

St. Georges Nursing Home

St Georges Nursing Home

Inspection report

61
St. Georges Square
London
SW1V 3QR

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31 January 2023

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Georges Nursing Home is a residential care home providing nursing and personal care for older people. At the time of our inspection 16 people were living at the service, some of whom were living with the experience of dementia. The service is registered to support up to 28 people. This is a family run business and this is their only registered care home.

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

There had been improvements since the last inspection. The provider had taken prompt action to address building issues and had started a programme of building repairs. They did not have a robust risk assessment in place to assess the potential risk as a result of the refurbishment programme. There had been some improvements to safety checks, but staff did not know what action to take in the event of a fire.

Medicines were not always managed safely. The provider had reduced staffing levels but there was no formal process in place for how the new staffing figure was reached.

There had been improvements to the governance systems since the last inspection however there was a lack of information recorded on how changes were made.

The service was clean, and the manager was introducing systems to ensure equipment was safe and in good working order.

Staff supervision was carried out by the manager and there was a daily handover which staff told us was very helpful.

People's care plans had been updated however there were large parts of information which was still not available. The manager was aware of this and was working with staff to ensure all care plans were updated. People's communication and end of life wishes were recorded.

Where things went wrong, the manager had taken action to reduce the risk of reoccurrence.

The provider had demonstrated a willingness to make ongoing improvements and have continued to engage with the local authority to address the concerns.

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.

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 rating at the last inspection (published 16 June 2022) was inadequate and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made. However, we identified further improvements were needed in respect of assessing risk, premises and equipment, managing medicines, personalised care and governance.

This service has been in Special Measures since 16 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this comprehensive inspection to check the provider had followed their action plan and to follow up on breaches of relation to person-centred care, dignity and respect, safe care and treatment, premises and equipment, staffing and good governance.

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.

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

Enforcement and Recommendations

We have identified breaches of regulations in relation to person-centred care, safe care and treatment, premises and equipment, and good governance.

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 effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring 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.

St Georges 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. 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 carried out by two inspectors, a nurse specialist professional advisor and an 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.

Service and service type

St Georges Nursing 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 upon their registration with us. St Georges Nursing 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. The provider had recruited a manager who was applying to be the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with the manager, the owner of the building, the nominated individual and 10 staff members. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 4 people who lived at the home and 2 relatives. We carried out observations throughout the day in relation to infection prevention and control procedures, mealtimes, and staff awareness of best practice.

We reviewed a range of records. This included 6 people's care records in full including records related to their medicines. These included both electronic and paper records. We looked at 2 staff files in relation to recruitment and staff supervision and the training records for all staff working at the home. We also reviewed a variety of records relating to the management of the service, which included policies and procedures.



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 inadequate. 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.

Assessing risk, safety monitoring and management

At the last inspection we found risks to people had not always been considered, assessed or planned for to ensure they received care safely. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Risks to people's health, safety and welfare were not always identified or managed effectively as the provider did not always have effective arrangements to help protect people from risks associated with the environment.
- Since the last inspection the provider was carrying out an extensive programme of works but there was not an adequate risk assessment in place to mitigate potential risks for people and staff at the home.
- Whilst there had been improvements to the management of fire within the home, we were not assured there were appropriate procedures to ensure fire risks were minimised. Staff were unclear what action they needed to take in the event of a fire.
- The provider had purchased new fire equipment, however staff were not trained appropriately on how to use this equipment in the event of a fire.
- We continued to find conflicting information in people's files that placed people at risk of harm. For example, in one person's choking risk assessment it was recorded they were at low risk of choking but within their eating and drinking risk assessment they were at high risk. This meant staff did not have the necessary information to mitigate risks in a safe way.

This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager recognised there were gaps in how they were recording information. They showed us evidence of meetings with staff where they were discussing people and their support plans and identifying action that needed to be taken to ensure people's risk assessments were updated correctly.

Using medicines safely

- Medicines were not always managed safely. We were not assured there was effective procedures in place for people who were prescribed medicines to be taken as required (PRN) for specific needs and conditions. For example, we read within 2 peoples care plans that they were prescribed PRN medicines but there was no

information recorded within their medicine administration chart (MAR). We also found care plans for medicines did not always have the necessary information relating to prescribed medicines.

- We observed a medicine round and we found that staff did not use safe infection preventing procedures while giving people their medicines.

Failure to safely manage medicines placed people at risk of harm and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager took prompt action on the day of the inspection to respond to issues raised.

- Staff were effectively using charts with body maps to record the application of prescribed transdermal patches and creams. A transdermal patch is a patch that attaches to the skin and contains medicine.
- Since the last inspection care workers had received medicines training.

Staffing and recruitment

At the last inspection we found there was not enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made but further improvements were needed, and the provider remained in breach of Regulation 18.

- During the inspection we received mixed feedback from people and staff regarding the staffing levels at the home. People told us, "There are not enough staff. Staff have to do too much. They are particularly busy whilst serving the evening meal and around breakfast time " and " Not always. There are not enough staff to sit and chat. No staff for those little extras."
- Staff we spoke with told us they felt there were enough staff to support people. During the inspection, we observed that people did not have to wait to receive support and there were always staff on each floor.
- Since the last inspection 8 people were no longer living at the home, as a result the manager told us they had reduced the staffing levels, but they were not using a dependency assessment. The NI told us, "We purchased a staffing dependent assessment, but this has not been implemented yet".

There were not enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a separate team for cleaning the home and for working in the laundry.
- There were appropriate systems for recruiting staff to make sure they were suitable and had the skills and experience needed. We saw staff files included records of pre-employment checks and inductions where they were provided with information about the service and their competencies were tested.

Systems and processes to safeguard people from the risk of abuse

- We were not assured that staff understood how to safeguard people from the risk of harm. During the inspection we were made aware of a safeguarding concern that had not been reported to the manager. Staff had not recognised the need to raise this concern. The inspection team brought this to the attention of the manager, and they took prompt action on the day to address the concerns raised.
- People using the service and their relatives told us they felt safe, one person said, "I feel safe here because of the way the staff look after me."
- Senior staff worked with the local authority to investigate allegations of abuse and to make sure people were protected from further harm.

Preventing and controlling infection

At the last inspection there was no effective systems in place to assess, monitor and mitigate risks related to infection, prevention, and control which placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements, and the provider was no longer in breach of this part of regulation 12.

- At the last inspection we found the provider did not have good infection control practices in place. However, at this inspection we found there had been significant improvements to infection control practices. There was a cleaning company who were responsible for the day-to-day cleaning of the home and staff had completed a cleaning schedule. There were regular infection control audits been carried out which meant the provider was following their policy.
- All bathrooms had been redecorated to a good standard and were free from clutter.
- The manager was continuing to update their policies and procedures in line with government guidance.

Learning lessons when things go wrong

- The provider had effective systems to log incidents and accidents as they occurred in the home. Since the last inspection there was a clear audit trail of accidents and incidents. We could see analysis of themes and trends in relation to the incidents that occurred. The manager told us they were working with staff to identify some themes through analysis of accidents and incidents and working with staff during handover to improve practice.
- The manager discussed incidents and other adverse events in handovers so staff could reflect on their working practice.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to ensure the premises and equipment were adequately maintained and suitable for the intended purpose. This is a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 15.

- The premises did not always meet people's needs, since the last inspection there was a schedule of building works which were underway. However there continued to be concerns with the building as issues highlighted at the last inspection had not been fixed. For example, there were still trip hazards in the corridors.
- The provider had not ensured the home was adequately maintained to meet the needs of people who used the service. Whilst the provider had implemented a programme of works for the home there was still concerns with the lift. This is an ongoing issue which meant that the lift regularly breaks down.
- Whilst work was ongoing, we were not assured the new building would meet the needs of people living with dementia. We did discuss this with senior staff during the inspection.
- We highlighted some concerns with cot sides as they were not clean and did not always fit the beds correctly.

The failure to ensure the premises and equipment were adequately maintained and suitable for the intended purpose is a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had started to make improvements to bathrooms and people's rooms. Some people had moved to other rooms and curtains had been hung correctly and rooms were personalised with photos and possessions that were important to people.
- There was an effective system in place for managing routine repairs.

Staff support: induction, training, skills and experience

- At our last inspection the provider had failed to ensure staff received adequate training, supervision and appraisals. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18.

- At the last inspection, the provider could not demonstrate all staff received appropriate training or support to fulfil their roles. The manager had carried out in-depth supervisions with staff and had a schedule in place for appraisals and ongoing supervision.
- Staff had the necessary training to support people. The provider was not using agency staff, but they had developed new processes to ensure agency staff had the correct training and had been assessed as competent if they were to start working at the home.
- The manager had introduced a new handover process. A member of the inspection team joined this meeting and found it very detailed and informative for staff. Key information was discussed during the daily handover, the manager told us this was an opportunity "To cascade important information and updates to all staff."

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

At our last inspection the provider had not always appropriately assessed prior to moving into the home to make sure the provider would be able to meet their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we were not able to make a judgement about whether this part of Regulation 9 had been met because there had not been any new admissions to the home since the last inspection. We will look at this when we next inspect.

- The manager had introduced a new assessment process which discussed people's protected characteristics under the Equality Act (2010), such as religion and disability.
- Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection we made a recommendation to the provider to consider people's preferences and needs at mealtimes to ensure the experience was positive and supportive. The provider had made the necessary improvements.

- People were supported to have enough to eat and drink. There was a planned menu which incorporated people's preferences and provided a balanced diet. There was mixed opinion about the food, comments included, " Sometimes the food is good and at other times a load of rubbish "and "There is enough food 24/7. We can have snacks and drinks when we want."
- There had been improvements to people's nutrition and hydration as staff had received training and staff were recording changes in weight.
- If people had any specific dietary needs or risks this was managed appropriately. The chef held information on all people's dietary needs. This included the provision of texture-modified meals and thickened drinks to reduce the risk of choking.
- People were given a choice of food and were offered alternative food/choices when people refused.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- The provider had ensured people's health care needs were assessed. This meant the staff had information about these needs and the care people required to stay healthy and safe.
- The manager told us people could see a doctor and other professionals when needed. The community matron regularly visited the manager spoke about the positive impact of this resource.
- People were supported with their oral care. Their individual needs in this respect were assessed and planned for.

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 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 MCA.

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

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

At the last inspection we made a recommendation to the provider to review their practice to ensure they are working within the principles of the MCA. The provider had made the necessary improvements.

- At this inspection we found the provider was working within the principles of the MCA. The manager had carried out assessments of people's mental capacity and information about whether they could make specific decisions. Staff understood the principles of the MCA and we saw this was an agenda item in supervision.
- The provider had obtained consent from people using the service, or their legal representatives where appropriate, regarding their care and support at the service.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

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

At our last inspection the provider had not ensured that people were always treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, enough improvement had been made and the provider was no longer breaching Regulation 10.

- The manager had worked with care workers to improve the care people received. People told us they were treated well, comments included, " Yes they all treat me with respect. They care for me well "and "Everything is good here. Staff are kind. The home is clean. We are all happy here. "
- Throughout the inspection we observed kind and caring interactions between staff and people, and it was clear that staff knew people well. Relatives spoke fondly about staff stating they were wonderful caring individuals.
- People's privacy and dignity was respected. We saw staff approaching people in ways which respected their privacy.

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

- People did not always feel that they were involved in decisions around their care and support needs, comments included, " Not really. I would like [a service] but no one listens to me" and "Not really. I can ask for tea or coffee. That's about it. " The manager had started to review people wishes regarding their care and support but admitted this would be an ongoing piece of work at the home. They told us they were working with staff ensuring people's daily routines were respected.
- People told us that their choices were respected, for example some people did not want to participate in activities and preferred to stay in their room.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection there was a lack of person centred care which placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of Regulation 9.

- There were improvements to people's care and support plans however further work was required to ensure they were personalised. For example, there was a section within people's care plans called "About me" and we found this had not always been completed.
- There was also limited information recorded about people's interest and likes. For example, in one person's file we read, 'Social - [They] go out with staff.' We discussed our findings with the manager, and they recognised that further work was required, and they told us they were continuing to work with staff to ensure care plans reflected people's needs and wishes.
- Some people's care plans contained conflicting information about people's needs. This meant staff might not have the correct information to ensure they could provide appropriate and safe care and support to the person.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been improvements to records relating to people's religious and cultural needs. The manager told us there was a weekly visit to the home by the local catholic priest, but they told us they could arrange visits from other religious groups if people requested this.
- The manager told us they were planning to introduce a 'resident of the day' where staff would review the person's file to make sure they were up to date and reflected the needs of the individual. Staff spoke about this in a positive way, "Since she started, I feel we have more of a learning environment in the home. She has really made sure we need to document everything, write it in more detail and record any changes to people."
- Each person's end of life wishes were now recorded and the manager explained that they would work with relevant professionals to ensure people's wishes were 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 were not assured people were supported to engage in activities to avoid social isolation. There were no communal areas for people to socialise and eat despite many empty rooms. This meant people were cared for in their rooms. The provider had tried to recruit an activities worker but at the time of the inspection was unsuccessful.
- Within people's daily notes we could see some activities were carried out, but it was not always consistent. People did speak positively about the activities, one person said, "I watch TV I have my nails done and my hair. I play games like snakes and ladders. "
- People spoke about staff simply not having enough time to sit and chat, comments included, " " Staff talk to me whenever they can" and " Sometimes when they are not too busy. "

Failing to provide personalised care and support was a breach of Regulation 9 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At our last inspection the provider had failed to ensure that people's communication needs had been fully considered and assessed. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- People's communication needs were assessed, planned for and Information was available in different formats which was suitable to peoples' needs, for example we read in one person's care plan that they pictorial signs to communicate.

Improving care quality in response to complaints or concerns

- The provider had suitable procedures for dealing with concerns and complaints. Relatives knew how to make a complaint, and people using the service told us they would speak with staff or a manager if they had concerns. People using the service and their relatives knew who to speak with if they had any concerns. Comments included, " I know how to complain. I have never complained. "

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 inadequate. 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; Continuous learning and improving care;

At the last inspection we found systems were not effectively operated to improve quality and safety. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider was still in breach of Regulation 17.

- The provider did not always have effective oversight at the home. Whilst we could see some improvements to the day to day running of the service the provider could not demonstrate effective safe procedures were in place to ensure risks to people were mitigated, for example, concerns with risk assessments and medicines.
- There was a significant lack of contemporaneous records to explain how decisions were made, for example, the reduction in the staffing levels and there were no management meetings recorded since the last inspection. The NI recognised the need to have more formal processes in place to evidence how decisions were reached in a safe way.
- The building risk assessment did not provide the inspection team with assurances that there were safe procedures in place for building works to be carried out. We raised this with the NI on the day of inspection and they told us they would review the risk assessment.
- Senior staff were reviewing all of their care plans, but this resulted in the quality of care planning to vary depending on the skills and knowledge of the worker leading this. The manager explained that some care staff simply didn't have the skills to carry out this task which meant they had to have oversight of all tasks to ensure work was carried out correctly. They were however working with staff to support them through training and ongoing support.
- During the inspection we requested for policies to be sent but we found they were not sufficiently detailed to address areas of concerns. The manager was however updating these policies.

The above shows that systems were either not in place or robust enough to demonstrate that the provider was adequately managing the quality and safety of the service. This placed people at risk of harm. This was an ongoing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014

- People and their relatives told us they felt the management team was generally visible around the service and were approachable.
- Since the inspection the provider assured us, they have continued to work closely with the local authority to address the issues we found during our inspection.

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

- Since the last inspection there had been good engagement with people using the service, their representatives and staff to understand their views and tell them about changes in the service.
- There were regular meetings with staff and all relevant subjects were discussed and information was shared. Staff spoke about this making the day to day running of the home easier to manage for example, staff rotated between floors, so they got to know people and staff found this a positive change.
- Staff spoke about the positive impact that the manager had made in the home. "I have to say she has definitely had a positive impact in the home since she started". "It has helped create a more positive morale with the staff."

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

- We saw the manager had been open and honest when dealing with a safeguarding concern. They immediately liaised with the person's family and provided a clear action plan on next steps.
- The manager had started to review a range of policies and procedures which needed to be updated these included procedures for duty of candour.

Working in partnership with others

- The staff worked closely with healthcare professionals to make sure people's needs were assessed, monitored and met.
- The manager met with local authority representatives to discuss the home and to update on improvements to 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
Treatment of disease, disorder or injury	The registered person did not always ensure that care was designed for people with a view to achieving service users' preferences and ensuring their needs were met. Regulation 9 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	The registered person did not always ensure safe care and treatment because they had not always assessed risks to service users safety nor had they done all that was reasonably practicable to mitigate the risks to the safety of service users.
	The provider did not always ensure the proper and safe management of medicines.
	Environmental risks and risks to people were not always identified or addressed.
	Regulation Regulation 12 (1) (2) (a) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
	The provider did not always ensure that the premises and equipment was suitable for the purpose used and properly maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service and to assess, monitor and mitigate risks. The provider failed to maintain an accurate, complete and contemporaneous record in relation to the care and treatment provided. Regulation 7 (1)(2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider did not ensure people were supported by sufficient staff to meet their needs. Reg18(1)