

The Lodge Care Limited

# The Lodge Care Home

## Inspection report

Bridge Street  
Killamarsh  
Sheffield  
South Yorkshire  
S21 1AL

Tel: 01142058021

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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

The Lodge Care Home is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 40 people. Accommodation was provided in a purpose-built home across two floors, with communal areas on each floor.

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

The service lacked provider and management oversight. Audits had not been completed to consider how to mitigate risk or to drive improvements. Where actions had been recorded, these had not been followed up to ensure they had been completed successfully. The provider had not ensured good oversight of the home in maintaining people's care and safety. There was no registered manager and the deputy and clinical lead were not supported in how to manage the home. Staff and people's views were not always taken into account to drive further improvements.

The provider had not always worked with partners to maintain the environment, leaving some areas of the home at risk of not being repaired to meet best practice or regulations. Fire regulations had not been maintained and this placed some people at risk in the event of emergency evacuation.

Risks to people were not always assessed and actions taken to mitigate the impact of those risks. There were not enough staff to support people's needs or the domestic arrangements to ensure hygiene standards. Training was not in place for all areas to support the staff in their role. Safeguarding concerns were not always reported and there was a lack of consideration of how to protect people from harm.

Infection prevention and control was not always well managed. Some areas of the environment required attention to ensure it was kept clean and in good repair. Medication was managed safely.

Care plans were not always up to date and did not always contain important information about people's life choices and ongoing care. Where people displayed behaviours which challenged, there were no consistent care plans or guidance for staff to manage a difficult situation.

We found some areas where people's dignity was compromised and this had not been recognised.

Staff were kind and committed to providing good care, however felt restricted by the lack of support, training and provider support.

People enjoyed the meals, however when people lost weight, measures had not been taken to consider monitoring or offering them alternatives. Activities were provided; however, people who chose to stay in their room were not always included or offered alternative activities. When the activities staff were not available there were less opportunities for people.

People's healthcare had been monitored and referrals had been made to the required professionals to support health conditions. Good partnerships had been established with health and social care professionals.

Complaints had been responded to by the provider, however some relatives felt they had not always been listened to or their concerns had been addressed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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

#### Rating at last inspection

This service was registered with us on 21 September 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, (published on 12 March 2019). The service has deteriorated and is rated Inadequate.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing and the provider's oversight. A decision was made for us to inspect and examine those risks.

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.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care, staffing and staff training, safeguarding, dignity for people, support with decision making and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration,

we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not 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** ●

# The Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. However, a new manager had been recruited and they were commencing their registration with us. The service has a nominated individual, and 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 used the information the provider sent us in the 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. We spoke with local commissioners and health care professionals and used all of this information to plan our inspection.

#### During the inspection

We spoke with twelve staff members including the deputy, nurses, senior care workers, care workers, domestic, maintenance and the chef. 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 were reviewed.

#### After the inspection

Our Expert by Experience contacted relatives and representative of ten people using the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and further quality assurance records. We requested policies and additional information from the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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 were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were not always protected from potential risks. We saw risk assessments had not always been completed for diabetes and other long-term health conditions.
- When people's needs changed, reviews were not always completed in a timely manner to reduce the risks or to support staff with moving and handling. Other risk assessments had not always taken into account, for example a person's history or choice. One relative told us, "There was no initial risk assessment and [name] was put to bed without bedrails which they were used to at home, putting them at risk of falling out."
- Weight loss for some people had been recorded. However, there were not always measures in place to address the weight loss or to record daily intake to analyse diet preferences.
- Fire safety records had not been maintained. We found four people living in the home did not have a personal emergency evacuation plan. One of these people required oxygen and this would be crucial information to the fire service. This meant should evacuation be required; some people may not be accounted for or others needs may not be met for a safe evacuation.
- Infection prevention and control guidance was not being followed. In the PIR, the provider told us, 'A specific infection control audit is completed monthly and any actions addressed. Enhanced cleaning schedules are completed daily and monitored for compliance.' Records we reviewed confirmed a lack of cleaning in all areas of the home, this meant people were not protected from the risk of infection. Staff told us they had concerns about cleanliness of the home. One staff told us, "Cleanliness of the home has gone downhill. It does not get done if care staff ring in sick as domestic/laundry staff get pulled from their duties to assist with care instead."
- We found staff were not always consistent in wearing face coverings in line with guidance.
- We found people's mattresses had not been checked correctly to ensure they were in full working order with no damage of their covers. We found four mattresses required immediate replacement. We requested the provider completed a full check of the mattresses and found more mattresses were required to be replaced. This meant we could not be assured of the processes in place to check that mattresses maintained their integrity.

The provider had failed to ensure that people were protected from the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They reviewed and updated the fire evacuation records and replaced affected mattresses.

## Staffing and recruitment

- There was not enough staff to meet hygiene requirements of the home and people's care needs.
- We reviewed staff rotas and found on some days there were no domestic support, and this meant routine areas of the home had not been cleaned.
- On some occasions there was not enough staff to support the needs of people. Shortage of staff was a common theme with all the staff we spoke with. One staff we spoke with told us, "There are too many people who required two staff to support them for the staffing ratio." Another staff said, "Management needs to sort out [staff] cover at short notice for sickness absence to avoid the situation becoming unsafe for people."
- The rotas for the night care identified three care staff were required. This meant one staff member on each floor and a floating care staff between the two floors. As there were several people who required care from two staff it could mean a delay in some people receiving the care they required.
- The provider used a dependency tool to reflect people's needs and to identify the level of staff to support them. However, we found this tool was not up to date, which meant we could not be assured all the people's needs had been included and the impact this would have on the required staffing levels.

The provider had failed to ensure sufficient staff to protect people from the risk of harm. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. The provider reviewed the dependency tool and ensured the required level of staff were now in place to meet people's level of need and the domestic requirements.

- The provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. However, it was not always clear if inductions or probation periods had been followed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not always protected from the risk of harm. Staff had received online safeguarding training, however not all staff we spoke with were aware of what concerns should be reported to the management team.
- We found another incident where a person had been scolded after being given a hot drink in a cup the person was unable to use. There had not been a full investigation, to consider how this had occurred and measures to ensure this risk was not repeated.
- This meant lessons had not been learnt or shared with staff and measures were not put in place to reduce the risk of possible harm.

The provider had failed to ensure that people were protected from the risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Using medicines safely

- Medicine was overall managed safely. We saw people received their required medicine as prescribed. We reviewed the storage and stock of medicines and found this to be correct in accordance with best practice.
- Staff who administered medicine had received training and their competencies had been completed.
- As required medicine protocols were in place and provided guidance to staff, however when the guidance was linked to a care plan for the management of the person's anxiety, we found the behaviour plan to be

lacking the required detail. We have detailed this in the responsive section of this report.

# 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.

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.

Staff support: induction, training, skills and experience

- Staff had not received the required training for their roles. Some people had behaviours which challenged, staff were supporting these people however they felt they had not been equipped with the required knowledge and skills to support them.
- Staff comments reflected these concerns, a staff member told us, "We haven't received challenging behaviour training, and everyone is different." Another said, "If we knew how to handle people, we could deal with the situation better, before the person became agitated."
- Other staff reflected on the type of training they had been given and its limitations. One staff member said, "Basically you get a password and then you have to go onto the computer and the provider says get on with it. If your training is not done, a note is put up saying there is a deadline."
- Another staff member said, "I prefer face to face training. I struggle to learn using the online courses." We saw competency assessments were not consistently completed to ensure staff had understood the online training they had completed. This meant people were at risk of harm because staff did not have the skills or knowledge to support them effectively.

The provider had failed to ensure staff were suitably trained to support people with their needs. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection, to identify the areas of training required and how they plan to support staff to achieve the required skills.

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.

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 level of capacity had not always been assessed. We found within the care plans, when people lacked the capacity to make specific decision these had not been assessed or decisions made in people's best interests.
- We saw DoLS referrals had been made, however we could not be assured of the process to support these referrals.
- Staff told us they had training in this area, however this was online, and it had not provided them with the knowledge of how to ensure they were meeting the MCA requirements in their daily practice.
- The providers policy in relation to MCA did not provide staff with a clear pathway to reflect people's levels of capacity in relation to specific decisions.

The provider had failed to ensure MCA guidance was followed to protect people from the risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always supported to receive their required nutrition and hydration needs.
- We saw there was a 'Wipe board' in the kitchen, which provided the details to reflect people's dietary needs. For example, the wipe board detailed a soft option for one person was required. However, we found this person had been given an unsuitable meal which could have led to them choking.
- We saw people had a choice of meals, however on the day of the inspection the refreshment station was not stocked with drinks. Later in the day drinks were available however, there were no drinking cups to enable the drink to be taken.

The provider responded after the inspection and was in the process of reviewing the support provided for people's nutrition and hydration.

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

- Relationships had been established with health and social care professionals and when required referrals had been made, to seek advice and guidance.
- Some guidance provided by health care professionals had not always been implemented or recorded in the care plan. This meant the required support was not provided to support ongoing therapy.
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- Where guidance was provided and the person had capacity to decline the recommendations, these had been recorded. However, measures were not always in place to consider the persons safety and reduce their risks.

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

- The home had not ensured areas were adaptable and accessible for people's needs.
- We found an adapted bathroom full of equipment and in poor repair, making it inaccessible or unsafe to use.

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

- People were not always given choices of how to spend their day or to promote their daily routine.
- Nationally recognised tools were not used consistently for monitoring nutrition and weights.

# Is the service caring?

## Our findings

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

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

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were not always treated with dignity and respect.
- Some people walked into other people's bedrooms and on some occasions had accidents in these bedrooms. There was no planned approach to protect people from the reoccurrence of these situation to ensure respect and dignity of both people.
- Within the main communal space, we saw the chairs where arranged in a circle, this meant that some people had their back to the television. We observed people complained about this as they could hear the television, but not see it.
- One relative we spoke with commented, "I have often seen the staff all sat around their little tables chatting to each other and on their telephones; paying no attention to the people they should care for."
- We reviewed the Antecedent, Behaviour Consequence (ABC) charts and had some concerns in relation to the language used by staff when completing the ABC charts. These reflected a lack of respect and understanding in how they addressed the behaviour people displayed.
- Equipment despite being dirty and rusty continued to be used to provide care. Wheelchairs with footplates removed were used to support people to transfer. This placed the people at risk of infection, harm and shows a lack of respect for people's needs.
- The care plans had not recognised any person's equality or diversity needs, which may have impacted on their wishes or routine. For example, religious preferences.

The provider had failed to ensure that people's dignity was protected. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always encouraged to make their own daily choices.
- Relatives shared with us some concerns around regular hygiene support. One said, "[Name] should get two showers a week. They say a day they will do it, but they always have some reason why it can't happen on the expected day."
- Another relative told us, "Cleanliness, especially fingernails are a concern, I have repeatedly asked for this to be picked up."
- Other relatives reflected a more positive experience. One relative said, "From my few visits, the individual

staff seem very nice, caring and concerned for [name]."

- We saw telephone calls and the option of using technology for a 'Facetime' call had been made available to support contact with family members. One relative said, "Facetime was made available by the service as a way to keep in touch, but the best way for me to talk to [name] is by telephone and that was supported."
- Staff we spoke with reflected on the limited time they felt they had to get to know people. However, one staff member who worked nights told us, "There is more opportunity on the night shift to share stories, talk to people, look at their photos or share a drink. Its more hectic during the day and less time is available to spend with people."

# 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. 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; End of life care and support

- People's information was not always completed to ensure care was delivered in a person-centred way. In the PIR the provider told us, 'A comprehensive person-centred care plan is generated for each resident in conjunction with the resident and family (with resident consent or best interest decisions). The use of alternative forms of communication is available audio, visual, braille, large print.' We found care plans did not reflect this practice. On admission to the service we found some details were missing, for example, information on the person's health conditions or therapy needs.
- When people had behaviours which challenged, their own safety and the safety of others was not considered. There were no detailed care plans which reflected a planned approach to understanding behaviours. Charts to reflect Antecedents, Behaviour and Consequences (ABC) had not been used to consider any possible triggers or actions which could reduce the persons anxiety.
- There was a mixed feeling about staff responsiveness. There was no call bell data to reflect on the response times of the calls, however some people told us they had to wait for their care. One relative said, "[Name] has often rung us to say they have tried the call bell in their bedroom and either nobody has come, or they come but say 'wait, we are busy'."
- Another relative told us, "A few [staff] are really good and will talk to us about what's going on, but too many staff are either over-stretched or they don't care."
- We reviewed end of life (EOL) care and found the details on the care plans were not person centred or representative of the person's wishes.
- The provider's EOL policy stated, "The care plan will capture information about the resident that will assist staff in ensuring their wishes and advanced decisions are met." This policy statement was not reflected in the care plans and the EOL policy was not in line with best practice guidance.

The provider had failed to ensure people received person centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- People were not supported with their communication needs.

- We found several people had limited verbal communication and would have benefited from aids to support their daily choices.
- Menus had been handwritten, there was no pictorial options to ensure people were able to make choices.
- Signage in the home was limited and this impacted on people living with dementia who could be disorientated when navigating their way around the home.

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

- People were not always offered daily choices or stimulation.
- There was an activities staff member who provided a wide range of activities in the lounge, which overall people responded to. However, those not wishing to participate or who choose to stay in their room were less supported with alternatives.
- One relative said, "I do feel they are leaving [name] alone too much. Having an activities coordinator is great, but nobody thinks to find things that keep [name] personally stimulated."
- We observed when the activities coordinator was not present there was a lack of interaction. Staff were present in the communal space, however sat to the side without engaging people.

Improving care quality in response to complaints or concerns

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- Recorded complaints we reviewed had been addressed. However, some relatives we spoke with had raised concerns which had not been acknowledged, recorded or addressed. ● One relative told us, "I have serious reservations about the safety of The Lodge for [name] and the management's ability to respond in a positive way to any concerns I have raised."
- Another relative stated, "They show concern and says the issue will be looked into, but nothing actually comes of it." This meant we could not be assured that all concerns or complaints had been responded to.
- The complaints which had been recorded had been responded to, reflecting investigation and outcomes.

# 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.

This is the first inspection for this newly registered service. 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; Continuous learning and improving care

- The service was not well managed, and we found limited oversight.
- In the PIR the provider told us, "Audits being monitored both at home level by the Manager and the Company Health and Safety Director." However, we found limited oversight from the provider to monitor quality or drive improvements for peoples care and safety.
- The provider also told us in the PIR, "Our Governance systems are continuing to develop with enhanced audits, use of Datix and analysis/lessons learnt systems being more comprehensively used." Audits had not been used to drive improvements, we saw one person had fallen twice and their mobility needs had not been reviewed. Other audits had not identified areas where repairs or additional cleaning was required.
- Maintenance and repairs were not completed leaving possible areas of risk. We found maintenance certificates for the gas service, boiler and other equipment to be out of date.
- We found a concern relating to fire safety There were no smoke detectors in some bedrooms, and we identified other concerns related to the fire panel. We asked the fire service to attend and they have advised the provider on areas which required addressing to meet the safety regulation standards.
- The provider's policies were not always up to date or reflective of updated guidance and best practice. For example, the COVID-19 policy, on business continuity plans stated, "plans must be continually reviewed and updated to reflect the changing C-19 responses and should always include winter planning." We found these policies and continuity plans had not been updated. This meant the required contact details or measures were not up to date should there be an emergency.

The provider had failed to ensure that systems and processes were in place to drive quality and improvements. 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

- The culture of the home had been impacted by the lack of staff and insufficient leadership.
- Relatives shared their concerns with us. One relative said, "Over the course of the year, it's hard to put a finger on the issue, but the quality has deteriorated, and staff turn-over has been a problem."

- Staff we spoke with raised concerns about the morale of the home. One staff member said, "I personally don't feel appreciated. It would be nice at Christmas to get a thank you or message, but we don't even get that. I think staff morale could improve with better support for the management."
- Another staff member said, "I have raised concerns, but didn't feel I am listened to."
- This meant we could not be assured of a supportive environment to enable the development of a positive culture.
- The provider had sent us notifications which related to events at the home. However, as not all incident had been recorded, we could not be assured we had received all the notifications in relation to all the events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were not always supported to be part of the development of the service.
- Meetings had been held with people who use the service. However, concerns recorded had not been actioned. In the meeting it was raised about not leaving the hoist in the bathroom, however we found a hoist and other equipment stored in the bathroom. This meant action had not been taken following concerns raised.
- Staff we spoke with told us they had raised concerns in relation to staffing, the domestic support requirements and the maintenance of the home. However, these concerns had not been addressed and we found these continued during our inspection.

Working in partnership with others

- Partnerships had been developed with health and social care professionals and during COVID-19. Other methods of communication were used to support referrals to services.
- The provider had not worked with their own internal partners in relation to quality and maintenance. External partners had not been engaged when areas of concerns had been raised following inspections or assessments of maintenance area. This meant we had concerns in relation to the safety of the building and the ongoing drive for quality and improvements by the provider.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The service had not designed care with a view to the meeting the person's preferences and choices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The service had not designed care with a view to the meeting the person's preferences and choices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider not ensured when people were unable to consent, mental capacity assessments and best interest decisions had not been completed in accordance with the Act.
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	The provider had not ensured risk assessments were in place and any concerns mitigated. The provider had not ensured the premises used by the service was safe to use and for their intended purpose.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 13 HSCA RA Regulations 2014  
Safeguarding service users from abuse and improper treatment

The provider had not ensured their processes were robust to protect people from harm. Staff had not received training relevant to their role to enable them to recognise different types of abuse and how to report concerns

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have established systems and processes to ensure the safety of the services being provided. These services had not been assessed, monitored and ongoing improvements made. Risks had not been reviewed placing individuals and others at risk of harm.

### The enforcement action we took:

We imposed urgent conditions in relation to restrict admissions and reporting requirements

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There was not always sufficient levels of staff to respond to people's needs. The provider had not deployed sufficient numbers of staff to make sure they could meet people's needs. Staffing levels had not been continuously reviewed to adapt to the changing needs of people. The provider had not ensured the staff received training at a relevant level to provide them with the skills to keep people safe at all times.

### The enforcement action we took:

We imposed urgent conditions to restrict admission and reporting requirements