice board and said they had a meeting the week before our inspection to discuss roles of allocated staff to support colleagues and give advice in specific areas such as palliative care, medicines and nutrition.

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

- Despite some staff telling us they did not feel supported and heard, we also had examples from the manager about how staff had reported poor practice, which resulted in disciplinary actions, where required.
- As a result of staff comments in a survey, the manager had focused one to one supervision meetings on speaking with staff about whistleblowing, to improve staff's knowledge.
- The staff survey in March 2021 identified poor communication, as a result the manager had introduced opportunities for staff to report concerns and to be updated about the service including meetings, suggestion box, newsletter, manager open door policy, and a social media app for seniors to update on changes.
- A relative survey was undertaken in March 2021; the records stated a further one would be done due to low numbers of responses. However, we saw concerns raised about other people going into family member's bedrooms had been addressed by the provision of screens across doors.
- A relative meeting was held in May 2021, which had been attended by four relatives, they were updated on plans for improvement and an additional activities staff in place.
- The minutes from a resident meeting held in April 2021 showed they were asked for their views about the service, the manager had spoken with people individually and actions had been taken as a result of their comments, including ensuring a person received their choices of bathing, a new menu was introduced with the input of people using the service, and improvements planned in relation to activities.
- Relatives told us they were kept updated about their family member's wellbeing.

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's duty of candour policy was understood by the manager and we saw evidence to show this had been followed, where required.

Working in partnership with others

- We received feedback from other professionals involved in the service that the manager was responsive and engaged in working with them to improve.

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 18 HSCA RA Regulations 2014 Staffing There were insufficient staffing levels in the service to meet people's needs at all times. Regulation 18 (1)