

Care UK Community Partnerships Ltd

Smyth Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Smyth Lodge is a care home and respite service set over three floors and provides residential care and support, nursing care and dementia care for up to 80 older people. At the time of our inspection, 43 people were using the service.

People's experience of using this service

Medicines were not safely managed. Medicines were not always administered in a timely manner or in line with the prescriber's directions. Medicine competency checks were not always carried out to ensure staff remained competent to administer medicines safely. There were not enough staff available to meet people's needs in a timely manner. Risks to people were not always assessed or reviewed and the provider did not always have appropriate risk management plans in place to guide staff on how risks should be minimised. Accidents and incidents were not appropriately managed and learning from them was not disseminated to staff.

Where people were at risk of dehydration, fluid charts were not always completed and prompt referrals were not made to health professionals for additional support. Staff were not supported through regular supervisions. There was no appropriate signage within the home to help people orientate themselves. Care plans and risk assessments were not always updated when there was a change in people's needs and there was not always updated guidance in place for staff to follow. Staff meetings were held but not all staff attended these on a regular basis. The provider's quality monitoring systems were not effective. Internal audits did not identify the issues we found at this inspection.

People said they felt safe and that their needs were met. People were protected against the risk of infection. Assessments of people's needs were carried out prior to them moving to the home to ensure their needs could be met. Staff training was up to date. Information was available to people in a format to meet their individual communication needs when required. The service was not currently supporting people who had end of life care needs, but relevant information was recorded in their care plans so this was available when people required this support. Complaints were documented and investigated in a timely manner.

People's rights were upheld with the effective use of the Mental Capacity Act 2005. People were 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. Their needs were not accurately assessed, understood and communicated.

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

Rating at last inspection and update

This service was registered with us on 4 February 2019 and this is the first inspection.

Enforcement

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person-centred care, dignity and respect, safe care and treatment, premises, staffing and good 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 ask the provider to complete an action plan to show what they will do and by when to improve. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. We will also meet with the provider.

Special Measures

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 six 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 always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Smyth Lodge

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

This inspection was carried out by two inspectors, one assistant inspector, one medicines inspector 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

Smyth Lodge 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.

The service had a registered manager in place. 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 site visit took place on 29 January 2020 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We usually request that the provider send us in a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. However, on this occasion we did not request this information from the provider.

During the inspection

We spoke with seven people and two relatives to seek their views about the service. We spoke with seven members of care staff, the deputy manager and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records, including the care records of six people and 22 medicine records of people using the service and the recruitment files and training records for eight staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Following the inspection

The registered manager sent us information regarding medicines administration competency checks and updated care plans and risk assessments.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and protected from avoidable harm.

Using medicines safely

- Medicines were not managed safely. The service had systems and processes in place to safely administer and record medicines use, however, these were not always followed.
- Medicines were not always administered in line with the prescriber's directions. For example, one person had been given an incorrect dose of a medicine that had not been identified by the provider prior to the inspection. Records showed staff had administered 90mg of a tablet instead of 45mg on two days in January 2020 and whilst the provider told us this was a records issue, there was no evidence to suggest otherwise.
- Medicines administration times varied considerably from day to day. The provider did not have processes in place to ensure that time-sensitive medicines were given as prescribed each day. For example, one person did not have their medicines administered at the prescribed times consistently with a four-hour gap between doses.
- Records showed that another person who required medicines to sleep and was administered two doses on 3 January 2020 at 21:58 and again at 23:45. This meant that this was a risk to the person's health. The provider told us this was not the case, and this was a recording issue, however, records available were not clear to support this.
- During the past month one person had been administered 1mg of 'as when required' (PRN) medicine for anxiety and agitation and 0.5mg on a further two occasions. Although the person's care plan recorded de-escalation techniques to be used by staff. There were no records to show de-escalation had been attempted prior to administration of medicines. Staff said that sometimes they would pre-emptively administer these types of medicines to manage people's behaviour.
- Medicine changes made by the nurse practitioner or district nurses would sometimes take several days to be processed and acted on. This meant medicines were sometimes unavailable for several days and staff had not actively taken steps to acquire the medicine from the pharmacy. This happened even though there was a process to ensure that medicines could be obtained even when the regular pharmacy was closed.
- Some entries on the electronic Medicine Administration Records (MAR) did not have any guidance for staff on how or when to administer a medicine.
- Guidance around the use of PRN medicines was not always available to staff at the point of administration.
- We observed some people were given PRN medicines for reasons other than that specified on the prescription. As these types of medicines were administered by non-nursing staff we could not be sure they were being used safely and effectively. For example, we found a PRN medicine was used to manage a person's agitation despite the medicine being prescribed for nausea and vomiting only.
- We could not be assured that peoples' behaviour was not being controlled through the excessive or

inappropriate use of medicines.

- Controlled drugs were not always managed securely and regular stock checks were not being completed in line with legal requirements and the provider's policy. One medicine stock check had not been completed since September 2019. The stock level for another medicine showed that there should be nine doses in stock, but checks showed there were only eight.
- Most of the medicine records looked at did not have any allergy status recorded on their e-MAR charts. Allergies were not recorded consistently on the electronic medicines administration record system.
- There was no record of competency checks completed for staff who administered medicines beyond the initial induction process. One staff member had been noted making medicines administration errors and there was no recorded competency checks carried out because of this and to ensure the staff member was competent to administer medicines safely.

Failure to administer medicines safely is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us information to show that medicine competency checks had been carried out for staff administering medicines. They also told us that they had investigated the missing controlled drug and found that staff had administered the drug but failed to record it in the controlled drug register book.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed, identified and reviewed when their needs changed, and risk management plans were not always in place where risks were identified. For example, call bell risk assessments were not carried out to ensure people were able to use them and call for help if needed.
- Up to date choking risk assessments had not been carried out for two people. Both required support from a speech and language therapist (SALT) but had not been referred and seen by SALT since moving into the home to ensure staff had up to date guidance to minimise the risk of choking.
- One person who had been discharged from SALT had a choking incident in June 2019. However, staff failed to take appropriate action and a referral to SALT was not made until a month later.
- One person who was at risk of choking required supervision whilst eating to ensure their safety. We observed that throughout the lunchtime meal, this person was not supervised when eating lunch.
- One person was on a fluid chart from the end of October 2019 to mid-November 2019. This person's fluid chart recorded their daily target fluid intake. However, records showed that on some days the person was drinking a lot less than the target amount. This person's fluid charts showed they were either not completed comprehensively or the person was not being offered fluids consistently throughout the day. There were no records to show that the charts were being monitored and action taken where poor fluid intake was noted.
- One person who was at high risk of falls had hourly welfare checks put in place. However, records showed that hourly checks were not consistently carried out. For example, on 8 November 2019, records showed that the person had not been checked for a period of 3 hours and 47 minutes and 2 hours and 4 minutes. On 12 November 2019, the person had not been checked for 3 hours 30 minutes.

Failure to provide the safe care and treatment is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us information documenting that risk assessments had been updated.

Staffing and recruitment

- On the first floor of the home, there were three staff allocated to 14 people during the day. On the second floor, a residential and dementia unit, there were three staff members allocated to 13 people during the day and on the third floor, a nursing dementia unit, there were 4 staff members including a nurse to 16 people.
- People and staff told us there were not always enough staff. One person said, "In recent weeks they have been short of staff." One staff member said, "There are not enough staff here, they use a lot of agency. Yes, we feel rushed, it is a bit of burden of showing the agency worker around. We have to spend good one hour to show the agency worker around." Another staff member who was relatively new said, "There are not enough staff. I am left alone quite a lot, especially as I am not 100% sure of everything. I haven't been fully shown what needs doing and recently was left to run the whole of ground floor." A third staff member said, "All three floors are short staffed. A couple of residents can be aggressive and require more attention, this makes it harder to cope."
- There were not sufficient staff deployed to meet people's lunch time needs in a timely manner.
- People who had their lunch in their bedrooms were kept waiting for over half an hour for their meal. One person came into the dining room to ask where their food was. A staff member explained that people in the dining rooms were being served first and then they would get their meal. Thereafter, their lunch was taken to their room.
- Staff told us due to the staff shortages and extensive use of agency staff they were not able to get to know and support people consistently. One staff member said, "There is no continuity of working with residents."

Failure to deploy enough staff to meet people's needs is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate recruitment checks took place before new staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, the right to work in the UK and criminal record checks undertaken for each staff member.

Preventing and controlling infection

- People were protected against the risk of infection. Staff had completed infection control and food hygiene training and followed safe infection control practices. Staff were observed wearing personal protective equipment such as aprons and gloves when supporting people.
- There were policies and procedures in place which provided staff with guidance on how to prevent the spread of diseases.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and investigated in a timely manner.
- There was guidance in place for staff to minimise future incidents. Accidents and incidents were analysed to establish themes and trends.
- When things went wrong, the registered manager responded appropriately and used this as a learning opportunity and any lessons learnt was disseminated to staff during supervisions.

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

- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow in reporting any allegations of abuse.

- People told us that they felt safe using the service. One person said, "I do feel safe. The staff are very caring." Another person said, "Yes, I feel safe, of course."

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 with choice in a balanced diet

- People were not always supported to eat and drink in a safe and timely manner. For example, people who had their lunch in their bedrooms were kept waiting for over half an hour for their meal.
- The registered manager told us that people were shown plates of the meals on offer. We observed that this was not always the case. For example, people were offered soup and if they did not want this they were then offered sandwiches or chicken.
- Although there were parsnip crisps on offer, staff were unaware of whether these were to be served with the soup and sandwiches or the chicken and potatoes. Therefore, most people were not offered these.
- Staff were aware of people's dietary needs which were recorded in care plans. This included whether they required a low sugar, soft food or pureed diet.

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

- People were able to personalise their bedrooms as they wished.
- The home did not have appropriate signage to help people to orientate themselves easily. For example, although there were signs to show where the toilets, bathrooms, lounge and dining room were, there were no pictures under each sign for people who were unable to read the signs to find their way around the home.
- We raised this with the registered manager who told us they would rectify this matter.

Staff support: induction, training, skills and experience

- Staff were supported through inductions, supervisions and training considered mandatory by the provider included safeguarding, fire safety, moving and handling, pressure ulcer prevention, diabetes, medicines, dementia and food hygiene. Staff told us that they had completed their mandatory training. One staff member said, "I have supervisions every six months."
- People told us that staff understood how to care for them and they were happy with the care they received.

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.

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.

- The provider followed the requirements of DoLS and had submitted applications to the local authority as required. We saw that where DoLS applications had been authorised the provider was complying with the conditions applied under the authorisation. Mental capacity assessments were completed, and best interests' decisions made where people lacked capacity to make specific decisions for themselves.
- The registered manager and staff understood the MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with information to enable this in a format that met their needs.
- Care plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as leaving the home and the provision of personal care.
- People's consent was sought before staff supported them. We observed staff always asking for people's permission before assisting them and explaining how they were going to support them.

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

- Assessments of people's needs were carried out with them before they moved into the home. This was to ensure that the home would be able to meet people's care and support needs appropriately.
- People, their families, or social workers if appropriate, were involved in the assessment process to ensure the service had a complete understanding of people's needs when developing care and risk management plans.
- These assessments, along with information from the local authority were used to produce individual care plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People had access to a variety of healthcare services and professionals which included GPs, opticians, district nurses, dentists and chiropodists. One person said, "They look after me very well. They call the doctor if necessary."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. At this inspection this key question has been requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

At this inspection, we identified a large number of concerns and a failure to ensure the service was compliant with regulations. Therefore, we cannot be assured that the provider and registered manager acted in a wholly caring manner by ensuring people always received good quality, safe and effective support that met all their needs. The provider has assured us that all staff are fully committed to making the necessary improvements to the service.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were kind and caring. One person said, "Staff look after me very well. If I need something, I only have to ask." Another person said, "Yes, staff are very caring."
- People were treated with dignity and respect. We observed people knocking on people's doors before entering. One person said, "Staff do treat me with dignity and respect." One staff member said, "I keep doors shut and cover people during personal care. I clearly speak to people and explain what I will be doing."
- People were encouraged to be as independent as possible such as being encouraged to eat independently but staff being on hand to offer support if needed.
- People's information was kept confidential in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

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

- Care records included people's personal information relating to their religion, sexual orientation and disability.
- People who wished to practise their faith were supported to do this by visiting the local church and taking part in church activities.
- Although no one using the service at the time of this inspection required support with any other diverse needs, staff showed an understanding of equality and diversity and how they would support people should the need arise.

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

- People were involved in making decisions about their daily support. For example, the time they wanted to go to bed, what they wanted to wear and eat. One staff member said, "People choose what they want to wear, I listen to their views."
- People were given information in the form of a 'service user guide' prior to moving to the home. This guide

detailed the standard of care people should expect and the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. At this inspection this key question has been rated 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

- People had individual care plans. However, none of the people we spoke with could confirm whether they had a care plan in place or had attended any reviews. One relative said they thought that their relative had a care plan in place, but they had not been consulted or involved in planning or reviewing it.
- Care plan reviews carried out on a monthly basis did not identify the issues we found at this inspection. This included people who were at risk of choking. Monitoring charts were not completed in full to ensure people were not at risk of unsafe care and treatment. Call bell risk assessments were not carried out and people who required hourly checks did not always receive them.
- Staff we spoke with were not always clear about whether or not people were capable of using a call bell, although their care plans documented that they were. One staff member said, "I think there is not enough information about this in care plans." This meant there was a lack of person-centred care and support.
- Care plans for people on respite did not always contain their likes, dislikes and preferences. The registered manager told us that a full care plan was implemented if people were going to stay at the home for longer than four weeks. However, the period could be extended up to two months. This meant new or agency staff would not always be familiar or aware of people's needs and preferences.

Failure to provide person-centred care is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had a personal profile in place, which included important information about the person.
- Care files included individual care plans addressing a range of needs such as medicines, mobility, nutrition, communication, moving and handling and cognition.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed reviews about activities on offer at the home. One person said, "There are enough activities." Another person said, "Activities are fine." Whereas other people said, activities were not sufficiently stimulating and that there could be more activities. The registered manager told us they did offer a variety of activities and people were asked for feedback at resident meeting about the activities on offer.
- Activities on offer included visiting entertainers such as singers, armchair yoga, sensory activities for people living with dementia, toddlers and secondary school children visiting the home. The home had its own

minibus and outside visits included trips to local libraries, garden centres, and the seaside.

- People were encouraged to take part in activities, but their choice was respected if they just wanted to sit and watch.

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.

- The provider ensured that people's communication needs were documented and met by developing and using effective ways to support people to communicate. People's care plans contained appropriate guidance for staff on how to effectively communicate with the people they supported.
- Staff told us, they used pictures, body language and gestures for people who could not verbalise. One staff member said, "I am able to see from people's body language to see if they like something or not."

End of life care and support

- The home did not currently support people who were at the end of their life. However, people's end of life wishes was documented in their care files.
- The registered manager was knowledgeable about best practice guidelines they needed to follow and would consult with relevant health and social care professionals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. The provider had an effective system in place to handle complaints. Complaints were logged and investigated in a timely manner. One person said, "I have no concerns. I am very happy." Another person said, "I have no concerns. They have been very good to me."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. At this inspection this key question has been rated 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

- The provider's governance of the service was not effective or robust as seen by the number and nature of the breaches of the Regulations we have identified at this inspection. The significant impact of these demonstrated a failure of oversight, leadership and governance at the home at both registered manager and provider level.
- There were processes in place to monitor the safety and quality of the service, however, these were not effective. The provider was not aware of the majority of the concerns we raised during the inspection.
- Records showed regular audits were carried out at the service by management to identify any shortfalls in the quality of care provided to people. These included electronic care plans, risk assessments, nutrition and medicines. However, these were not effective. For example, medicine competency checks were not carried out and medicine audits did not identify the issues we found at this inspection.
- The provider had not ensured that records were always completed fully and accurately. Staff were not always completing fluid charts appropriately and were not monitoring people's fluid intake adequately. This meant that we were unable to confirm if people were receiving safe care.
- The registered manager did not have oversight of staff deployment at lunchtime to ensure people received their meal safely and in a timely manner.
- Staff told us that they did not always feel supported by the registered manager. One staff member said, "No I do not feel supported." Another staff member said, "I feel supported by care workers and the team leader only, not the registered manager." A third staff members said, "I do not always feel supported by the registered manager."

Engaging and involving people using the service, the public and staff

- Staff meetings were held bi-monthly but were not always attended by staff. The registered manager said that staff meetings were mandatory, but they confirmed that staff did not always attend. This meant that staff were not always being kept up to date with organisational issues, staff did not always have the opportunity to feedback to the registered manager about issues and problems.
- Staff told us that staff meetings were not always held for them to give feedback to the registered manager. One staff member said, "There are no staff meetings to raise this issue."
- The registered manager did not have oversight of which staff had and had not attended mandatory staff meetings.

The provider had failed to have effective quality assurance systems in place to ensure people were provided with safe and good quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us they did not feel there was a positive culture of teamwork and did not feel supported by their managers to deliver care and support to the best of ability.
- Some staff felt that there was a confidentiality issue within the staff team. One staff member said, "Staff confidentially is an issue, everyone knows who has talked to managers, and knows what has been said."
- There was a registered manager in place, who was supported in running the service by a deputy manager. They were not knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.
- They monitored incident, accidents and complaints to make sure, where appropriate, lessons could be learnt, shared and relevant professionals were informed as required such as the local authority and CQC.
- People using the service were positive about the registered manager. One person said, "The registered manager is very approachable." Another person said, "The registered manager is OK. They are approachable."
- People's views were sought through an annual residents and relatives survey which the registered manager told us was carried out in November 2019.
- The feedback from people and relatives was not all positive; 13% of relatives said that there were not enough staff to spend quality time with their relatives. 13% said the quality of clinical and nursing care provided was not good, they were not given their medicines in a safe and competent way and 11% said they were not treated equally and fairly.
- The registered manager showed us an action plan that had been drawn up following the survey which they were currently working to drive improvements.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority, the local hospice and health and social care professionals to provide joined-up care.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not receive person-centred care. People were not involved in planning their care and support needs. Care plans were not regularly reviewed. Regulation 9
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff deployed to meet people needs. Regulation 18 - Staffing

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not safely managed. Risk were not always assessed, identified or reviewed and risk managements plans were not always in place. Regulation 12(1)(2)(b)

The enforcement action we took:

requirement

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(b)

The enforcement action we took:

Requirement