

Almondsbury Care Limited

Ferns Nursing Home

Inspection report

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Date of inspection visit:
06 October 2021
07 October 2021
13 October 2021

Date of publication:
08 December 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Ferns Nursing Home is a nursing home providing personal and nursing care for up to 39 people. At the time of the inspection 26 people were living in the home.

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

Since our last inspection, the provider had made some improvements to the safety and quality of the service provided. However, further improvements were still needed to ensure compliance with their regulatory requirements.

Improvements were still required to the provider and manager's quality assurance systems. Audits were not being undertaken in line with the provider's quality assurance system and they had failed to identify all shortfalls identified through our inspection and the provider's quality team walk arounds.

Not all staff had received training to ensure they were adequately skilled and trained to undertake their roles. Staff were not receiving supervision and an annual appraisal in line with the provider's policy.

Staff and people were not assured there was enough staff in place. People and staff confirmed there were pressures at busy times throughout the day, which meant there were delays to people getting the help they needed.

Although staff were able to tell us about the care and support people received, people's care plans were not always current and up to date. Where people had been identified as requiring specific support with their skin care, records did not confirm people were receiving this care in line with their individual needs.

Improvements were still required to ensure people had best interest decisions in place relating to their individual care needs.

Staff were not always wearing surgical masks in line with government guidance and laundry was not being stored to prevent risk of cross contaminating to clean bedding and towels.

There had been a number of improvements made to the safety of the environment since our last inspection. Areas of improvement were still required including the covering of hot water pipes in two people's bedrooms and outstanding actions on the provider's fire risk assessment.

Following our last inspection some improvements had been made to ensure the service was being supported with a manager and a quality improvement team. The quality improvement team had started to identify shortfalls during their visits.

The service following our last inspection was working closely with a variety of health care professionals.

People were having their needs reviewed and the manager was positive these reviews would improve people's quality of life. Health care professionals felt people were safe.

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

Rating at last inspection

The last rating for this service was Inadequate (published in May 2021).

Why we inspected

We carried out an announced inspection of this service on 15, 25, 26 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when, to improve.

We undertook this focused inspection to check whether the Warning Notice's we previously served in relation to Regulation 12, 13 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also followed up the on the breaches of legal requirements of Regulation 18, 19, 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This report only covers our findings in relation to the Key Questions of Safe and Well Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed following this targeted inspection and is now Requires Improvement.

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

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 three continuing breaches in relation to safe care and treatment, staffing and governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service has improved to 'Requires improvement' however the service remains in 'special measures' due to the Well-led domain being Inadequate. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Ferns 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 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

The inspection was carried out by one inspector onsite over three days and a pharmacy inspector on one day. Another inspector worked remotely to call staff and an Expert by Experience worked remotely to call people and relatives. 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

Ferns Nursing home 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 had a manager at the time of the inspection they were not registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced and was carried out on the 6, 7 and the 13 October 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and

improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We reviewed a range of records. This included three people's medicines records, records relating to the management of the service including incidents and accidents, two staff files, health and safety records, training records, six care plans, audits and emails. We carried out observations of infection control practice. We spoke with the manager, the operations manager, nominated individual and nine staff during the inspection. During the inspection we made phone calls to three people and six relatives about their experience of the care provided and four members of staff.

After the inspection

We continued to seek clarification from the manager and the quality team to validate evidence found. We contacted seven health care professionals and received feedback from four of them.



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 Inadequate. At this inspection this key question has now improved to Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

At our last inspection people were not being supported by staff who were suitably qualified and experienced to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 18.

- People were not supported by staff who were receiving regular supervisions and an annual appraisal in line with the provider's policies. For example, some staff had only received one supervision session since January 2021. The provider's policy confirmed, 'Churchlake Care Group (CCG) is committed to providing its care staff with formal supervision at least six times a year'. Staff were not receiving supervision in line with this policy. One member of staff told us, "No I've not had a supervision since I've started".
- People and staff told us at times there were insufficient numbers of staff to meet people's care needs and to support people to access daily activities. Care staff told us that at times people had to wait to be supported at busy times as they were often helping people to get up. One member of staff told us, "There isn't enough staff, sometimes you have to deal with two/three residents at the same time". Another member of staff told us, "We do need more staff. Sometimes there is only four/five on they do their best but this is at least once a week". On these occasions people had activities in their bedrooms as there were not enough staff to support people to access activities in the lounge area. People told us, "Always short of staff. Need more staff here sometimes I wait". Another person told us, "There really should be a few more staff".
- There were insufficient numbers of staff available to ensure robust cleaning of high touch points could be completed each day. At times the rota for cleaning staff did not always have a member of staff on in the afternoon or at the weekend. Staff told us, "Yes, it is clean but we are supposed to have two cleaners but sometimes we only have one". Another member of staff told us, "When cleaners leave no cleaning gets done". When asked if there were enough cleaners one of the staff told us, "Not at the weekend, no". Having a sufficient number of cleaning staff on duty is important during the Covid-19 pandemic as door handles, light switches and hand rails need to be regularly cleaned to prevent the risk of cross infection. We fed this back so that the manager could review the rotas and take appropriate action.
- Improvements were still required to ensure suitably qualified and experienced staff were in place across all areas of the service. Although agency staff were being used to cover staff shifts within the service, on average of 60-80 agency nursing hours per week, the manager themselves at times was working as a nurse due to shortfalls.
- During our inspection we identified not all staff were adhering to safe use of PPE and laundry was not being stored safely. One recently employed member of staff confirmed they had not received infection

control training and no staff had received training in how to handle laundry safely. The providers training matrix confirmed fifteen of the 45 staff employed had not received infection prevention control training and nine of the 45 staff employed had not received personal protective equipment (PPE) training. This meant staff were not always receiving adequate training to undertake their roles.

- Improvements were still required to ensure all staff had received adequate training, knowledge and competencies to undertake their roles. For example, a number of staff still needed to complete or refresh their training in a number of topics. This included, administering medicines, mental health and positive behaviour support and record keeping training. This was confirmed by the providers training matrix.
- Concerns were expressed to us from a health care professional. Who told us, they were not confident clinical staff had skills to determine the difference between a moisture lesion and pressure sore. This meant people could be at risk if staff were not able to identify the difference and what action was required.

This is a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made since our last inspection. For example, changes had been made to the management of staffs' performance since the new manager had been appointed.
- Relatives confirmed the new manager had made some positive following our last inspection. One relative told us, "Manager moved a few staff that they felt were unhelpful. Has a good grip on what's happening day to day. Is working hard to improve things". Another relative told us "There's been a big change of staff. The manager and staff are now pulling together. The manager's style is open and frank and always makes sure they speak to me".

At our last inspection the provider was failing to ensure effective systems were in place relating to satisfactory pre employment checks. This was a breach of Regulation 19 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- Improvements had been made to ensure new staff had a satisfactory reference in place and any gaps in employment explored.
- On reviewing two staff files we found no disclosure and barring service (DBS) check in place. Following our inspection, we received confirmation these checks had been completed and now placed into the member of staff's file however one member of staff had no check in relation to working with vulnerable adults. The providers quality assurance system had failed to pick this up.

Assessing risk, safety monitoring and management;

At our last inspection, we found people were at risk of not receiving their care as per their care plan, failure to take action when people needed a health care review and no overall analysis of incidents and accidents. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- Care plans did not contain sufficient guidance for staff about how they could mitigate risk relating to people's mental health needs. Staff had experienced various incidents of physical and verbal aggression whilst supporting people. For example, there had been incidences where a person's behaviour had escalated. There was minimal guidance for staff as to how to de-escalate the situation or what action they should take to prevent harm to the person, other people or themselves. The provider had failed to identify these altercations within the monthly incidents and accidents logs and take any action to ensure staff had received training or that guidance was in place for staff.

- People's records and care plans did not reflect they had received care and support in relation to their individual risks or confirm what equipment they required. For example, one person required support with two hourly turns due to risks to their skin breaking down. Their daily record dated the 11 October 2021 confirmed repositioning 09:50 am and 19:40. There was no other confirmation of their position being changed in line with their assessed need. On the 8 October 2021 their daily record confirmed repositioned turned once at 18:30. This person's care plan had also failed to identify what equipment the person required to support their skin from breaking down. Health care professionals also identified concerns around documentation relating to people receiving repositioning as they found records were not always able to demonstrate people had received the support and care required. This meant the person could be at risk due to poor recording of care delivered and their care plan failing to identify what equipment they required. Although staff were able to confirm what support the person required and their equipment without having accurate records it was difficult to ascertain the person was receiving their care as required.

This is a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Actions were being taken when people were identified as losing weight. People had their weight checked either weekly or monthly depending on their risk. Where people had been identified as losing weight actions were being taken. Staff confirmed improvements had been made to offering people snacks and drinks in-between mealtimes. One member of staff told us, "We regularly ask if people would like milk, yoghurt snacks in between meals".
- People's records did not always evidence the dietary support offered by staff. For example, one person required assistance and support with their nutrition and hydration needs. However, there was limited information recorded by staff to demonstrate the person was being offered and supported with their nutritional needs. A health care professional also confirmed improvements to recording of options and attempts by staff to provide the person with nutritional needs could be improved. This person had been putting on weight. This meant it was likely they were having their nutritional needs met but the recording of this needed to improve.
- Where people had any changes to their health, a referral was made to the relevant health care professional. The manager confirmed there was weekly meetings to monitor those whose needs had changed. Referrals were made when required to speech and language therapists, opticians and physio therapists. One health care professional felt improvements to communication and referrals had been made following our last inspection. They told us, "I feel as though this has improved of late, the manager returns my calls and emails. There had been a delay in referring some individuals onto necessary services following reviews, though this also seems to have improved which is demonstrated in recent reviews".

Preventing and controlling infection

At our last inspection we found people were at risk due to the provider failing to ensure effective systems were in place relating to the safe management of infection control procedures such as the procedure for testing staff and the cleaning arrangements within the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made to previous concerns although new concerns were identified with the storage of laundry and staff practice relating to surgical masks.

- We were not always assured that staff were wearing PPE effectively and safely. For example, we observed staff wearing face masks below their nose and mouth. We raised this with the manager on the first day of the inspection so they could address this. During our second and third day we observed staff again not wearing

their surgical face mask in line with government guidance. This meant staff were putting themselves and people at risk of cross contamination due to the failure to wear and change their masks as per government guidance.

- During our inspection, we found clean towels and bedding stored next to laundry that was dirty and contaminated. We raised this practice with the manager who took action to remove the soiled and contaminated laundry being stored next to clean bedding and towels.
- Improvements were still required to ensure people's consent had been gained to consent to Covid-19 testing. The manager confirmed actions were still required to ensure people's consent was gained and recorded in line with legislation.

This is a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the last inspection, we found improvements had been made to ensure all staff were being tested for Covid-19. This was either undertaken at home prior to starting work or when staff entered an area of the home where they could await for their results before walking through the service.
- We were assured that the provider had a system in place that checked professionals when they visited the service. Regular testing was also in place for people using the service and staff.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was promoting safety through the layout of the premises.
- 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.
- At the time of the inspection the service was not admitting new people to the service.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

At our last inspection we found people were at risk due to the provider failing to ensure effective systems were in place relating to fire risks at the premises, environmental checks and quality checks not being in place and hazardous materials not being managed in line with current legislation. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements were still required although the provider was aware of these and taking action. The provider was no longer in breach of regulation 15.

- During the inspection, we found two unoccupied rooms still needed hot water pipes to be lagged or boxed in, although this had been identified on the provider's action plan.
- Some improvements were still required to ensure actions identified in the provider's fire risk assessment, undertaken in March 2021, were completed. Ongoing actions included staff receiving fire safety induction and all fire doors being marked at eye level with self-closing signs. However, the manager confirmed five staff had become fire marshals and some fire drills had also been undertaken. The provider's training matrix confirmed nineteen of the 45 staff employed still required fire training or re-fresher training.
- Improvements were completed during our inspection to electrical items that required portable appliance testing. The manager following our inspection confirmed all items had been tested.
- Improvements had been made to Control of Substances Hazardous to Health (COSHH) the monitoring of hot water outlets, the fitting of window restrictors, checks of equipment such as wheelchairs and a Legionella quality water check completed.

Using medicines safely

At our last inspection we found people were not receiving their medicines when required. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found at this inspection improvements had been made and the provider was no longer in breach of this section of regulation 12.

- People received their medicines safely and in a person-centred way. Staff followed systems and processes to safely administer, record and store medicines.
- Staff knew people well and knew how they liked to take their medicines. However, this was not reflected in people's individual care plans which could affect care if regular staff were unavailable. For example, care plans for medicines sometimes contained conflicting information and it was difficult for staff to know which information to follow.
- We observed staff wear PPE when administering medicines and follow infection control measures when preparing and administering medicines.
- Staff were knowledgeable and assessed as competent to administer medicines, however training records were not easily accessible or clear evidence who had received safe administration of medicines training.
- Staff demonstrated a good understanding of what action to take, if things went wrong and who to report incidents such as these too.
- The service liaised with the local pharmacist team when required.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found people were at risk due to the provider failing to make appropriate referrals to the local authority safeguarding team. This was a breach of Regulation 13 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 13.

- Where people experienced avoidable injuries the manager confirmed they had raised all concerns with the local authority and they had undertaken investigations when required.
- Staff and health and social care professionals we spoke with during the inspection felt the service was safe and there were no safeguarding concerns. Staff felt able to raise any concerns with the management if required. However, further improvements were required to ensure staff had a good understanding of the different types of abuse. Although 79% of staff had received safeguarding training, not all staff were able to recognise the different types of abuse other than physical abuse. We fed this back to the manager.

Learning lessons when things go wrong

- The manager was responsible for monitoring incidents and accidents. Staff logged incidents and accidents and passed these onto the manager for their review. We found at the time of the inspection not all incidents and accidents were being logged and recorded this had failed to be identified through the providers quality assurance system. There is more information of this in the Well-led section of the report.

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 Inadequate. At this inspection this key question has remained the same as we were not assured at this time that improvements had been made.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we found the provider had failed to ensure the mitigation of risk to people and the quality of service provision through effective governance. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17

- The provider had failed to establish effective monitoring and quality assurance systems that were robust and that identified the shortfalls we found during the inspection. The provider's mandatory audit list was not being followed in-line with the time scales set by the provider. This meant the provider still needed to make improvements to the quality assurance systems so that audits identified shortfalls and actions were taken to address these issues.
- The provider had failed to ensure all staff were compliant with the use of PPE as staff were not always wearing surgical masks as required. This practice was observed during our inspection. The provider had failed to identify this shortfall through their quality visits and quality assurance systems.
- The provider's quality assurance audit for infection control had failed to identify shortfalls relating to the unsafe handling of laundry within the home. Following our inspection, the operations manager confirmed they had identified shortfalls relating to the handling and storing of laundry in a walk around in September 2021. However, we found no actions had been taken to address this prior to our inspection as during the inspection we found soiled and contaminated laundry being stored next to clean bedding and towels.
- The provider had not identified shortfalls relating to staff not receiving supervision and an annual appraisal in line with the provider's policy. The provider's action plan had failed to identify this area for improvement.
- The provider had failed to ensure an effective system that identified shortfalls in the recording of physical, verbal and aggressive altercations including actions taken. We were therefore not assured that all incidents were being recorded and actions taken when required due to the failure in identify these specific concerns.
- The provider had failed to ensure records were complete and contemporaneous. During the inspection we found hand over sheets had no information relating to whether the person required repositioning or had any individual needs such as mobility or mental health needs. People's repositioning charts were not

accurate and up to date to ensure staff were recording people's support in line with their care plan.

- People's mental capacity assessments and best interest decision paperwork was not always accurate and clear. For example, one person's mental capacity assessment had recorded a yes and no to if the person was able to understand the information relevant to the decisions.
- People's Care plans, risk assessments and paperwork relating to their individual nutritional needs was not always accurate and up to date. For example, one person's care plan had out of date information relating to previous speech and language assessments. Their nutritional risk assessment had no information relating to their Percutaneous Endoscopic Gastrostomy (PEG) in place and any changes this had on how staff should support the person or their nutritional risks.
- At the time of the inspection there was no registered manager in post, this is a condition of the registered providers registration.

The provider had failed to ensure robust quality assurance systems were established and operated effectively to continually assess, monitor and improve the quality and safety provided. This is a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider following our last inspection had implemented a new senior management structure. This team had started to identify areas for improvement however we found at this inspection a number of these actions were still required.
- The manager had a procedure in place to identify outstanding consent required in line with legislation. However outstanding actions were still required to ensure consent had been sought and recorded in line with legislation.

At our last inspection we found the provider had failed to ensure people's rights were upheld in line with Mental Capacity Act guidance and legislation for people. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider was no longer in breach of this regulation although mental capacity assessments needed improving.

- The quality of people's Mental Capacity Assessments required improving. We reviewed three people's Mental Capacity assessments two of these had conflicting information recorded. The manager confirmed some people still required a best interest decisions in relation to Covid-19 testing, bed rails and personal care.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our last inspection we found notifications were not always submitted as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found improvements had been made however the providers quality assurance system had failed to identify one notification was required. We reviewed the incidents and accidents within the service. We found one incident where staff had been supporting someone when they injured themselves. A referral had been sent to the local authority safeguarding team. However, no notification had been sent to the Commission notifying us of the incident including any actions taken. This had failed to be identified through the provider's quality assurance systems.

The provider had failed to ensure quality assurance systems were in place that identified shortfalls. This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- A new senior management team were responsible for the compliance and improvements to the service. Some improvements had been identified through quality walk arounds and visits to the service. These included improvements to the personalisation of people's care plans, improvements to risk assessments and pre assessments. Improvements were also required to the management of medicines, personalised care plans, assessments, care and support documentation and records relating to mental capacity documents.
- Feedback from staff and one health care professionals was that improvements were being made within the service and to the culture. One health care professionals told us, "The culture of the service appears to have improved since the current manager has been in post. They have become more transparent and open in relation to their safeguarding and addressing areas of concern". One member of staff told us, "I find it more structured with management it wasn't before. Things are working smoothly now. I'm happy now".
- Staff had daily handover meetings, these were led by a nurse. Staff confirmed this was an opportunity to discuss any changes to people's individual needs. One member of staff told us, "We have a handover when we come in. The nurse leads the handover including any changes".
- The manager undertook staff meetings. These were an opportunity to discuss areas of improvements such as staff taking on lead roles and concerns and areas for improvement. A member of staff had taken on lead roles in Dementia and infection control.
- People had started to have their views sought through resident meetings. Records confirmed these were an opportunity for people to discuss, menus and activities. The manager had sent relatives a letter introducing themselves and updating them on improvements they planned to make. Improvements were still required to the provider sending annual feedback questionnaires' to people, relatives, staff and health care professionals so that their feedback could initiate improvements within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider understood the duty of candour and the manager worked in an honest manner. Staff, people, relatives and professionals had experienced changes to the way the service was being managed and working in an open and honest approach when things went wrong. One relative said, "New manager now. Nice that I can rely on the home now". One person told us, "Since certain members of staff came (manager and head of care) they work together as a team. Good". One member of staff told us, "We work as a good team. We initially had a few problems but it's better now. Our manager is good and keeps us up to date". Another member of staff told us, "Colleagues and management all work as a team. Everyone is good to each other. We have regular team meetings. Initially there were problems with the other carers regarding communication and adjustment issues but now it is better. Management is excellent". One health care professional told us the new manager was keen to be working in partnership with the them and was welcoming of the teams.

Working in partnership with others

- The service had started to make improvements to working in partnership with others. For example, a team of health care professionals undertook weekly meetings either virtually or in person with a member of staff at the service. This joined up multi-disciplinary approach was a positive step forwards to people having any

changes quickly identified and discussed with the team so that people's needs could be managed in a personalised approach. Feedback from this team was generally positive confirming the service was open and responsive to working in partnership. However, they did experience from time to time problems with communication and referrals due to not all staff being able to access IT systems if they were new or temporary staff. We fed this back to the manager for them to review and take actions as required.

- The service was liaising regularly with professionals from the local Clinical Commissions Group (CCG). The manager confirmed they were in the process of working with the local CCG around implementing some face to face training such as mental capacity training and mental health training.

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
Diagnostic and screening procedures	Regulation 12 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to ensure people's care plans had current and up to date information relating to their individual needs.</p> <p>Infection control procedures were not being following to ensure staff were wearing PPE as required in line with government guidance and laundry was being stored safely to prevent to spread of infections.</p> <p>Regulation 12 (1) (2) a, b, c, h,</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Regulation 18 Staffing
Treatment of disease, disorder or injury	<p>The provider had failed to ensure there were sufficient suitably qualified and experienced staff and that staff had appropriate training, supervision and an appraisal.</p> <p>Regulation 18 (1) (2) a</p>

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
Diagnostic and screening procedures	Regulation 17 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure the mitigation of risk of people and the quality of the service provision was identified and actioned through effective governance systems.

The enforcement action we took:

Impose a condition