

Firgrove Care Home Limited

Firgrove Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service: Firgrove Nursing Home is a residential care home that provides personal and nursing care for up to 35 people aged 65 and over. At the time of the inspection 17 people were living at the home.

People's experience of using this service:

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Although we found improvements had been made in some areas of practice this was not yet embedded and sustained. We identified a further breach of regulations.

Risks to people were not always effectively assessed and managed to ensure their safety and to protect people from infections. Guidance for staff was not always clear and accurate to reflect the needs of people.

There were not always enough suitable staff to care for people safely. Staff told us that on some occasions they had not followed guidance in care plans to support people to move safely because there were not enough staff on duty. Systems for recruiting staff had improved. Training was provided by suitably qualified people but not all staff had received training or updates in line with good practice. Staff did not all feel supported in their roles.

Previous improvements in personalised care had not been sustained and people were not consistently receiving the social stimulation that they needed.

Whilst there had been some improvements in systems for governance and management oversight these were not yet fully embedded and sustained. The previous breach had not yet been fully addressed.

Staff understood their responsibilities for safeguarding people. Lessons were learned when things went wrong and people were receiving their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were receiving the food and drink they needed and were supported to access health care services.

People and their relatives described staff as kind and caring. One person told us, "The carers are very kind and patient." A relative told us their relation's needs were "well met." Staff involved people in developing care plans and supported people to be as independent as possible.

Staff knew people well and provided care in a personalised way. People and relatives knew how to complain and felt confident that their concerns would be listened to and acted upon.

The provider was taking action to address the concerns of the previous inspection. Some improvements were in place but were not yet embedded and sustained.

Rating at last inspection: Inadequate, the last inspection report was published on 14 February 2019.

Why we inspected: This was a scheduled inspection based on the previous rating of Inadequate. The service was in special measures. Following the last inspection, the provider had submitted an improvement plan on 30 April 2019.

Enforcement: We identified four breaches of regulations.

Follow up: ongoing monitoring

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe
Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective
Details are in our Effective findings below.

Requires Improvement ●

Is the service 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 well-led
Details are in our Well-Led findings below

Inadequate ●

Firgrove Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise included dementia care.

Service and service type: Firgrove Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Firgrove Nursing Home is registered to accommodate up to 35 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was present during the inspection.

Notice of inspection: The inspection was unannounced.

What we did:

Before the inspection:

We reviewed information we have received about the service. This included details about incidents that the provider must notify us about. We used information including complaints that we had received to help us to plan this inspection. The provider had completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. The provider had submitted an action plan and audit report on 30 April 2019 following the last inspection. This information helps support our inspections.

During the inspection:

We spoke with 10 people living at the home, three relatives and one visiting health care professional. We spoke with five members of staff, the registered manager and the nominated individual.

We looked at eight people's care records. We observed how medicines were administered and looked at medicine records. We looked at records of accidents, incidents and complaints.

We looked at audits and quality assurance records. We looked at staff files, training records and rotas.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

At the last inspection this domain was rated Inadequate. At this inspection, some improvements had been made, however there remained continued breaches of some regulations.

Staffing and recruitment:

- At the last inspection there was a breach of Regulation 18 because sufficient staff were not deployed in a way that met people's needs. At this inspection in May 2019, the registered manager was using a tool for measuring dependency levels at the home to identify how many staff were required, based on the needs of people. Despite this improvement it remained that there were not always enough staff on duty to care for people safely.
- Staff told us that there were not always enough staff on duty. They described supporting people with moving and positioning on their own when they were aware that the care plan stated that two staff were required. One staff member said, "I know it's not the proper way but we sometimes have to hoist people by ourselves." Another staff member told us, "Sometimes we have to use a hoist on our own, I know it's not allowed but there are not enough staff." We checked the care plans for some people and found that where they needed support to be moved or repositioned using a hoist or a stand-aid hoist, there was clear guidance that two staff were required.
- People and their relatives told us that staff were not always able to respond to call bells or requests for help quickly. One person said, "They are slow, but it's not their fault they are very busy." A relative told us that they felt there were usually enough staff on duty but said, "They are sometime a bit thin on the ground, especially at the weekend."
- The registered manager told us that in addition to the nurse on duty, four care staff were assessed as needed every morning and three staff every afternoon until the night staff came on duty. We checked staff rotas for the previous six weeks and found that these staffing levels were not always maintained. We found occasions when three care staff were on duty in the morning and some occasions when only two care staff were on duty. The registered manager told us that a number of care staff had left in recent months. We noted that on some occasions staffing levels had been maintained but some staff who were included were new and were identified as being on induction training. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At the last inspection in December 2018 recruitment procedures were not operating effectively to ensure that staff were suitable to work with people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made to ensure that staff had the qualifications and skills they needed to care for people.

Assessing risk, safety monitoring and management; Preventing and controlling infection:

- Care and treatment was not always provided in a safe way. Most risk assessments were thorough, however some risks were not managed effectively because the registered manager had not ensured that all

reasonable steps were being taken to mitigate risks.

- A person had been assessed as being at risk of choking. Their care plan described the importance of ensuring that food was cut into bite sized pieces and the need for staff to observe them during meal times.
- We observed the person receiving their lunchtime meal. The food had not been cut into bite sized pieces and the person was eating alone in their bedroom. A staff member told us that this was usual practice and they were not aware of the guidance in the care plan or the identified risks of choking.
- We observed that the person appeared to have a cough and sounded congested. The registered manager said that they were prone to chest infections. They had not considered or sought advice about whether the person may have developed a chest infection as a result of swallowing difficulties, even though this risk had been highlighted in an assessment. The registered manager said that they had not requested a Speech and Language Therapist (SALT) assessment for the person because the person did not need support at meal time.
- The care records for the person included an assessment completed before the person came to live at the home which identified risks of choking. A care plan, that had been regularly updated, also identified these risks and gave clear guidance for staff to follow. However, the registered manager said that the person was not at risk. They confirmed that the person had not been assessed for risks of choking since coming to live at Firgrove Nursing Home. They could offer no explanation as to why the care plan did not provide an accurate record of care provided for this person. This meant that the registered manager could not be assured that risks to people were being assessed and managed effectively. Following the inspection the registered manager gave assurances that the person had been referred to health care professionals for assessment and advice about support with eating and drinking.
- A person needed support with managing their continence and had been assessed as having moderate to high risks of developing infections. The care plan did not contain guidance for staff in how to recognise a urine infection or what actions to take. There was no information for staff about monitoring the person's fluid intake or any target that would ensure they remained hydrated. We observed that there was an extremely strong smell of urine in the person's bedroom which appeared to be coming from the mattress on their bed. Staff told us this was not unusual for this person and said that they had a history of having urine infections.
- Staff told us that the person had continence issues on a daily basis. They said that continence pads were allocated for people each day and people were supported with continence at specific times, and not always when the person needed it. The person did not have a shower or bath daily but had allocated times twice a week. The registered manager confirmed this and said that the person's needs could be met with a strip wash on other days. One staff member told us that there was not time to give the person a bath or shower every day although they felt this was what they needed.
- The registered manager said that they had removed the floor covering in the room to make cleaning easier however there remained a strong odour in the room. They explained that staff had spoken to the GP about the strong smell of urine and there was nothing more that could be done medically to support the person.
- We asked the registered manager how they ensured that standards of hygiene were maintained, including mattresses and bedding. They explained that infection control procedures included a monthly check on mattresses and records showed that this had taken place on 2 May 2019. There was no information about any actions that had been taken at that time.
- A weekly cleaning schedule showed that the room had been cleaned regularly but the records showed that the weekly check did not include the bed and mattress. The registered manager told us that staff cleaned mattresses and checked bedding on a daily basis when supporting people with their care.
- We noted that the odour remained very strong in the room even after staff had completed cleaning. The bed had been made but the pillow cover was stained and there remained a strong smell of urine from the bed. Following the inspection the registered manager told us that the room and mattress had been deep cleaned and the person was now receiving a daily bath to support their hygiene. They told us that this had improved the situation for this person.

- Most areas of the home were found to be clean and tidy including the communal areas.
- Not all staff had received up to date training in infection control procedures.
- Staff told us that they were not always able to access personal protective equipment when they needed to. Gloves were allocated to staff on a daily basis and were not freely available to them. We observed that plastic aprons were available to staff outside bathrooms but gloves were not.
- A health and safety audit undertaken in March 2019 by the local authority had highlighted that gloves were not easily available in the home. The registered manager confirmed that gloves were allocated to staff on a daily basis by the nurse in charge. One staff member described how difficult this was when there was no senior staff available to access the gloves at short notice. This meant that there was a risk that staff did not always have access to the equipment they needed to provide care safely.
- Care and treatment was not always provided in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We raised a safeguarding alert with the local authority about our concerns.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. The provider had reported incidents of potential abuse to the local authority when it was identified. Relatives told us they felt people were safe at the home and would report any concerns. One relative said, "I would go straight to the manager." Records showed that appropriate action had been taken when safeguarding incidents occurred.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. We observed people receiving their medicines safely.

Learning lessons when things go wrong

- Incidents and accidents were recorded. A system was in place for the registered manager to monitor incidents so that improvements could be made to prevent further incidents and keep people safe. For example, a near miss was recorded which showed that staff had not checked the status of some electrical equipment following a power cut. A system was put in place to ensure that this was monitored so that risks were effectively managed.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At the last inspection there was a breach of Regulation 18 because staff were not always trained by a suitably qualified person. Following the inspection the provider made arrangements for training to be delivered by a verified training provider. However we found that training and staff support remained an area that required improvement and this was a continued breach of Regulation 18.
- Staff told us that there had been improvements in the training provided. One staff member said, "They have a specialist providing training now and it's much better." Despite these improvements, training provision was not yet embedded and sustained at the home.
- Records of training showed that staff had not all completed relevant training. Some training, that the provider considered to be essential, had not been updated including manual handling training. The registered manager confirmed that whilst some training had been provided, staff attendance was poor.
- Not all staff had received a thorough induction when they started work at the home. A new member of staff had started work the day before the inspection. A staff member told us that they had been allocated to support four people even though they were not yet familiar with people's needs. We observed that the new staff member appeared unsure and hesitant when supporting people.
- Training provided did not consistently reflect the needs of people living at the home. For example, the training plan showed that no staff had completed training in dementia care and only three staff had completed end of life care. This meant that the registered manager could not be assured that staff had the knowledge and skills they needed to provide effective care.
- Staff told us they did not feel well supported in their roles. Staff described feeling under pressure to complete tasks within a specified timeframe, including when providing care to people. Staff described being berated by the registered manager if they did not achieve this.
- Relatives and people told us that they had some concerns about how staff were supported. Their comments included, "I get the impression some carers and nurses are not very happy with the way the manager approaches them." "Staff need praise and encouragement." One person told us, "They are lovely staff but I think they are scared of the managers, it's not a good atmosphere. I know they get told off and shouted at sometimes. I feel really sorry for them sometimes."
- The continued failure to provide appropriate support and training for staff meant that there remained a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff demonstrated that they understood their responsibilities under the MCA. We observed staff checking with people before providing care and support. One relative told us this was normal practice, saying, "Staff say, 'Is it alright for me to help?' before proceeding with personal care."
- Records showed that people's ability to consent to decisions about their care had been considered and appropriate mental capacity assessments had been completed. For example, one person was assessed as not having capacity to consent to the use of bed rails to keep them safe. A decision had been made in the person's best interest and this was documented to show that this was the least restrictive option for the person. Where appropriate the registered manager had applied for DoLS to be authorised.

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

- People's needs and choices had been assessed in a holistic way to take account of their physical and mental health and their social needs.
- Care plans were based on comprehensive assessments of people's diverse needs.. For example, an evidence-based assessment tool was used to identify that a person was at high risk of developing a pressure sore. An action plan was in place to mitigate this risk and this included details of soap substitutes that should be used as well as emollients to encourage healthy skin. A care plan guided staff in how to provide personal care and when and how to support the person to change position to relieve pressure on vulnerable areas. Regular reviews recorded that the person's skin integrity had been maintained.

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

- Staff described positive working relationships with health care professionals. A visiting health care professional spoke highly of effective communication with the home. They said, "The nursing care is very good, they notice signs of deterioration and inform us straight away." They described examples of how people's complex needs were being effectively managed and said, "From a medical prospective, I have no concerns."
- People were supported to maintain good health and received on-going healthcare support. People told us they had access to the health care services that they needed. One person said, "I am waiting for the Optician to come in," another told us, "The dentist came in to see me and is coming back in six months."

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

- People told us that they enjoyed the food provided and that their choices were considered. One person said, "The chef is good at checking what people like and we have meetings to discuss the menu."
- People's nutritional and hydration needs had been assessed and where people needed modified diets this was provided. For example, some people needed a soft diet or pureed food.
- Staff monitored people's weight and took appropriate action to manage risks of malnutrition. A visiting health care professional told us that staff were, "very proactive" and had "tried everything" to support a person who was living with dementia and had significant weight loss. We noted that the person's care records included regular monitoring of their weight and weekly discussions with the GP.

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

- The premises had been adapted to support people's needs, including a lift between floors and hand rails to support people's mobility. There was access to the garden but people needed support to go outside.

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.

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always protected. One person's dignity was repeatedly compromised because there was a strong smell of urine in their bedroom. This was extremely unpleasant and did not support the dignity of the person who was spending most of the day in their bedroom. The registered manager confirmed that the person's family had previously complained about this issue but that efforts to improve the environment and address the smell had been unsuccessful. This was an area of practice that needed to improve.
- Staff respected people's privacy. We observed staff talking discreetly to people so that other's could not hear their conversation. Staff knocked on doors and waited for a response before entering people's rooms. One staff member said, "It's a small community- we have to be careful to protect people's privacy and personal information, they can share it themselves but we have to be very careful."
- Staff supported people to remain as independent as possible. We observed a staff member supporting a person with an item of clothing, they were patiently encouraging the person to do what they could themselves and offered help when they needed.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that staff were caring. One person said, "The carers are kind, loving, and are never impatient." A relative told us, "The carers are very gentle and understanding." Throughout the inspection we observed positive interactions between people and staff.
- People were supported by staff who were compassionate. For example, one person who was living with dementia became distressed and a staff member calmed them using a gentle tone and reassurance. The person responded well to their approach. A relative told us how staff had a positive approach and supported their relation with understanding and respect. They said, "The staff approach is careful, they know how to calm her down."
- Staff spoke about the people they were caring for with kindness and respect. One staff member said, "We do everything we can for them, we really do care for them." A relative told us that staff were supportive of them as well and said, "We are both treated with dignity and respect at all times."

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

- People and their relatives told us that they had been involved in developing care plans and that their views were respected. A relative said, "I told them how I had cared for her so they would understand her special needs." Another relative said, "They talk to me about the care plan. It used to be reviewed once a year but now they talk about it frequently and we discuss any changes and agree any adjustments required."
- People told us their diverse needs and preferences were respected. One person said, "They asked me

about whether I mind male or female staff." A staff member described how people's religious beliefs and any cultural differences were considered saying, "We focus on people's individual needs, everything is considered and we do things to suit them, not ourselves."

Is the service responsive?

Our findings

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

RI: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Improvements made at the last inspection to improve people's social needs had still not been fully embedded.
- The registered manager told us that the activities co-ordinator had not been working at the home since the last inspection and the provider had employed another activities co-ordinator who had only started the day before this inspection. This meant that the planned activities programme had not been implemented. Some organised activities had taken place but not everyone was able to benefit from this and there was a lack of occupation for some people who were living with dementia.
- Some people were at risk of social isolation and did not receive social stimulation in a personalised way. This was reflected in views expressed by some relatives who had completed a quality assurance questionnaire in May 2019. Their comments included, "Residents miss the entertainments lady," and "Not satisfied with social activities."
- People told us there had been some improvements in activities. We observed that people appeared to be enjoying a visit from a music group and some people were engaged and participating.
- The activities co-ordinator was getting to know people as part of their induction to the home and was spending time engaging with people during the inspection. They had not yet had time to develop a personalised activities plan. Supporting people with their social needs remains an area of practice that needs to improve.
- The registered manager said that care plans were in the process of being amended and improved to be more personalised, they described this as work in progress. Some care plans contained personal details such as people's life history to support staff in getting to know people and to understand their background.
- Staff knew people well and were providing care in a personalised way. One staff member described how detailed verbal handovers supported them to care for people in a personalised way. We noted that staff handovers included any changes in people's needs and this was communicated to staff coming on duty. For example, we observed how staff were informed of information from a GP's visit so they were aware of any recent changes in people's care needs.
- The service identified people's information and communication needs by assessing them in line with the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, one person had auditory sensory loss and communicated with the use of sign language. This was clearly detailed within their care plan and provided guidance for staff in how to communicate with the person. We observed staff were following this guidance when interacting with this person.

End of life care and support

- Staff encouraged people and their families to plan for end of life care.
- A visiting health care professional told us that end of life care was well managed at the home. They

described staff being proactive in recognising any deterioration in people's conditions and reporting this to the GP. They said that people had access to the medicines they needed at the end of life.

- We found that some instructions within care plans were contradictory. For example, one person had an advanced care plan with their wishes for end of life care. This showed that the person had made a choice that they did not wish to be resuscitated in the event that they had a cardiac arrest. Another part of the plan identified that should the person collapse then staff should start resuscitation. A separate resuscitation section of the care plan also identified that they were to be resuscitated. This lack of consistency meant that staff did not have clear guidance about actions they should take in the event that the person experienced a cardiac event. This meant that there was a risk that the person's expressed wishes may not be followed. This is an area of practice that needs to improve.

Improving care quality in response to complaints or concerns

- The provider had a system for managing complaints. Complaints or concerns were recorded together with the response and actions taken as a result of the complaint. For example, one complaint had led to an investigation and a number of actions were taken. This included a different room being offered to a person to resolve a specific aspect of their complaint.
- People and their relatives told us that they knew how to complain and would feel comfortable to do so. One person said, "I discuss issues as they arise, with whoever is responsible."

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

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At the last inspection there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were continued shortfalls in governance and quality monitoring systems and a failure to make and sustain improvements. This had led to a rating of Inadequate. We imposed conditions on the provider's registration requiring them to undertake a monthly audit of governance systems and processes and to report on a monthly basis the details of actions taken to make improvements.

At this inspection we found that some improvements had been made, however there remained significant shortfalls in management systems and processes. This meant that planned improvements had not yet become embedded and sustained and there remained a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance; Continuous learning and improving care

- Following the last inspection, the provider had employed a new manager but the appointment had not been successful. They were in the process of recruiting another manager and the current registered manager had submitted an application to cancel their registration.
- The registered manager told us that some actions identified in their action plan had not yet been completed because they had been working as the nurse on shift, as well as covering the registered manager's role. This had led to some shortfalls and gaps in quality monitoring. For example, monthly audits of care plans had started but had not yet been completed. The registered manager explained that this would be rectified once the new manager was in post. It remained that some care records were inconsistent and did not provide an accurate record of care provided.
- The provider had engaged an independent consultant to support them in undertaking monthly audits of governance and developing an action plan. This had been submitted to CQC following the last inspection and showed that the provider had complied with the requirements of the conditions imposed, following the last inspection.
- The provider's audit and action plan identified shortfalls in some systems and processes. Actions had been taken to make improvements but it remained that in some areas improvements were not yet fully embedded. For example, despite monthly audits to ensure that recruitment checks are robust for new staff we identified a shortfall for one new member of staff. Whilst we did not identify any negative impact for people at the home this demonstrated that the system was not yet fully embedded and effective.
- A new system for assessing the deployment of staff based upon people's needs had been introduced since the last inspection. However the system had not been effective in ensuring that sufficient numbers of staff

were deployed and there was a continued breach of regulation.

- The registered manager said they were aware of the concerns raised by relatives about lack of meaningful activities for people. They explained that activities co-ordinators had been recruited but work to ensure that people have person centred activities that are meaningful and stimulating was still in early stages of development.
- There continued to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because governance systems and processes to monitor and improve the quality and safety of the service were not yet fully embedded and sustained. Systems for assessing and monitoring risks to people were not always effective and records were not always accurate.

Planning and promoting person-centred, high-quality care; and how the provider understands and acts on their duty of candour responsibility; risks and regulatory requirements.

- People, relatives and staff members spoke positively about the values of the home and said that staff were consistent in their efforts to provide caring, person-centred support to people. One person said, "They are doing a wonderful job." A relative told us they relative was well looked after, saying, "I have peace of mind." People and relatives spoke well of the registered manager and described them as kind, hard working and approachable.
- The registered manager had a good knowledge of the needs of most people living at the home and a visiting health care professional spoke highly of their skills as a nurse.
- Some concerns were expressed by people, their relatives and staff about a negative culture that had developed within the staff team. Some staff felt that they were not consistently supported. The provider's audit identified inconsistencies in the leadership at the home and described how some staff had "different perspectives to management." We asked the registered manager about this. They said that they recognised that some staff were not happy and described low morale within the staff team. They said this was due to the changes at the home, including within the management team, following the previous inspection. The registered manager said they were confident that this would be resolved with the appointment of the new manager.
- The registered manager understood the responsibilities of their role and had ensured that they notified us of important events such as safeguarding incidents.

Engaging and involving people using the service

- People and their relatives said that they were kept informed about changes and developments at the home. One relative told us that they were aware that changes were needed following the last inspection and were aware that the provider was working towards improvements. A person also commented about this, saying, "I know they are recruiting a new manager at the moment."

Working in partnership with others

- Staff reported positive working relationships with other organisations to support people's care. Records showed that staff worked collaboratively with health care professionals including the GP, Tissue Viability Nurse, and Parkinson's disease nurse.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems and processes had not been established to ensure the quality of the service. Improvements had not been embedded and sustained.

The enforcement action we took:

Warning Notice Issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient suitable staff were not always deployed to care for people. Staff did not always receive the support and training they needed.

The enforcement action we took:

Warning Notice issued