

WAASH GROUP LTD

# The Beeches

## Inspection report

59 Ferrybridge Road  
Castleford  
West Yorkshire  
WF10 4JW

Tel: 01977517685

Date of inspection visit:  
24 February 2021  
10 March 2021

Date of publication:  
12 April 2021

### Ratings

Overall rating for this service	Inadequate 
Is the service safe?	<b>Inadequate</b> 
Is the service effective?	<b>Inadequate</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

### About the service

The Beeches Care Home is a residential care home providing personal and nursing care for up to 23 people aged 65 and over, some of whom are living with dementia. At the time of inspection 17 people were living at the home.

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

People did not always receive safe care. During this inspection, we identified and reported several safeguarding concerns. People's medicines were not managed safely. There were inaccuracies and omissions with the administration and recording of medicines. Medicines administration records (MARs) did not always demonstrate that medicines had been administered appropriately and as prescribed. Risks to people's care were not managed safely. The environment was clean and free of odours. Staff were recruited safely.

People's needs were not always assessed prior to moving into the home. Although the service worked with other organisations to ensure they delivered joined-up care and support, records suggested people did not always have access to healthcare services when needed. Systems were not in place to ensure people were not deprived of their liberty. 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. Staff training was up to date however, there were gaps in the skills and knowledge across multiple areas of the service. The provider had arranged to use a new training company.

People were happy in the home and relatives spoke positively about the caring nature of staff. The language used by some staff in care records did not always promote people's dignity. We have made a recommendation that the provider ensures best practice guidance is followed with regards to the language used within care records.

People did not always receive person centred and dignified care. Some people's care plans were inaccurate and lacked information about people's needs, which meant staff were not provided with clear guidance to support and care for people. People's end of life wishes was not documented appropriately. People were offered opportunities to interact when the activities coordinator was working. However, there were no structured activities during our inspection.

Quality assurance processes were not effective in identifying the issues found at this inspection and in driving improvements. Records were not always accurate and complete. We found widespread shortfalls in the way the service was managed, a lack of management oversight and accountability. There was a risk of people receiving inappropriate care. There was a new manager who had been recently recruited. The nominated individual had a good presence in the home; however, the systems did not provide a good oversight of the day to day running of the service.

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

Under the previous provider the service was rated good, published on 6 December 2018. The provider changed on 27 November 2020.

#### Why we inspected

The inspection was prompted in part by notification of a specific incident. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstance of the incident.

The information CQC received about the incident indicated concerns about the management of falls from moving and handling equipment and unsafe medicines management.

The provider took immediate actions to mitigate the risks we identified. You can see what action we have asked the provider to take at the end of this full report.

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.

#### 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 breaches in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, person centred care, 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.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. 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?

The service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not effective.

Details are in our effective findings below.

**Inadequate** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# The Beeches

## 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 conducted by one inspector, a pharmacist specialist 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

The Beeches is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in post, who will be applying for registration.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. 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 this information to plan our inspection.

During the inspection-

During the inspection we spoke with three people who used the service and four relatives by telephone. We spoke with eight staff members; this included the nominated individual who is responsible for supervising the management of the service on behalf of the provider, director, manager, deputy manager, two care workers, cook and domestic. We looked at full care records for three people living at the home and sampled care records for other three people. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the first day of our inspection, we shared our initial findings with the local authority, including safeguarding concerns. We sent a letter to the nominated individual with a summary of our concerns and asked them how they would address them. We reviewed their response and actions.

After the inspection

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 under the previous provider this key question was rated good. At this inspection this question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from the risk of harm. During this inspection, we shared safeguarding concerns with the local authority because we found medication was not always administered in a timely manner and referrals for medical care were not made in a timely way. Staff did not always respond to medical concerns appropriately.
- Staff were able to describe signs of abuse and neglect however; their training had not been effective because they had not identified or acted appropriately on the concerns we found. The new manager was clear on their responsibilities about reporting safeguarding concern and told us the work they had planned to develop staff's knowledge in this area.

We found the systems and processes in place were not operating effectively to prevent abuse of service users. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Family members told us they felt their relatives were safe. One person told us, "[Relative] is definitely safe. They are not always good at walking, but they are always supported by staff. The extra care they give puts my mind at rest."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Not all risks to people's safety and welfare were assessed appropriately.
- There were no moving and handling assessments in place to reflect the type of equipment needed. For example, the specific type of hoist to be used, size of sling and safety loop configuration to safely transfer a person.
- Risks relating to choking, bedrails and moving and handling had not been assessed. There were no risk assessments or care plans in place to provide guidance on how to manage these risks.
- Monthly analysis of the care files did not highlight any of the concerns we found to support lessons learnt when things go wrong.
- A fire risk assessment for the building completed by a competent person was not in place. We discussed this with the provider who took immediate action.
- We could not be sure people would be appropriately supported in case of fire. The Personal Emergency Evacuation Plans lacked details on how to safely evacuate people with limited mobility.

We found no evidence that people had been harmed, however, systems were not robust enough to

demonstrate risks to health and safety were managed safely. 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 responded immediately during and after the inspection. They confirmed they were working to put in place appropriate arrangements to manage specific risks to people's care, environment and safety.

#### Using medicines safely

- Medicines were not managed safely.
- There were inaccuracies and omissions with the administration and recording of medicines. MARs did not always demonstrate that medicines had been administered appropriately and as prescribed.
- There were no protocols for 'as and when required' medication to guide staff on when to offer and administer this medication.
- The security of medicines was not managed safely. We found missing medicines and the medicines trolley was not secured to the wall when not in use.
- Staff's knowledge and practice in relation to administration of medication was not always robust although staff had recently had an assessment on their competencies completed.
- The home had started completing monthly medication audits, but these had not been effective in identifying and addressing the issues found at this inspection. We asked the home manager to audit all the medication and take the appropriate actions to address any issues found.

Systems were not robust enough to demonstrate medicines were managed safely. 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 responded immediately during and after the inspection. They confirmed all the actions were now completed.

#### Staffing and recruitment

- Safe recruitment procedures were followed. Enough information was sought prior to appointments to ensure staff were suitable to work with vulnerable people.
- There were enough staff to ensure people received safe care. Staffing levels were reviewed on a regular basis.
- Families told us, "It's difficult to say if staffing levels are ok as we are not going in much at the moment. I've seen no signs of neglect, so I assume staff levels are ok" and "I have no concerns, there are enough care staff and cleaners."

#### Preventing and controlling infection

- The mechanical sluice, which is used to clean commode pots, was broken. To ensure the home maintained good hygiene practices they used disposable pots whilst repairs took place.
- The home was free from odours and clean. Records were kept of completed cleaning tasks.
- PPE was available in several areas of the home for staff to change when required.
- One family member told us, "I would say it is safe there because of the precautions they take when I visit regarding Covid. When we were able to go and visit, they supplied PPE and watched us to make sure we kept socially distanced (in a nice way)"

# 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 under the previous provider this key question was rated good. At this inspection this question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were not always assessed before moving into the home. Where pre- assessments had not been provided the home did not complete their own assessment to ensure they could meet people's needs.
- The service was not always delivering care in line with current guidance and law. People's protected characteristics under the Equality Act (2010), such as religion and disability were not considered as part of the pre-admission process. We could see no evidence that these were discussed with people after admission or during their stay.
- People did not always have their health conditions sufficiently monitored and plans were not always in place to support people with their health conditions. For example, during our visit we read a person had been seen by the district nurse for concerns around skin integrity. We reviewed this person's care file and found no care plan for this skin integrity. In the persons care notes other skin integrity concerns were noted by staff, but this was not followed up.
- Another person had complained of a specific health issue. Staff recorded this in the persons care notes, but no actions were taken to seek medical advice. We shared this with the manager who took immediate action. We shared these concerns with the safeguarding team.
- One person had not always received their medicines when receiving care between services. This had not been escalated to other professionals to check whether this could impact on the person's health. There was a lack of guidance for staff to help them recognise when the person needed further support.
- One person required their fluid intake limited daily. This had not been identified by the home during the assessment process and fluids were not restricted.

We found care was not always designed or delivered in a way that met people's needs and preferences. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection. They confirmed all the actions were now completed.

- Care records showed health and social care professionals were involved in people's care and support and appropriate referrals were made.

- Relatives told us their family members' healthcare was supported well. One relative said, "They keep me informed every step of the way. They will contact the GP straight away and inform me. They take care of [relative's] regular hospital appointments."

Staff support: induction, training, skills and experience

- The provider did not always ensure staff had the appropriate skills and knowledge.
- We reviewed staff's training matrix and certificates which were up to date. However, during our interactions with staff and observations we noted staff's knowledge and competence was not always robust. For example, administration of medication and moving and handling. The new manager and provider told us they would be reviewing all staff's training and competencies.
- Staff had been supported with regular supervision to ensure their performance and practice was monitored and supported. However, this had not been effective. The new manager told us they would improve this area.

The provider had failed to ensure the persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us, "The staff skills are sufficient for my [relative]. They need a lot of reassurance and they [staff] are good at giving that" and "I can't praise the staff enough; they have been marvellous. It is the same team as before the change of ownership. They are well trained; they deal with people well and know how to talk to them."

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.

- Processes were not always followed correctly to ensure that people's rights were upheld, and decisions were made in the best interest of people who lacked mental capacity.
- Where people were deprived of their liberty, applications had not been made to the Local Authority for DoL's assessments to be considered for approval and authorisation.
- People's capacity to make decisions had not been assessed. Best interest decisions were not recorded where people had bedrails in place, or a sensor alarm fitted to alert staff if they got out of bed and mobilised within their room.

We found the service was not compliant with the requirements of the MCA. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

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

- People's nutritional needs were not always met. The Malnutrition Universal Screening Tool (MUST) which is used to identify adults who are malnourished, at risk of malnutrition or obese had not been completed for some people. Where it had been completed this information was not always correct.
- People's nutritional and hydration needs were not being properly monitored and recorded to ensure unnecessary dehydration and weight loss. Where people were cared for in bed, fluid intake was not routinely recorded.
- The cook was not aware of who required a modified diet and had a lack of knowledge of food to be provided if someone was diabetic. They did not have access to the international dysphagia diet standardisation initiative (IDDSI) this is the terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia.
- The meals times were not based around people's needs. The evening meal was served early, meaning people did not have adequate gaps between meals.

We found care was not always designed or delivered in a way that met people's needs and preferences. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection. They confirmed all the actions were now completed.

- The cook knew people's preferences and told us meals were based on what people said they enjoyed. People were not rushed to eat their meal. The meals provided looked plentiful and appetising.
- Relatives told us their relatives enjoyed the meals provided. Comments included, "There are two staff who cook everything from scratch. There is a good variety of food- fresh meat and veg- they make their own cakes and biscuits" and "[Relative] loves the food there. Staff really make an effort to get people to go the dining room which I think is good."

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

- The home was not decorated in a dementia friendly way, for example people's bedroom doors had not been personalised to help them identify their own rooms. Best practice suggests people find it easier to identify their own room if there are recognisable items to direct them there.
- Relatives told us, "The Beeches is homely, not fancy, but clean and well decorated. [Relative] has some of their own furniture and nick nacks. She can choose what she wants in her room." "It is clean and tidy. [Relative] has her own bed and chair in her room. It is always clean, never smelly. There is always a calm atmosphere."
- Some areas of the home needed redecorating. The management were aware the environment needed to improve. They said the improvements would continue.

# Is the service caring?

## Our findings

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

At the last inspection under the previous provider this key question was rated good. At this inspection this question has now deteriorated to required improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The language used by some staff in care records did not always promote people's dignity. We viewed documentation which included language such as, " [Person] was being argumentative with staff."

We recommend the provider ensures best practice guidance is followed with regards to the language and terminology used within care records.

- The service promoted people to be as independent as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence.
- Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.
- One relative told us, "Staff spend time with [relative]. They will make a cup of tea and have a chat with her. They encourage her to go be independent and she goes to sit in the lounge with the others."

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

- Due to the concerns identified during the inspection, we could not be assured that people received a high quality, compassionate and caring service. We have taken this into account when rating this key question.
- Many interactions by staff remained task and routine led. However, we did observe staff sitting with people and talking.
- Where positive interactions took place, we observed support provided by staff as caring and kind. During these exchanges people were noted to have a good rapport with staff and there was much good humour and banter.
- Relatives spoke positively about the caring nature of the care staff team. Comments included, "Staff are absolutely marvellous. Many of them have 12 -15 years' service", "[Relative] is always clean and tidy and smells nice. The staff are lovely and respectful in the way they talk to her "and "Staff make sure everything matches and looks right; they even match her jewellery. At Christmas we got [relative] a new outfit to wear and they made sure she had it on when we visited. They made Christmas special for them all."
- Staff were positive about their roles. One person told us, "I love working here, I enjoy helping people and making sure they are well looked after."

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

- People's rights were not always upheld. The correct individuals were not always involved when making important decisions if people lacked the mental capacity to make the decision themselves.

- People's diverse needs were not recorded. However, staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People were supported to express their views and to be involved in making decisions about their care and support, as far as possible.
- One relative told us, "They encourage [relative] to do what she wants to do. Even when she wants to do something different to her normal routine. She decided to stay in bed because of the snow the other day, they let her choose and brought her meals to her room all day".

# Is the service responsive?

## Our findings

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

At the last inspection under the previous provider this key question was rated good. At this inspection this question has now deteriorated 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

- People did not always receive person centred care. The systems in place did not ensure people received care that always meet their specific needs.
- An effective care planning system was not fully in place. We identified shortfalls in care records relating to medicines, infection control, the management of risk and the MCA. These shortfalls meant people were at risk of receiving unsuitable or inconsistent care because staff did not always have clear guidance about how to support people's individual needs.
- Where people had care plans, they lacked detail in relation to important areas of their care, their preferences and how staff should support them. People's care needs were not adequately reviewed. For example, one person was cared for in bed; their care plan did not identify how staff should appropriately support this person to maintain their hygiene, skin integrity and dignity.
- We reviewed the end of life care plans for other people living at the home and found these were either not detailed or not in place.

We found care was not always designed or delivered in a way that met people's needs and preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We did not see enough evidence of how AIS had been applied. The activity programme and menu were not in an easy read or large print format to enable people with a disability, living with dementia or sensory loss to understand the information. On the second day of our inspection the manager told us they were in the process creating pictorial menu's and activity boards.
- One relative told us, "Staff can't do enough for [relative]. They come up with different communication strategies to help her"

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

- People told us they had regular contact with their family. One person told us, " I phone my [relative] every

day."

- Relatives told us, "[Relative] is very independent. She likes her TV, music and Alexa. She has a few of the other ladies go in her room and visit her and the staff seem to get time to spend 1:1 with her.", "There was a little room designated for visiting when we were able to visit and in the summer they set up a gazebo in the garden" and "[Relative] is encouraged to Facetime and use their mobile phone to contact us."
- The home had an allocated activities coordinator. On the day of inspection, they were not on duty, we observed people were often unoccupied. Some people were engaged in activities throughout the day; however, these were mainly individual activities such as colouring. We did observe two people playing dominos with a glass of sherry in the afternoon.

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints. One complaint had been received, which was in the process of being resolved.
- Relatives were confident complaints and concerns would be responded to without delay.

# 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 under the previous provider this key question was rated good. At this inspection this question has now deteriorated to inadequate. 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; 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

- A system was not in place to ensure regulatory requirements were met. The provider's governance system was not robust enough to identify shortfalls in quality and safety and ensure timely action was taken to address these.
- We identified shortfalls in many areas of the service including the assessment of risk, infection control, the management of medicines, safeguarding people from the risk of abuse, MCA, training and governance.

We found the governance systems in place were not operating effectively to ensure people receive safe and consistent care to always meet their needs. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accountability arrangements were clear. A new manager had been appointed to take responsibility for the running of the Beeches Care Home and they had a clear vision for the priorities to drive improvement. They were supported by a deputy manager who had a lot of knowledge and experience of the home. The manager was in the process of completing her application to become registered.
- The manager was developing ways to involve, include and empower staff in their roles. The provider had created some systems and processes for assessing and monitoring the quality and safety of the service delivery these needed to be embedded and developed further.
- The manager was open and transparent with the inspection process, with realistic expectations of improvements being made. The manager was aware of their responsibilities under the duty of candour.
- Staff told us they felt supported and valued in their work and confident to seek support and advice from the management team. Staff felt the provider was making positive changes in the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's care needs were not always being met as detailed in this report and this had an impact on their safety, people had not been consulted on their care.
- The provider told us they were working hard to address the concerns raised during the first day of

inspection and was committed to ensuring the improvements were sustained.

- Relatives had been invited to complete a survey in relation to their experience of the service or their views on how it could be improved. Feedback from relatives was positive.
- Staff had been consulted about the running of the home and the feedback was positive. The new provider informed us they would be completing a survey to obtain views of staff since the change in ownership.
- The manager discussed how they were going to develop ways to involve, include and empower staff in their roles.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Service users must be protected from abuse and improper treatment in accordance with this regulation. Systems and processes must be established and operated effectively to prevent abuse of service users 5.A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

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 9 HSCA RA Regulations 2014 Person-centred care  Carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user; Designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met; Where meeting a service user's nutritional and hydration needs, having regard to the service user's well-being

### The enforcement action we took:

WN

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Assessing the risks to the health and safety of service users of receiving the care or treatment. Doing all that is reasonably practicable to mitigate any such risks.

### The enforcement action we took:

WN

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems or processes must be established and operated effectively to ensure compliance with the requirements. Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

### The enforcement action we took:

WN