

Yew Tree Lodge (Holdings) Limited

Yew Tree Holdings Limited

Inspection report

Yew Tree Lodge
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Date of inspection visit:

28 April 2021

29 April 2021

Date of publication:

15 July 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Yew Tree Lodge is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. The service can support up to 26 people.

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

Individual risks were not always effectively identified and managed to keep people safe. Lessons were not always learnt from accidents and incidents to prevent future occurrences. People's medicines were not always managed in a safe way. People could not be assured new staff were recruited safely.

People were not supported to have maximum choice and control of their lives and staff did not always 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.

The provider and registered manager did not always have sufficient oversight of the service. Records did not always reflect the changing needs of people. Audits were not always effective at identifying areas for improvement or taking action when needed.

Staff training and support had improved since the last inspection, staff received the training they required to provide safe support. Some staff had been slow to update their training within the timescales they were meant to. The registered manager had given those staff a deadline. This is an area to improve further.

People said they felt safe and described the service as their home. Staff knew what to do if they had concerns that needed to be addressed. We were assured infection control procedures were followed by staff, people and their relatives confirmed this. People were able to have visitors, following the latest government guidance.

People received the medical attention they needed if they had issues with their health and said the food was good and nutritious.

People, their relatives and staff described an open-door culture where they could raise issues when they needed to and were confident they would be listened to.

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

The last rating for this service was Requires Improvement (published 17 July 2019) and there were four breaches of regulation. This service has been rated requires improvement for the last two inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of

regulations.

Why we inspected

This was a planned inspection based on the previous rating. We carried out an unannounced comprehensive inspection of this service on 22 May 2019. Breaches of regulation were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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 COVID-19 and other infection outbreaks effectively.

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

Enforcement

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

We have identified four breaches, in relation to safe care, safe recruitment, consent to care, accurate record keeping and governance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan and meet with the provider to discuss how they will increase their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Yew Tree Holdings Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector 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. The Expert by Experience made telephone calls to people using the service and their relatives.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was 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 and professionals who work with the service. We contacted Healthwatch to check if they had received any information about the service. 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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care workers, care workers, domestic staff and administration staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staffing rotas and resident and staff meeting notes.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection, the provider and registered manager failed to have a monitoring system in place to check accidents and incidents to develop preventative safety measures. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made, monitoring systems were still not effective in making sure preventative action was taken to reduce incidents. We also found concerns around the assessment of individual risk. The provider continued to be in breach of regulation 12.

- Investigation of incidents were still not being used to learn lessons or update care plans to improve outcomes for people. Some people had experienced situations where they had been very anxious, and their behaviour presented challenges. People's care plans and risk assessments had not always been updated following incidents. An opportunity to learn lessons and improve people's care and support had been missed.
- Monitoring systems had been developed and the registered manager now checked incidents each month. They recorded the action taken regarding each individual fall or accident, such as referrals made to health care professionals. However, the system was ineffective in learning lessons. For example, an analysis of falls across the service or increased incidents of challenging behaviour had not been completed.
- Measures were not in place to minimise individual risks. Recognised assessment tools had been used. However, some of these had not been fully completed to be assured risks had been correctly assessed. Where people had been assessed as being at risk, such as from malnutrition or pressure sores, individual risk assessments had not been completed. Staff knew people well and we did not find evidence of harm. However, if people's needs changed, staff may not understand the signs to look out for without appropriate guidance.
- Some people's behaviour presented challenges at times, where staff needed to intervene to keep people safe. Guidance for staff in how to support people to communicate and manage their anxiety had not been clearly recorded in care plans and risk assessments. This compromised people being supported consistently by staff to make sure better outcomes were achieved.
- One person had left the service on more than one occasion when it was not considered safe for them to go out independently. They had tried to leave and were prevented on other occasions. The person had been assessed as not having the capacity to make the decision to leave the service and had a DoLS authorisation in place. Their care plan stated staff should record the clothes they were wearing each day so a good description could be given to the emergency services if they needed to be alerted. This information was

recorded sporadically. For example, in a four week period, the required information had only been recorded 10 times by staff.

- Another person had tried to harm themselves. Their care plan had not been updated to include this information and an individual risk assessment had not been completed as guidance for staff to reduce the risk of this happening again.

The failure to ensure lessons were learnt and individual risks were identified and assessed to provide safe care was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All appropriate maintenance and servicing of equipment had been carried out at approved intervals. Such as fire alarm testing, gas and electrical appliance and wiring testing.

Using medicines safely

- Staff carried out temperature checks of the medicines room and the medicines fridge twice a day. Medicines should be stored at or below a recommended temperature to retain their efficacy. Room temperature checks showed temperature levels were above the recommended guidance. Temperatures were recorded below the recommended level only twice through the month of April 2021. The medicine fridge temperatures were recorded above the recommended level twelve times within the month of April 2021. No action was recorded as taken. Medicine audits did not refer to the concern. A staff member was aware of the issue and told us a fan was switched on, but this had not helped the situation.
- Most people had protocols in place to guide staff when and how to give 'as and when necessary' (PRN) medicines. We found some protocols missing. We spoke with the registered manager about this and these were put in place.

The failure to ensure medicines were safely stored and managed is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines administration records were complete with no gaps.
- The registered manager ensured staff competency to administer medicines was regularly checked. Staff told us they had training and competency checks and felt confident and well supported.

Staffing and recruitment

- Staff recruitment processes did not give assurance that new staff were recruited safely. Appropriate reference checks were not followed up, such as from previous employers.
- The provider had completed Disclosure and Barring Service checks (DBS). DBS checks help prevent unsuitable staff from working with people who could be vulnerable. The provider had not always completed a risk assessment to support safe recruitment decisions. A risk assessment that was in place was incomplete, so appropriate control measures were not in place.
- Application forms did not include staff's full employment history, gaps were evident. Some staff had completed the years they were in employment but not the months, so it was not clear if there had been gaps in employment not accounted for. The provider had not checked these with the applicant to provide assurance of their suitability for employment at the service.

The failure to ensure robust recruitment procedures were in place was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to support people safely. People and relatives did not have concerns regarding

staffing levels. People told us when they called for help, they were not kept waiting. One person said, "I've got a thing I press when I want them, they are quick, very good. They see to whatever I want, I've no complaints about that." A relative commented, "When I've been there, there seems to be enough staff."

- Staff did not raise concerns about staffing levels. They told us there were enough staff to meet people's needs. Rota's confirmed the numbers of staff the registered manager told us were available on each shift. Staff were available in all parts of the service throughout the inspection and we did not hear call bells being left unanswered or people calling out for help.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe, I feel at home, it is my home, this is where I live", and another person told us, "I'm more than safe, I'm well satisfied. No complaints whatsoever." A relative commented, "Very safe, I've been there a number of times and all the residents seem comfortable."
- People living in the service were protected from the risk of abuse. Staff had completed safeguarding adults training and stayed up to date by refreshing their training. The staff we spoke with were knowledgeable and confident.
- Staff told us the registered manager and senior staff were approachable, listened and took action when concerns were raised, so they had no hesitation in raising issues. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise concerns if necessary.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Relatives were pleased with the action taken by the registered manager to keep people safe. One relative told us, "We do have Covid tests, wear our masks and have our temperature taken every time we go in."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. People and relatives told us staff were vigilant in wearing appropriate PPE. One person said, "They've got masks on at all times. They wear gloves and aprons if necessary, it depends on what they are doing", and a relative commented, "They are very good; they follow guidelines by what I can see."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us the service was kept clean. One person said, "Yes the room is kept nice and clean, the cleaners are lovely."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. People and relatives told us they were very happy with visiting arrangements and

communication from staff about changes in government guidance.

Is the service effective?

Our findings

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

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions had been assessed. However, the process used to complete the assessment and conclude that people lacked capacity to make a particular decision was not clear or consistent. One person's mental capacity assessment in relation to care planning stated they lacked capacity to be involved in their care plans. The record stated staff were still getting to know the person. The person moved into the service in October 2020, six months prior to the inspection. The assessment had not been reviewed since that date. The outcome of the capacity assessment may have changed with the knowledge staff had gained about the person. As the person had a DoLS authorisation in place, decisions made in their best interests may not have been the least restrictive option possible.
- A clear decision-making process was not followed when people did lack capacity, to ensure decisions made were in their best interests. Others, such as relatives or friends who knew people were not involved in sharing information about people's past to inform decision making. There was no evidence that relatives who held lasting power of attorney for health and welfare had been consulted when decisions were made. Relatives told us staff kept them informed if they had concerns but not when making decisions. Relatives could only recall being consulted on decisions relating to the COVID-19 vaccination.
- The registered manager had made appropriate DoLS applications and had kept them under review when they were expiring. However, some people had conditions attached to the DoLS authorisation. The conditions had not been considered within care planning to make sure staff were aware of the conditions and their responsibilities in meeting them.

- One person had three conditions on their DoLS authorisation. None of these were referred to in their care plans and had not been met. Although the registered manager said they were aware of the conditions, staff did not know these were an important element of the person's care.

The failure to ensure people's rights were maintained and upheld was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In practice, staff were able to describe how they supported people with day to day choices and decision making. They told us how they helped people to choose the clothes they wished to wear or meals to choose from the menu.
- People told us staff listened to them and respected their decisions. One person said, "If I wanted to go to bed for a couple of hours in the afternoon, I just ask them and they take me", and another person commented, "Every time, If I want anything I ask and they give me an answer".

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

- People's needs were not assessed to ensure staff could meet their care needs. Some people did not have an initial assessment recorded in their care plan. This had been picked up during care plan audits over consecutive months. No action was recorded as taken. Some people's care plans had not been developed further after moving into the service.
- Assessment tools had not always been completed or completed fully to provide an accurate measure of people's needs to inform care planning and individual risk assessments.
- Care plans were not person centred and did not provide the information needed to be sure people were supported in the way they wanted or to meet their assessed needs. One person's cognition care plan recorded that staff were still learning about them, five months after the person moved into the service. This meant vital information could be missing about how the person's life was affected by living with dementia and the specific support they needed.
- People and their relatives told us they were not involved in the development or review of their care plans.

The failure to ensure people's care records were accurate and contemporaneous was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At the last inspection the provider and registered manager failed to ensure staff received the training and support to continue to provide effective care This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made so the provider was no longer in breach of regulation 18. However, further improvement needed to continue to make sure staff skills were maintained.

- Staff had access to the training they needed to provide people's care. Training was mainly undertaken online due to COVID-19 infection control precautions. The registered manager said they were planning to start face to face training for some crucial subjects. In house trainers provided some training such as moving and handling.
- Some staff had not completed their refresher and update training in a timely way. The registered manager was aware of this and had given staff deadlines to complete their training, as some staff had been slow to respond. For example, 12 out of 30 staff who were required to complete food safety training had not refreshed their knowledge. Out of 34 staff who were required to complete basic first aid training, 16 staff had

not updated their training within the appropriate timescale. This is an area that needs further improvement.

- Staff said they were well supported and had the opportunity to have one to one supervision meetings with a senior member of care staff or the registered manager.

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

- People told us the food was good. One person said, "Very good (food). No worries whatsoever. They ask us if we like certain things", and another person commented, "Good. I was shocked when I came here, because you had so much food. You have got a choice".
- People were supported to eat and drink enough to maintain their health and well-being. Where appropriate, for example when people were at risk of malnutrition or dehydration, records were kept to monitor the amounts people ate and drank.
- Mealtimes were a sociable time. People were encouraged to use the dining room, where they were able to sit together and chat. Plenty of staff were in attendance to support people with their meal if they needed it.

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

- People were supported to maintain their health. Staff worked closely with health care professionals to make sure people had the advice and guidance needed when they had a health concern or to support their well-being. People had access to chiropodists, occupational therapists and community nurses.
- People told us they did not have to wait if they needed medical help. People said, "At times I have terrible back aches, they notice and take care of me. They make sure I don't overdo it" and "My friend, has had a terrible cough and last night the ambulance came to check her and today the Doctor is coming. You get a Doctor; they are really good".
- Relatives told us they were kept informed when people were ill or had health appointments. One relative commented, "They notify us, they do tell the relatives if people are not well. They ring us up, they are pretty good like that". People's records evidenced regular staff contact with health professionals and relatives.

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

- Communal areas were decorated to a reasonable standard, creating a homely living environment. The provider had considered how to create a dementia friendly environment. For example, signs to help people find their way around more easily were in place. Toilet seats were coloured to give a visual marker for people who may become disorientated.
- People had been encouraged and supported to personalise their own bedroom in the way they wanted. People had photographs of loved ones and friends and had personal items on display. Some people had chosen to have their own double bed in their room.
- People had a choice of where to sit and socialise with others, with more than one communal lounge to choose from.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

At our last inspection, the provider and registered manager failed to have robust systems in place to demonstrate quality and safety was effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made so the provider was still in breach of regulation 17.

- Although regular audits were carried out to check the quality and safety of the service, an inconsistent approach was used. This led to action not always being taken or recorded when issues were identified.
- Concerns we found during inspection had not been picked up. Delegated staff completing care plan audits had recorded that risk assessments had been completed during reviews of care plans. However, we found this was not the case. Audits had identified issues such as missing pre assessments, assessments and life histories in care plans. The same issues were recorded over several months with no evidence of what was being done to make improvements. The registered manager had not identified this issue.
- People's records were not always accurate. Changes in people's needs had not been reflected in their care records. Care plan reviews did not identify changes such as in their behaviour or following incidents and accidents. Individual detail about people was missing from their daily records. For example, how they spent their day, if they had enjoyed taking part in a hobby or interest, or what they had chatted about with staff. Daily records completed by staff concentrated on the delivery of personal care. This had not been identified during monthly monitoring.
- Medicines audits identified areas to improve, such as staff not always signing to record medicines had been given in MAR's. Different staff had completed weekly audits, however their comments were all the same, and no action was recorded as having been taken to make improvements to medicines management. We did not find issues with MAR's when we carried out our inspection. However, improvements appeared to have been as a result of a recent local authority review rather than as a result of the provider's own audits. Medicine room and fridge temperatures above the recommended guidance had not been identified through robust monitoring to ensure effective remedial action was taken.

- There was a lack of understanding why records were monitored and audits completed by staff undertaking them. The provider and registered manager had not regularly checked audits to make sure their monitoring processes resulted in clear improvements to quality and safety.
- The registered manager carried out monthly checks on DoLS applied for and approved. However, the checks did not include if people had conditions attached to their DoLS authorisations and if conditions were being met. One person's conditions had not been met as a result

The failure to ensure systems to monitor the quality and safety of people's care were robust and effective was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider and registered manager had failed to notify CQC of all significant events without delay. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, the provider and registered manager had submitted notifications when necessary so the breach in regulation was met.

- The registered manager had submitted notifications to inform CQC of changes and significant events as required.
- Relatives told us they were kept informed of any changes, or incidents with their loved ones and staff kept them up to date.

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

- Residents meetings were held to encourage people to give feedback and share ideas of changes they would like to make, although these were fewer than usual due to the COVID-19 pandemic. People we spoke with shared how happy they were and said they did not want to change anything. One person said, "The atmosphere. The staff, you can talk to whoever you want. It's company, people to talk to", and a relative told us, "Very friendly, very caring. I've never had any problems from the day she has been at the home. She's happy there. She gets good care, even the young ones are dedicated, its lovely to see".
- The provider had carried out a survey with relatives to gain feedback about the service provided. Responses showed satisfaction with the service. Comments included, 'Mum loves the staff who care for her and she feels safe' and 'You've all done a wonderful job under very difficult circumstances and we look forward to meeting up with you again soon'.
- Regular staff meetings had taken place. Staff described communication as good and the registered manager kept them up to date. A social media staff group had been set up during the COVID-19 pandemic to send messages and keep staff updated. Staff said this had been an added benefit, as they had access to regular updates.
- People and relatives told us they felt comfortable speaking to any member of staff or the registered manager if they had concerns or complaints and they would be listened to. One person said, "Yes no problem whatsoever. I'd say, 'can I have a word'". A relative commented, "No complaints made, if I had any concerns, I would definitely speak to the manager, definitely".
- Staff spoke positively about the registered manager, saying they were approachable and always acted on concerns raised. Comments from staff included, "(Registered manager) is fantastic. (They) respect staff, and that means staff respect (them)", "100% well managed. (Registered manager) is great, they have an open door and we can go to them with anything and they always deal with it".

Working in partnership with others

- The registered manager had no contact with other providers and registered managers in order to keep in touch and up to date with local and national changes and initiatives. The week before inspection local authority staff had advised on virtual groups and facilitated contact with other local registered managers. The registered manager said they already felt the benefit of these contacts and planned to increase their partnerships.
- The registered manager worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams, as well as local authority staff.

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 11 HSCA RA Regulations 2014 Need for consent The provider and registered manager failed to ensure people's rights were maintained and people were supported in the least restrictive way possible.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager failed to ensure people received safe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure records were accurately kept and robust systems were in place to monitor the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider and registered manager failed to ensure robust recruitment processes were followed.

