

Mr & Mrs K Bhanji

# Fernbank 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Fernbank Nursing Home is a nursing and residential care home providing nursing and personal care to people aged 65 and over, some of whom were living with dementia.

Fernbank Nursing Home accommodates up to 30 people in one adapted building. At the time of the inspection there were 18 people living at the home.

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

People were observed to receive appropriate care and support at Fernbank Nursing Home. Relatives were happy with the care their family member received. However, we found significant concerns around how the home was managed, documentation relating to care, health and safety and ensuring people were not placed at risk of harm.

Risk assessments identifying people's risks were not always comprehensive, were generic and illegible. Guidance and direction to staff on how to minimise risk was not clear and detailed, placing people at risk of harm.

Health, safety and the environment were not always well managed. We found a number of issues which placed people at risk of harm. The environment and furniture were either unsafe or in a poor state of repair. Whilst the provider took immediate remedial action to address some of the urgent issues, there were inadequate systems in place to identify these prior to the inspection.

Staff recruitment checks were not robust and did not always provide assurance that staff employed had been appropriately assessed as safe to work with vulnerable adults.

People did not always have a choice of what they wanted to eat and were not involved in menu planning.

People may not have always been supported to maintain healthy lives. People were not always receiving effective support with their oral hygiene.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Consent to care had not been recorded and best interest decisions had not been considered and documented.

There was a lack of managerial oversight of the home. Audits of care delivery were ineffective and did not identify the issues we found as part of this inspection. Written care records were illegible or were not always an accurate account of the care people received.

People received their medicines safely and as prescribed. Systems and processes in place supported this.

Staff understood safeguarding and how to keep people safe from abuse. Staff told us that they received training to support them in their role.

Relatives feedback about the registered manager and the way in which the home was managed was positive stating that staff were kind, caring and approachable.

We have made a recommendation about health and safety management and staff recruitment.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 05 March 2019).

Why we inspected

We reviewed the information we held about the service. We received very little information from the service through statutory notifications. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only to check and ensure people were receiving safe, good quality care.

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 coronavirus and other infection outbreaks effectively.

During the inspection we identified concerns around risk management, the environment, person centred care provision, consent to care and management oversight processes. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified four breaches of regulation around person centred care, safe care and treatment, consent to care and good governance. The failings found are detailed in the main body of the report.

In response to the breach identified regarding good governance, regulation 17, we will be writing to the provider asking them to provide an action plan in response to the issues identified and to provide time

specific updates on the progress of actions taken.

With regards to the breaches found regarding person centred care, safe care and treatment and need for consent, please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Fernbank 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

This inspection was carried out by one inspector and a specialist advisor nurse. The inspection was also supported by 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. The Expert by Experience contacted people's relatives and friends by telephone to request their feedback.

#### Service and service type

Fernbank 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 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.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service. We spoke with the registered manager and one nurse. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included five people's care records and 14 people's medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, training records and health and safety were also reviewed.

#### After the inspection

We spoke with nine relatives of people living at the home. We also spoke with three care staff. We further reviewed four care plans and associated records. We continued to seek clarification from the provider to validate evidence found.

# 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 good. At this inspection this key question has now deteriorated 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

- Risks associated with people's health, medical and care needs had been assessed but we identified that these were not always comprehensive, individualised, clear and easy to read. This meant that people were potentially placed at risk of harm and receiving care that did not safely meet their needs.
- Risk assessments identified and assessed risks associated with skin integrity, falls, moving and handling, choking and behaviours that challenge. However, risk mitigation and management were not clear and consistently recorded within the care plan so that staff could follow to support people safely.
- Care plans were handwritten, however, the handwriting was illegible. This meant that staff would not be able to read, understand and deliver safe care as required.
- One person was assessed as being at high risk of falls. However, there was no specific guidance or instruction on the measures in place to minimise falls.
- For another person, who was being supported on a one to one basis, there was no specific care plan or assessment on the care and support this person specifically required. Information was scattered throughout the care plan, with specific directions and instructions around care and risk difficult to locate.
- For a third person who had been assessed as presenting with behaviours that challenged, there was no behaviour management plan in place or clarity on how staff were to support this person safely.
- In light of the current pandemic and the risks presented to vulnerable people with specific health conditions, the provider had not assessed the impact of COVID-19 on people.
- Health, safety, equipment and environmental checks were routinely completed to ensure people's safety. However, during the inspection we found that most radiators around the home were exposed and did not have a radiator cover in order to protect people from sustaining burns. We also identified in one bedroom on the first floor, that there was no window restrictor.
- This was highlighted to the registered manager and provider during the inspection. Following the inspection, we received confirmation from the provider that these issues had been resolved and measures had been put in place to ensure people's safety.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, risks associated with people's health, medical and care needs were not comprehensively assessed and managed. 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.

- During the inspection, we found certain areas of the home and pieces of furniture were in a general state of disrepair. This meant that people may not have always been kept safe and could be placed at risk



because of health and safety issues around the home.

- A number of light bulbs in the lounge were not working, some chests of drawers, wardrobes, bathroom cabinets, kitchen cupboards and flooring were old, in a general state of disrepair, chipped and rusty.
- The registered manager had walked around with us and was shown the issues we identified. Following the inspection these issues were also highlighted to the provider who stated that an improvement plan was in place but due to the current pandemic, many of the works required to address the issues had been placed on hold.

We recommend that provider assesses and addresses all health and safety issues within the home, including those identified as part of this inspection as soon as possible, ensuring the safety of people living at the home.

- Following the inspection, the registered manager sent through a sample of completed COVID-19 risk assessments for people.
- Despite the issues we identified during the inspection, we found that care staff knew people well and were able to describe people's health and care needs and how they supported them ensuring their safety. One care staff told us, "Every day we talk about all the residents and we discuss them, ensuring risks are minimised."
- Relatives also spoke positively about the care and support their family member received. One relative told us, "She has had one fall, well documented and communication has been excellent."
- Personal emergency evacuation plans in place outlined people's specific support needs in an emergency and how they were required to be supported.

#### Staffing and recruitment

- People were not always supported by care staff that had been appropriately assessed as safe to work with vulnerable people.
- Whilst we found that certain checks such as criminal records checks and identity verification had been completed, a full employment history had not always been obtained. Gaps in employment had not been explored and appropriate verification of the staff members conduct in previous employment had not always been requested.
- We showed the registered manager examples of the issues we identified who provided assurance that going forward this would be addressed.
- Throughout the inspection we saw that there were enough staff available ensuring people's safety.

We recommend that the registered manager follow best recruitment guidance and practice in respect of obtaining the required information and assurance when employing staff.

#### Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding and described how they would identify, and report concerns or signs of possible abuse. Staff told us they had received safeguarding training which was refreshed annually.
- Relatives spoke positively about Fernbank Nursing Home and the care that their family member received. Feedback included, "He is really pleased, really enjoying the food, he is thriving, we know he is safe" and "He feels he is safe; we have peace of mind."
- The registered manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.

#### Using medicines safely

- People received their medicines safely and as prescribed. Policies in place supported this.

- Medicines were stored securely. Medicine administration records were complete and there were no omissions in recording. Loose medicine stock that we checked corresponded with records kept of stock levels.
- Where people received medicines as and when required (PRN), protocols and guidance was in place on how and when to administer these medicines, PRN medicines can be administered to help with pain relief or anxiety.
- Some people received their medicines covertly. The service had followed its policy and procedures and had ensured that multi-disciplinary agreements were in place confirming the method for administration of covert medication. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person. However, we did not see specific records confirming consideration of the Mental Capacity Act 2005 and that covert administration was required in the best interest of the person. This is further reported on under the Effective section of this report.
- Monthly audits were completed to ensure people received their medicines on time as prescribed. Where issues were identified these were recorded and addressed.
- All staff had received the required training to administer medicines safely. In addition to the training each staff members were assessed to confirm their competency when administering medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices 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.

#### Learning lessons when things go wrong

- All accidents and incidents were recorded with details of the event, actions taken and any follow up required.
- The registered manager reviewed and analysed all accidents on a monthly basis so that any trends or patterns could be identified to support further learning, developments and improvements where required. Findings were shared with the wider care team.
- One care staff explained, "We need to understand the need of the client, environment, she will get an update, and she will respond and act immediately. We then discuss at handover or registered manager will call everybody and discuss the issue, what we can do better, is the client safe."

# Is the service effective?

## Our findings

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

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

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

- People were not always offered a choice of what they ate.
- During the inspection we observed people to be served their meal without being told what they were being served. Care staff serving the meal did not know what the meal was.
- Two people we spoke with told us that they had not been offered a choice and that they had not been shown a menu. One person told us, "I wish we could get a choice, we don't see a menu, you just have what's put in front of you."
- The registered manager stated that people's choices were recorded by the chef in the morning and meals served accordingly. However, most people at Fernbank Nursing Home were living with dementia and may not remember what they had chosen in the morning. No visual choice or reminder was offered.
- People were offered a choice of two soups for lunch. However, when we looked at the records confirming people's choices, a tick confirmed which people wanted the soup but did not document which soup the person had chosen.
- People did not always have access to a healthy and balanced diet. One person's likes were displayed on the kitchen wall which listed their favourite items of food as apples, bananas and oranges. However, on the day of the inspection we noted that there was no fresh fruit available in the home.
- We were also told that the soup, which was made at the home, was not made from fresh ingredients and powder substitutes were used.
- The service commissioned a frozen meal service from an external provider where meals were ordered and delivered on a weekly basis. The registered manager stated that people were involved on an individual basis to express their likes and choices, prior to ordering the meals. However, we could not evidence this as people's involvement and choices were not recorded.
- Where people had cultural or religious dietary requirements, only basic information was recorded in the care plan such as a person following a vegetarian diet. No other detail was provided. One person, when asked about the provision of cultural meals told us, "Food is okay, I don't get that [culturally specific meals] and I don't expect it."

People did not receive care and support that was person centred. People were not always provided with a choice of food that they wanted to eat. There was poor provision of a healthy and balanced diet. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues we identified during the inspection, people and relatives spoke positively about the meal provision. One person told us, "Food is second to none." Relatives feedback included, "Food is okay,

they prepare it according to appetite, and he now has softer food, soup and mash" and "Food okay as far as I know, now eating well, softened diet, thickened liquids."

- We saw people eating well and care staff were supporting people appropriately with their meals where required.
- People were supported to have enough to drink. We saw regular tea rounds serving people hot drinks. People were regularly offered cold drinks to maintain hydration.
- Where people had specific dietary requirements related to their health, these were documented in the person's care plan.
- People's weights were monitored on a monthly basis. Where concerns were noted with weight loss or nutritional and fluid intake, this was monitored, and appropriate referrals had been made to support people with their diet.

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

- People were not always supported in a way which promoted their health and physical well-being.
- Personal care records documented that people were supported with oral hygiene daily. However, we visited 12 bedrooms and found that in eight of the bedrooms there was either a toothbrush or toothpaste available which were dry and had not been used.
- The registered manager was present when we identified these issues but could not offer any explanation as to why people had not been supported with their oral hygiene.

People were not always effectively supported to maintain a healthy life. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to access health care and were referred to healthcare services where required.
- We saw records of visits from healthcare professionals which included the GP, community matron, dieticians and physiotherapists. Details of why the visit was required, the outcome and any follow up required were recorded.
- Where specialist intervention was required, we saw records confirming appropriate referrals had been made to access these services.
- Care staff knew people well and worked together to achieve positive outcomes for people. Daily handovers enabled the team to communicate and exchange information about people so that they were supported with their health care needs effectively. One care staff told us, "We care for our residents like we would our family. It has not been easy with COVID but we have all worked together."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the

appropriate legal authority and were being met.

- People were not being unlawfully deprived of their liberty and appropriate applications for DoLS authorisations had been made where required. Records confirmed this and authorisations were reviewed as required.
- However, we found that the application of the MCA was not always understood and documented appropriately.
- Overarching capacity assessments had been completed for people. However, where best interests decisions were required to be made, because the person had been assessed as lacking capacity, these had not been given any further consideration and discussions with involved relatives and health professionals had not taken place or documented.
- For example, best interests decisions had not been documented where people had restrictive equipment in place such as bed rails and wheelchair straps or where a person was at risk of self-neglect or required their medicines to be administered covertly. This meant that people may not have been receiving effective care and support which upheld their rights.
- Care plans did not record people's consent to receiving care and support. Where a person was assessed as lacking capacity the involvement of a relative in the planning and delivery of care had also not been documented.

The poor understanding of the application of the MCA and the failure to recognise, assess and document decisions that need to be made in people's best interests meant that the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we observed care staff asking people's consent when supporting them and treating them with dignity and respect.
- Care staff explained their understanding of the MCA 2005 and how they delivered care in line with the key principles. One care staff explained, "People will talk to you and they will let you know what they want and they will tell you. Some who don't have the capacity you have to work around this, you have to understand them, some will answer yes or know, I will show them and some will nod their head, you show them and give them choice and they will give you a signal."

Staff support: induction, training, skills and experience

- Staff received the required training and support to deliver effective care and support to people at Fernbank Nursing Home.
- Staff told us that they received an induction when they started working at the home which included a period of shadowing an experienced member of staff and mandatory training.
- Care staff spoke positively about the registered manager and stated that they received regular supervision and felt well supported in their role. Feedback included, "[Registered manager] is very approachable, you can tell her you want to talk to her and she will listen" and "[Registered manager is very good, very informative, she helps with whatever; personal or work related, if we don't know anything she is approachable."
- A supervision overview was in place which recorded when staff had received their supervision. However, records of supervision were not organised in a way which would enable us to check and verify what the overview stated and what staff told us. We were unable to see any completed appraisals, despite staff telling us that they had received an appraisal. We have reported further on this under the 'Well-Led' section of this report.

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

- We saw that the home had implemented some adaptations and decorative measures to support people with their needs. This included appropriate signage which supported way finding and promoted people's independence especially for those people living with dementia.
- Some people's bedrooms had been personalised with items, photos or pictures that meant something to them, whilst other people's bedrooms appeared not to be very personalised. This was highlighted to the registered manager during the inspection.
- The registered manager had plans in place for safe visits during the current COVID-19 pandemic so that relatives could visit their loved ones safely and effectively.
- People were able to access all areas of the home which included the garden and outdoor areas, with the support of a staff member.

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

- People's needs and choices were assessed in line with current standards, guidance and the law to ensure the home was able to meet people's needs safely and effectively.
- Prior to admission to the home, a pre-admission assessment was completed which looked at the person's care needs, preferences and specific equipment that may be required to meet their needs.
- Following the assessment care plans were created using the information from the pre-assessment process.

# 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 good. At this inspection this key question has now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider did not have effective systems and processes in place to monitor and oversee the quality of care people received.
- Audits and checks did not identify the issues we found throughout the inspection process. Audits in place monitored medicines management, health and safety, the environment and infection control. However, these audits were not completed or checked by the registered manager to ensure compliance. The registered manager stated that due to the impact of COVID-19, they themselves had been unable to monitor the quality of care people received. Where minor issues were identified, there was no record of the actions taken to address the issue.
- During the inspection we identified several health, safety and environmental issues around the home some of which presented safety risks for people living at the home. These were highlighted to the registered manager and provider who addressed some of the issues immediately after the inspection. However, these had not been identified through any of the audits completed.
- Recruitment checks were not always robustly completed which meant that staff were not always comprehensively assessed as safe to work with vulnerable adults. Appropriate references had not been obtained, employment history of staff was not complete and gaps in employment had not been explored.
- The provider also had very little oversight of the management and care delivery within the home. The provider had been unable to visit the home but stated that he was able to oversee the home and the quality of care delivery through CCTV footage and had completed a couple of night-time checks. The night-time visits and outcome had not been recorded.
- The registered manager confirmed that they had not checked or audited care plans that were written by some of the senior staff and nurses. Care plans were illegible due to poor handwriting and information contained within the care plans was not easy to find. This meant people were at risk of harm as staff did not have or were unable to read pertinent information about how to meet people's care and support needs safely.
- The registered manager did not have an effective management structure in place which would complement and support their role to manage and oversee the delivery of care.
- A service improvement plan was in place which was updated following our inspection. The plan listed all the areas of required improvement but did not detail timeframes within which issues would be addressed.
- Following the inspection, the registered manager and provider explained that the COVID-19 pandemic had impacted the overall management of the home and whilst their focus had been to ensure people remained



safe and infection free, other areas of care delivery and management had not been adequately monitored.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Throughout the inspection people were seen to be well and appropriately supported. Relatives spoke positively of the way in which people were cared for and complimented the care staff and the registered manager.
- Feedback from relatives included, "No criticisms, I can't fault it, friendly, caring and he seems contented" and "We are really pleased with the quality of care. The manager shows leadership and sets high expectations of self and staff."
- During the inspection we observed that the registered manager and all care staff knew people well and engaged and interacted with them positively with care and kindness.
- Care staff stated that they felt supported by the registered manager and were kept abreast of relevant information daily. Staff also felt able to give their ideas and suggestions for change and improvement.

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

- The registered manager and provider did not always promote good outcomes for people through person centred care. Risk assessments were not personalised and lacked individualised detail on how the risk specifically impacted people and how care staff were to support the person to minimise risk.
- Where people lacked capacity, the service had failed to fully understand the principles of the MCA 2005 especially where decisions had to be made in people's best interest, these had not been considered and clearly documented.
- Care plans were difficult to read due to illegible handwriting; information was inconsistent and difficult to find. Information about people and details of their support needs were scattered throughout the care plan and not recorded under the relevant sections.
- Daily records documented that people had received oral hygiene, however, this was not the case as there was no oral care equipment available in their rooms or it was unused.
- People were not always given choices around meals they were offered. The provider and staff lacked understanding around offering choice and recognising people's preferences.
- Whilst we found that people were physically taken care of, we found significant failings throughout the inspection as detailed within this report that impeded the delivery of person-centred care.

People did not receive care that was person centred, open, inclusive and empowering. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Continuous learning and improving care

- The registered manager clearly understood their responsibilities around duty of candour and being open and honest when something had gone wrong. Statutory notifications were completed and submitted to the required authorities including CQC.
- The registered manager explained that learning was always encouraged within the team. Where accidents/incidents had occurred, or complaints or safeguarding concerns had been raised these were discussed at daily handovers or ad-hoc meetings so that improvements and development could be



discussed. One care staff explained, "Every day we talk about all the residents and we discuss them, ensuring risks are minimised, handover is every day at the start shift or the manager might call us for an urgent meeting to discuss the issue."

- During and following the inspection, the concerns identified were discussed with the registered manager and the provider who promptly acted on our feedback and provided evidence and assurance that the concerns identified had been or would be addressed going forward. This gave reassurance that the service acknowledged our feedback and was open willing to continuously learn, develop and improve the quality of care delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People using the service were not always engaged and involved in making certain day to day decisions about how they received care and support. There was also no evidence of engagement with people on the overall management of the service.
- There was no evidence of any resident meetings taking place to obtain people's feedback about their experiences or record choices they had made around the meals that were ordered on a weekly basis.
- Relatives had also not been formally engaged to obtain feedback about the quality of care their family member received.
- The registered manager confirmed that they remained in regular contact with relatives by telephone and email. The home had also set up an instant messaging group with all relatives which enabled the service to send regular general updates and guidance.
- However, despite the lack of formal engagement, relatives did say that the registered manager and care staff were in regular contact with them. One relative told us, "We have a WhatsApp group so we know what is going on which is great for family who are further away." Another relative stated, "I raised something with [registered manager], it was resolved to my mother's satisfaction and has never been an issue again."
- The registered manager told us, and staff confirmed, that due to the pandemic, staff meetings had not taken place. However, staff also stated that they were kept abreast of all guidance and any changes through daily handovers, group supervisions and instant messaging.
- Care staff stated that the registered manager was very supportive, approachable and listened to their ideas and suggestions.
- The home worked in partnership with other agencies to support people's physical health.
- Records seen confirmed that referrals had been made to varying healthcare practitioners and these were followed up appropriately.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not always receive person centred care. People were not involved in choosing what they wanted to eat. People did not always receive the required care and support which maintained their health and wellbeing.</p> <p>Regulation 9(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The poor understanding of the application of the MCA 2005 and the failure to recognise, assess and document decisions that need to be made in people's best interest meant that people were at risk of receiving ineffective care and support.</p> <p>Regulation 11 (1)(2)(3)(4)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments were ineligible, lacked detail and failed to provide staff with adequate guidance to minimise the risk. The environment overall and some furniture were in a state of disrepair.</p> <p>Regulation 12 (1)(2)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Management systems in place were not robust or sufficiently comprehensive to demonstrate adequate oversight of the quality of care at the home. This placed people at the possible risk of harm.</p> <p>Regulation 17 (1)(2)</p>