

A.V. Atkinson (Fourways) Ltd

Fourways Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was completed on 10 January 2019, by one inspector. The inspection was unannounced, which meant the provider did not have any advanced knowledge of the date of the visit.

Fourways Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. However, the home does not provide nursing care support.

Fourways Residential Home can accommodate a maximum of 20 people. This is a home based across two floors, with considerable alterations having been made to the building to accommodate some of the bedrooms.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was previously inspected in 2016, and was rated Good in all domains. At this inspection we found that the service had not ensured compliance with all regulations, and was therefore now rated Requires Improvement.

People were not always kept safe. Medicines were not always managed safely. Whilst we found that medicines were stored securely in a locked trolley, when these were administered, the registered manager did not ensure staff followed safe practice and guidelines.

Adequate risk assessments and comprehensive documentation were in place to ensure people were offered responsive, safe care and treatment. Care plans contained sufficient information. However, this was not always followed. By not adhering to the care plan, people were placed at risk.

People were not being kept safe due to a failure in appropriate monitoring and recording of the environmental risks and what these potentially pose to people using the service.

The service did have robust recruitment processes in place to ensure staff employed were safe to work with people. However, there were significant gaps in training that meant that staff did not have the necessary skills and competency to carry out their role effectively.

Effective systems were not in place to audit the service. Such systems would monitor the care provided in relation to the care plans, therefore highlighting any errors as and when these were occurring. This was

specifically important given the number of discrepancies noted between practice and care documents.

People's care was delivered in a dignified way. Privacy was protected, although bedroom doors were noted as having been left open for most of the day and night. It was unclear if all people residing at the service were happy for this to continue.

The management completed audits inconsistently. This meant that they did not have a comprehensive overview of the service. Whilst a management structure existed, this was not effective in ensuring governance of the provision. Information was not always analysed or passed to the correct people, leading to errors in care delivery and poor management. The service, although did not specialise in delivering care to people living with dementia, had a number of people residing at the service with the onset of this condition. The service did not environmentally meet the needs of the people. In addition the provider failed to ensure that a strong management structure was in place and working effectively to monitor the service.

During the inspection we identified several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

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 responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive 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 ●

Fourways Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 January 2019 and was unannounced. The inspection was completed by one inspector.

During the inspection process the local authority care commissioners were contacted to obtain feedback from them in relation to the service. In addition, we sought feedback from health care professionals involved with the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, this is a legal requirement. As part of the inspection process we also look at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had received the PIR for Fourways Residential Home and used this to help inform our inspection plan.

During the inspection we spoke with five members of staff, including, the registered manager, the area manager, and three care staff. In addition, we spoke with three visitors, four professionals and four people who use the service. We observed interactions between staff and people living in the home throughout the day, both whilst giving support and during general interactions.

Care plans, health records, additional documentation relevant to support mechanisms were reviewed for five people. In addition, a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and some audits were reviewed. Staff recruitment and supervision records for six of the staff were looked at. As part of the inspection process we completed observations during the day, as well as seeking feedback from visitors during the inspection process.

Is the service safe?

Our findings

At this inspection we found that people were not always supported to remain safe. Whilst documentation was very clear in detailing how people were to be care for and assisted to remain safe, the practice was not always reflective of this.

Medicines were not always managed safely. Medicines were retained in a locked trolley secured to the wall, however these were not administered safely. We observed a medicine round on the day of the inspection and found that medicines were not administered in line with a person's care plan and best practice guidelines. The staff member administered eight tablets and left these with the person who was sat unattended at the dining table. We observed the person playing with their tablets, lining these up in twos. No staff were with the person, or observed them take or not take the medicines. The medicine administration records (MARs) had been signed to say the medicine had been administered and taken by the person, although this was factually inaccurate. We spoke with one member of staff who walked past the person as they played with their medicines, the member of staff acknowledged the person had not taken their medicines, but walked away to assist another person. We spoke to the registered manager regarding our concerns. The registered manager advised that this was the practice of the home, and how the person was to be supported. We checked the person's care plan and found this documented, "[Name] needs supervision with medicines and prompting to take these." We spoke with the registered manager regarding this, and how the practice observed was unsafe. Furthermore, we raised that the registered manager had only recently reviewed this person's care file, therefore it would have been hoped that they would have picked this point up if it was inaccurate. The registered manager acknowledged that the practice of administering medicines was not in line with the person's care plan, and that this could lead to potential issues of unsafe practice.

During the inspection a tour was completed of the service. This highlighted a number of significant safety issues, many of which put people at the potential of immediate risk of harm. We found that one person's room was being used as a storage facility. A hoist owned by the service, that although was to be used only by the person whose room it was stored in, was used by multiple people within the home. We spoke with the registered manager regarding this and were told there was no space to keep this. We acknowledged that this may be the case, however using a bedroom where a person was asleep as storage was both inappropriate and unsafe.

We found that the environment people lived in was not safe from risks. For example, we saw sections of carpet had been duct taped down, due to the level of wear and tear they had had. We spoke with staff regarding our concerns, querying when the carpet had been taped, and requesting to see any environmental risk assessments that raised concerns related to the diminished efficacy of the carpet. No specific risk assessment was in place. However, the registered manager advised that she had raised concerns relating to the environment repeatedly during meetings and conversations with the area manager. The registered manager advised that head office had offered to remove sections of the carpet. However, the registered manager raised this would not resolve the issue due to wear and tear issues being prevalent on all the carpets throughout the home. No alternative suggestion had been forthcoming from the registered

provider. The registered manager raised concerns of the fraying carpet being a hazardous trip risk to people. We spoke with the registered manager regarding this concern, specifically as some people walked independently with or without walking aids. No other solution was offered at the time of the inspection.

We noted that the environment was considerably unclean. The downstairs toilet had a pungent smell, with the vinyl flooring being particularly sticky. The first floor communal bathroom appeared to not have been cleaned for several days. What appeared to be dried faeces was spread across the toilet bowl and across the toilet seat. This had not been cleaned. Staff had taken people to the bathroom, but had failed to identify the potential infection control risk this posed to people and staff alike. We spoke with the registered manager who advised that the home, whilst tired, was usually very clean. However, one of the domestic staff required taking emergency leave therefore was unavailable to work. We queried what provisions the registered manager and provider had put in place in the domestic staff's absence. We were told that care staff and maintenance staff were expected to complete cleaning in the domestic staff's absence. The service did not employ sufficient care staff to work on shift to care for people during the day. Both the registered manager and deputy manager were rota'd as part of the care hours, therefore care staff were reduced by two staff members for every early shift Monday to Friday. This already had an evident impact on the governance of the service, with the registered manager being unable to have a thorough overview of the service. By expecting care and maintenance staff to complete a full time domestic staff's duty in addition to their own, was both impractical and evidently unachievable. As such, people were being put at potential risk of infection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the people were always kept safe. The provider had not done all that was necessary to mitigate any such risks related to the safe administration of medicines and preventing, detecting the spread of infections. The premises were not safe, and risks were not assessed appropriately.

Accidents and incidents were appropriately assessed and analyses completed to consider ways to mitigate similar incidents. This worked in tandem to the individual risk assessments completed for people living at the service. Each file contained sufficient evidence of risks being assessed ensuring people were able to retain as much independence as possible, where possible. For example, if a person was found to be at risk of falls, footwear was considered, as well as walking aids that could enable the person to retain their independence and mobility. Referrals were made to the appropriate external health professionals to ensure a multi-disciplinary approach was used to mitigate any risks relating to people's health or welfare.

People were kept safe by the provider's current recruitment processes. The registered person operated effective and robust recruitment and selection procedures to ensure they employed suitable staff. We reviewed the files of six staff who worked at the service and all the files were initially missing some required information. However, the missing information was very quickly gathered from email correspondence and attached to recruitment files.

The provider had a business contingency plan in place detailing what action needed to be taken in the event of foreseeable emergencies. Examples included adverse weather conditions as well as staff shortage due to illness. Emergency contact numbers were included within the contingency plan, as well as what staff should do if any issues arose at the premises.

Is the service effective?

Our findings

The staff training matrix indicated that a number of staff mandatory training had expired and had not been rescheduled or redelivered. Of a staff team of 16 including the registered manager, deputy manager, care staff, chef and cleaners we found that safeguarding training had expired for six staff, manual handling for seven, medication for four staff, medication competency assessments for nine staff were out dated, fire safety training for two staff and first aid practical for nine staff. The registered manager could not provide evidence that these training courses had been booked. The registered manager was unable to provide evidence to illustrate how staff knowledge was kept up to date and whether staff competence was checked or addressed. We were told this was overseen by the deputy manager. However, following the inspection a matrix forwarded by the registered manager illustrated assessments on competency had not been completed. This point was further raised by a member of staff, who advised they had returned to work after a significant period of absence. They were told to administer medicines without their competency and knowledge being rechecked. The registered manager was therefore unable to assure us that staff had the necessary competency to safely carry out their duties.

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

People's hydration and nutrition needs were appropriately met by the service. We looked at this area whether people had enough to eat and drink during our inspection. We observed people were offered drinks and these were placed within close proximity, allowing people to access these independently. People were provided with sufficient food to eat. Snacks were offered throughout the day, as were fluids, with people being offered a variety of drinks, both hot and cold.

People were cared for by a permanent staff team that were to receive supervisions every three months from management. Staff reported that whilst supervisions had not necessarily been as frequent as every three months, they could approach management for support. One member of staff reported that informal chats and discussions often occurred on a daily basis, and went undocumented.

People were cared for by a staff team that had understanding of the principles of the Mental Capacity Act 2005 (MCA). All staff employed had received training in the MCA, as this was defined as mandatory training. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We found that applications for deprivation of liberty safeguards had been made when required. Where a decision was outstanding, best interest decisions were documented and evidenced to clearly indicate why a decision had been made.

During the inspection we completed observations over lunchtime. We saw staff assisted some people to eat

their meals, where required. We also observed people who did not require assistance, and ate independently. We saw the food prepared by the chef was of a high standard. People commented very positively on the food quality and quantity. The chef created meals daily, although menus were not always created considering people's preferences. One person we spoke with told us that whilst the food was, "Mostly delicious, the chef does introduce some weird and wonderful things for us to try. If we don't like it, we can ask him to whip up something easy." Most people reported enjoying new foods, although some preferred traditional foods.

Some people using the service had the early onset of dementia. Whilst the service did not specialise in this area, we found that a number of people had begun to show signs of confusion, and the onset of dementia. The service did not have any support mechanisms to help or redirect people to key communal rooms. For example, most doors for bedrooms and bathrooms were the same. There were no pictures on people's doors or indicators, that could offer assistance to ensure people entered the correct room. Toilet seats for communal facilities were not in a contrast colour, which could help people to locate the toilet. The communal lounges did not lend themselves to dementia care or any social participation. Seats were arranged along the perimeters, heightening the potential for poor socialisation. People were not engaged in activities. The registered manager had taken on the role of the activities co-ordinator, as well as acting in the role of a care worker therefore was unable to evidence any activity participation other than external performers coming in occasionally. The corridors offered little information of interest. Bedrooms were personalised with people encouraged to bring personal belongings and décor of their choice. However, the home did not lend itself to engaging people.

People reported staff sought consent before completing personal care. However, they stated that staff were always busy with one person or another, and often did not have time to have a chat. One person said, "They are always so busy." We found that initial assessments had been completed in all people's records that were case tracked. Similarly care plans were reflective of the initial assessments documenting people's needs. Daily records contained sufficient information on how support was completed, with staff being unable to attend to the next person before all tasks were completed.

People received effective health care and support. People could see the visiting GP and other health professionals such as physiotherapists, speech and language therapists as and when required. Although it was recognised that at times the referral process included extensive delays, leading to continued health problems, that was not always reflective of the service failing to seek assistance.

Is the service caring?

Our findings

Staff could correctly describe how they would preserve people's dignity when assisting them with personal care. Staff told us they would knock or call out to the person before entering the room, and explain what task they were going to complete. We were advised if people did not wish to be supported at that time, then their wishes were respected. We observed this to be accurate. One person was asked if they would like assistance getting up, however declined. They asked staff to return after a short while, which they were observed to do.

We noted most doors were left open with reasons being given that the person did not like these to be shut, although there was little documented evidence to confirm this in the care plans. By leaving the doors open all the time, people may not have their privacy and dignity maintained on their behalf. This was in particular noted for one person who was being visited by district nurses and had been taken to the room by staff. The registered manager approached the professionals regarding this requesting the door be closed.

Observations were completed during the inspection over lunchtime and throughout the day. This was positive. People were communicated with by staff when being assisted, and over the meal. The experience was relayed by one person as, "We have a lovely mealtime experience. Staff are supportive and the chef is always trying creative new foods."

Staff communicated with people appropriately and in line with their specific requirements as documented in their care plan. For example, people were addressed by their name of preference. Where communication issues were noted, staff used the most appropriate approach. We saw one person who found language processing difficult, had staff speak using short, brief sentences, and allowing the person to process the information, rather than repeating a question. This allowed the person to respond without becoming agitated and anxious.

We saw evidence of caring interaction. Staff were observed smiling throughout interactions with people and using touch appropriately to offer reassurance. The visitors and professionals we spoke with during the inspection process reported that the interaction was positive, although did raise concerns about the lack of engagement, specifically in relation to activities. They reported the staff would assist in "personal care", "getting people ready", however appeared "short staffed", therefore were always ready to move onto the next person, as opposed to spending "quality time with people, just chatting". They however, stated that this, "was not because people did not care, however as a result of insufficient staff to do the job." We noted that no activities were planned for the day, during the inspection. People were observed sat in their rooms, or in communal areas either falling asleep or watching television.

People's right to confidentiality was maintained. We found staff spoke with respect and privacy in relation to people. They would go to the office or stand to the side of the corridor and speak in a low tone when discussing people or any confidential matter. Records were maintained securely on handheld devices that were accessed when care or support was being delivered. This ensured that records were kept up to date and securely retaining confidentiality at all times.

Staff were adequately trained in equality and diversity. Systems were in place to ensure best practice methods of meeting people's needs were met equally and diversely, irrespective of their religion, culture, sexuality or disability.

Is the service responsive?

Our findings

People were supported by a service that had comprehensive information on their needs documented within person centred care plans and documents. Information was comprehensive and detailed how people wished and needed to be supported. All documentation was retained on a computerised system. This allowed staff to access care plans on hand held electronic devices, as well as enter daily records and tasks within the IT system. They were unable to proceed to the next person until one person's tasks had all been completed. Reviews were completed and appeared to retain an accurate reflection of people's changing needs. However, care plans did not demonstrate how people or their representatives had been involved in planning care. This was discussed with the registered manager who acknowledged this information was not accurately recorded.

We found that staff knew people well and were responsive to their changing needs. However, it was also established that some bad practice occurred to speed up tasks. This was recognised by the registered manager, who acknowledged that they did not challenge this, and had also accepted this practice as the norm. Whilst it was unclear if any harm had come as a result of this, it was acknowledged that continued poor practice could potentially result in unsafe treatment. For further details, please refer to "safe" domain, in reference to medicine management.

Activities offered were not always personalised to people or reflective of people's needs. We found that people were not engaged and appeared sat along the perimeter of the communal areas, or isolated in their room. The registered manager acknowledged that activities were not offered to people. We were told that they had been tasked with the role of the activities co-ordinator, however did not have enough time to complete this role, specifically as they were working on shift daily. As a result, people were not supported to engage in in-house activities. Some activities were arranged which included group outings or external entertainers coming to the service. People reported they enjoyed the entertainment, however, felt this was too infrequent. Where activities were arranged, these were generic and repetitive often geared towards group activities, rather than focusing on meeting individual people's needs. Whilst it was acknowledged that the group activities were positive and aimed at trying to include everyone, it was recognised that not all people were able to engage. Visitors we spoke with raised concerns in relation to the lack of engagement. We were told, "[name] is losing interest, and mobility because they are not involved in anything. [name] is always sitting in the chair doing nothing."

Another visitor we spoke with told us, "[name] always seems to be sat doing nothing. The only activities she engages in is with us. It's very sad really." A person we spoke with told us, "It would be lovely if they could spend a little time talking to you, but they are always so busy. I suppose I don't mind really, as long as they look after me."

The home was not making relevant alterations to accommodate the changing needs of people and there was no evidence of guidance on best practice for people living with dementia having been sought. The staff were unaware of how to engage people informally in the course of their daily tasks. We made numerous observations during the inspection and found that staff were unaware of methods of engagement that may

prove to be responsive to people's needs. For example, we saw on several occasions people seated along the perimeters of the communal lounge and in the conservatory doing very little. People sat in chairs were either asleep or appeared disengaged. Staff when present, smiled and made small talk. However, conversations that were meaningful were infrequently observed. This meant people's social needs were not appropriately met. When activities were arranged these were predominantly group activities. On occasions these would involve families, however these were not always bespoke or tailored to meet individual people's needs. This was acknowledged by the registered manager as an avenue that required further development.

We recommend the provider looks at ways to ensure people are offered activities that are reflective and responsive to their changing needs. These should be personalised as far as possible and meet people's specific requirements. With guidance sought from reputable sources.

People and their families were aware of how to report a complaint or a concern. The service had documentation in place that illustrated when a complaint was received, and what action had been taken to investigate it. We found the written documentation clearly defined the process undertaken by the management when dealing with complaints, although not timeframe was stipulated within the company complaints policy.

The registered manager had an understanding and demonstrated compliance with the Accessible Information Standard (AIS) that became legislation in 2016. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carer's. Care plans contained guidance in communicating with people in a manner they could understand.

At the time of the inspection no one was on 'End of Life' (EOL) care. However, staff and management were aware of the need to change paperwork and were able to demonstrate what methods would be explored for a person on EOL care. This including pain management and the use of "just in case" drugs.

Is the service well-led?

Our findings

We found that the service was not adequately well-led. Part of the role of the registered person is to ensure they have a full overview of the service. This is achieved through good governance, effective systems to monitor, assess and mitigate the risks relating to people's health, safety and welfare; and to ensure they meet requirements of regulations. Whilst the registered provider had ensured a registered manager was in situ, they had been rota'd to work part of the care hours needed per day along with the deputy manager. This therefore meant that they had been unable to establish sufficient knowledge of the service's needs and areas where improvements had been made or were required. The manager had registered with the Care Quality Commission in September 2018, and reported they had been unable to complete their role for which they had been employed. The deputy manager who had worked at the service for a number of years retained an overview of many of the governance issues. This led to the registered manager and some staff feeling uncertain about methodology of work and who specifically to approach about issues, although were able to identify "the management".

During the inspection we found the registered manager were unable to answer many questions related to the day to day operations of the service. This was in part due to the inconsistency in who had an overview of Fourways Residential Home. It was recognised that the deputy manager had been in post for multiple years and therefore knew many of the people as well as the operational issues related to the provision. However, it is important for the registered manager to have a thorough overview of the care provided. The registered manager acknowledged there was a significant number of shortcomings in the operations of the provision and their role. This was further discussed with the area manager who attended the site during the inspection. An action plan was to be generated that specifically focused on freeing the registered manager from the care hours and enabling them to be supernumerary, with the view of this becoming live in February 2019. It was felt that this would enable the registered manager to grasp their role and thus retain an overview of the service. Where required, additional resources would be provided.

We found that whilst staff generally provided good care to people, this was not always reflective of how the care needed to be delivered. This did not always demonstrate safe care or illustrate an understanding of how to meet people's specific needs. There was a risk that any new staff, coming to work at the service could provide ineffective and unsafe care, by shadowing existing staff, rather than follow the guidelines within the care plans. Audits of care files and daily recordings were completed. However, practice, although observed by management, was not challenged by them, as they too were involved in the unsafe care and delivery. This coupled with inconsistent competency assessments having been completed could potentially put people at risk of harm. This had gone undetected by the registered manager.

Audits had been completed intermittently. For example, we found that the last internal medicine audit had been completed on 6 April 2018. Following the inspection the registered manager forwarded an audit completed on 8 January 2019 that was not seen during the inspection. Similarly, the infection control and kitchen audit, although to be completed monthly was last completed on 26 July 2018, with the last health and safety audit being evidenced as taking place in July 2018. The staff meeting record indicated that the last meeting was completed in May 2018. The registered manager was unable to find more recent, up to

date records. When asked if they were aware or could evidence additional governance of the service, we were told that the laptop on which all audits were completed had "been broken since August 2018", therefore no audits had been completed since. The registered manager advised that this had been raised with head office, however no replacement laptop had been offered, therefore audits had not been completed. This meant the registered provider did not have a true awareness of the issues, or had taken the necessary actions to mitigate any shortcomings. We spoke with the area manager regarding this issue. We were told that this matter would be resolved immediately.

We checked the maintenance records, which evidenced all weekly and monthly checks completed by the maintenance man. These showed that on the whole most checks had been completed as necessary. However, concerns were noted within these, that had gone unnoticed by the registered manager due to the governance being poor. For example, for week 2 of January 2019's records, one wheelchair check read, "Seat belt damaged and broken. Seat belt removed from use." It was unclear from this whether the wheelchair was still being used, without the lap belt. It took several hours of investigation to determine the recording was inaccurate and the wheelchair was in fact removed from use. However, the registered manager was unaware of this, due to not having checked the maintenance records. Similarly, we found that fire extinguishers that are to be checked by an external agency annually were last checked in October 2017. Neither the maintenance checks nor the overall governance by the registered manager had picked up that these were late. We brought this to the attention of the both. Several phone calls were made and it was determined that the contract had not been renewed, to include the fire extinguisher checks.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, that specifically focuses on good governance.

We found that CQC had appropriately received notification of notifiable incidents, including deprivation of liberty safeguards applications, allegations of abuse and serious injury. Where a person has sustained injury, the service is required to comply with the requirements of the duty of candour. This legislation aims to ensure that the service is transparent and reports openly on care and treatment. It further reinforces the need to document investigations where appropriate, providing an apology when things go wrong. There was evidence that this had been completed as required by the service.

Staff reported that the management was friendly and approachable. An open-door policy was emphasised, and staff were able to speak to management of any concerns. However, staff acknowledged the service was stagnant. Little improvement had been made aesthetically to the environment for people. Staff development and progress, specifically in the areas of developing staff skills and knowledge had not taken place, with numerous training courses requiring refreshing.

The registered manager and area manager acknowledged all the issues that were identified during the inspection. We were advised a plan on how these issues were to be resolved would be developed with specific consideration being given to the registered manager no longer completing a carer's role. It was recognised that the task ahead was difficult.

The last quality assurance audits found on file were from November 2017. The registered manager illustrated that new surveys were being developed with the view to send these out to people, relatives, professionals and stakeholders, to seek their feedback on the service. The registered manager advised that they did however speak with people seeking feedback during the day.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that treatment was delivered safely. Medicines were not managed safely by competent staff, risks were not assessed and premises and equipment was not stored or used safely. Regulation 12(1)(2)(a)(b)(c)(e)(f)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that processes and systems were effective or established to ensure compliance. Audits were not completed, and risks were not mitigated. Regulation 17(1)(2)(a)(b)(f)(3)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured sufficient staff were employed or deployed to safely carry out the service. Appropriate training had not been delivered and staff had not received sufficient support and guidance. Regulation 18(1)(2)(a)</p>