

Athena Healthcare (Liverpool Road South) Limited

Lily Wharf Lodge

Inspection report

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Burscough
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Date of inspection visit:
14 July 2021
02 August 2021

Date of publication:
21 October 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lily Wharf Lodge is a residential care home, providing accommodation and care for up to 80 older people who maybe living with a dementia, and/or a physical disability and younger adults. There was 10 people living in the service at the time of day one of the inspection and nine people on day two. The service is purpose built over two floors which is split into four separate units with communal facilities on each. Three of the four units were in use at the time of the inspection.

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

We have made a recommendation about; management of complaints and concerns, maintaining a balanced diet, the management of medicines, staff recruitment and support, assessments and care planning.

Staff were observed not wearing masks appropriately and a contingency plan to manage the COVID-19 outbreak was out of date. Significant gaps in the infection prevention and control and donning and doffing training was identified. A range of infection control policies were in place. Recruitment was ongoing, duty rotas confirmed the numbers of staff in the service were sufficient to meet the needs of the people they were supporting. Not all recruitment checks had been completed appropriately. Systems were in place to enable abuse allegations to be investigated. Internal policies and Local Authority guidance was available to support decisions in acting on allegations of abuse.

Individual risks had not been consistently managed safely, and records did not always confirm the actions taken as a result of incidents and accidents. Systems were yet to be implemented to ensure lessons were learnt. Environmental checks had been completed and emergency equipment was in place. Medicines were stored securely and the administration of medicines were provided in a kind and caring manner. Systems were required to ensure regular checks of medicines and learning for any medicines issues.

Staff told us, and records confirmed that there were gaps in the training, induction and supervisions. On the whole people had been reviewed by professionals, most relatives we spoke with confirmed this.

A range of food choices were available to people, and we observed a positive mealtime experience. We saw not all information in relation to people's dietary input and weights were recorded in line with their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Consent agreements had been obtained and where relevant Capacity assessments and Deprivation of Liberty applications had been submitted to the assessing authority

People told us staff provided them with good care. People were treated with respect and we observed kind interactions between people and staff. A range of activities were on offer in the service and people were seen

taking part in activities during the inspection. People were supported to communicate.

Care records were in place however these had not always been completed in full. Some would have benefited from more detailed information, and more regular reviews of people's care records was required. Relatives of people in receipt of end of life care were complimentary about the care they received. Records to support and guide staff in end of life care had not been completed in full. Complaints policies and guidance was in place. We saw one complaint that had not been included in the complaint file.

There was a new manager in post at the time of the inspection. On the whole people were positive about the new manager however, some concerns were raised in relation to communicating with the manager, the senior team and obtaining information and feedback from the service to support investigations in a timely manner. There were delays in obtaining information we requested from the service to support the inspection process and not all information was provided by them.

Some audits and monitoring had been undertaken by the providers regional team however, not all actions had been updated. We had not been informed of all of the safeguarding allegations and this had not been picked up by the providers auditing processes.

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 24 June 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the management of medicines, the management of risks and people's safety. A decision was made for us to inspect and examine those risks. This was also the services first rating since their registration.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

The provider has commenced action to address the findings from the inspection. You can see what action we have asked the provider to take at the end of this full report.

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 breaches in relation to the training and supervision of the staff team, infection prevention and control and, good governance at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lily Wharf 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 (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

Two inspectors and a medicines inspector visited the service on the first day, and two inspectors visited the service on the second day. A third inspector undertook calls to relatives of people who used the service.

Service and service type

Lily Wharf 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 however they were not yet registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Both days of the inspection were unannounced.

What we did before the inspection

Prior to the inspection we looked at the information we held about the service. This included; feedback, investigations and notifications which the service is required to send to us by law. We also sought feedback from the Local Authority and a number of professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We undertook observations including observing the lunchtime experience and spoke with people who used the service, as well as seven relatives over the telephone. We received feedback from seven professionals. We also spoke with 15 members of the staff team these included, the home manager, the deputy manager, four registered nurses, three senior care staff, two carers, one member of housekeeping, two members of the kitchen staff and the maintenance staff member.

We requested a range of records relating to the operation and oversight of the service. These included staff files, training records, team meeting minutes, audits, risk assessments, incident and accident records, medicines administration records and action plans. We returned on the second day of the inspection to review people's care files.

After the inspection

We spoke with the home manager; deputy manager and three members of the senior team, including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also reviewed further information provided by the service to support the inspection process.

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 requires improvement. 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.

Preventing and controlling infection

- The service did not have consistent systems in place to protect people from the risk of infection and COVID-19. A contingency plan was in place to support the management of any COVID-19 outbreak. However, it had not been reviewed for some time, and it reflected old guidance. An infection control risk assessment had been completed. However, where findings required actions to be taken, there was no record of the plans to address these.
- Whilst we noted staff wearing personal protective equipment (PPE), we saw a number of occasions on both days of the site visits where masks were not being worn in line with the guidance. Not all staff were able to confirm how often masks should be changed. The training matrix identified significant shortfalls in infection control and COVID-19 specific training. Two of the staff we spoke with told us they had not received appropriate infection control and donning and doffing training.
- The service was clean and tidy and cleaning duties were being undertaken. However, the cleaning records had not been completed in full and signed as required to confirm this.

We found no evidence that people had been harmed however, systems were not robust enough to protect people from the risks of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a good supply of PPE in place for staff and visitors to access, relatives we spoke with confirmed this. One said they, "Used PPE, LFT (COVID-19 testing) and screens with designated room. Staff are using PPE at all times." PPE stations were in place in a number of areas to support donning and doffing.
- The service had a range of policies and guidance for infection prevention and control.
- The service had recently had an outbreak within the staff team. Ongoing COVID-19 testing was taking place. Relatives confirmed testing was being undertaken.

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

- Records had been completed for incidents and accidents. Whilst some information in relation to incidents had been completed, not all records had been completed in full or logged as reviewed. The electronic system identified an incident had occurred however, no incident record had been completed and there was no information of the actions taken as a result. The manager confirmed they would review the incidents and accident records and take action on the findings.
- There was no evidence of lessons learned however the manager confirmed that there was plans for these to be introduced.
- The care records identified some evidence that risk assessments had been completed however, not all

information in relation to the management of risks was noted in one of the records we reviewed.

We found no evidence that people had been harmed however, systems failed to ensure people were protected from risks. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was purpose built and had been finished to a high standard. All bedrooms were of single occupancy and had individual en-suites. There was a range of communal areas for people to access.
- Fire checks had been completed and emergency evacuation equipment was in place.
- A range of checks had been completed on the equipment and environment. The manager confirmed that they would undertake a review of the call bell system, to ensure it was working safely. This was because we found the emergency call bell alarm was sounding when not in use.

Using medicines safely

- We found some issues with medicines administration records, so could not always be sure that people received their medicines as prescribed.
- Guides to help staff administer 'when required' medicines were not personalised, lacked detail and additional tools for assessing pain were not always seen when needed.
- We were provided with copies of two medicines audits, however it was unclear if actions had been taken following issues found. There was not an effective system to identify, record, analyse and learn from medicines incidents.
- Following the inspection, the manager provided evidence that actions had been taken to improve medicines management. This included an action plan, improved auditing of medicines and examples of revised when required guides.

We recommend the service continues to focus and learn from medicines issues and seek support where needed, and the service introduces a robust system for regular checking of medicines and medicine records and, update their practice accordingly.

- Medicines were stored securely in locked treatment rooms and there were sufficient trained staff to administer medicines safely. There had been some issues with people running out of medicine, but there was no evidence of this at the inspection. There were plans for the new deputy manager to take responsibility for medicine orders.
- Medicines were administered in a kind and caring manner, and staff looking after people, understood their needs.

Staffing and recruitment

- Staff numbers were safe and meeting people's needs. Staff recruitment was ongoing in the service. Whilst there was some evidence that relevant checks had been completed, not all records confirmed sufficient references had been provided and followed up. One staff member who required specific support and monitoring had not consistently been provided with this. The manager confirmed that this staff member no longer worked at the service.

We recommend the provider seeks nationally recognised guidance to ensure systems were in place for staff to be recruited, supported and monitored appropriately and update their practice accordingly.

- People and relatives were complimentary about the staff at the service. Comments included, "Staff are very good and come across as caring. I have seen a turnover of staff or a lot of new staff but I understand

this, as the home grows they need to take on more staff. But still ok."

- The manager told us there was an ongoing recruitment programme, there had been a high turnover of staff in the service and we saw a number of new staff on duty during the inspection. Agency staff were being used in the service. The manager told us, and staff confirmed the same staff were used to support consistency.
- Duty rotas were completed and amendments were noted where changes had been made to support staffing changes.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they were happy and raised no concerns in relation to their safety. Relatives we spoke with felt their family member was safe. Comments included, "[Person] seems very happy, they don't hurry [person] and they let [person] go at their own pace. [Person] is much safer here than previous home" and, "I do feel [person] is safe". One relative told us about an incident which had occurred where they had not been informed. However, they were happy with the actions taken as a result.
- Staff we spoke with understood the actions to take if abuse was suspected. Not all staff had received the relevant training in the service, some confirmed they had received training in their previous roles.
- Information, policies and guidance was available in relation to safeguarding allegations and how to manage these. The manager told us they had access to the Local Authority safeguarding guidance to support decisions in relation to safeguarding.

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

- Shortfalls were identified in the training provided to the staff team. We saw no evidence of training certificates in the staff files we looked at. The training matrix provided identified significant gaps in a number of training areas, including inductions on commencement of staff into their roles.
- Most staff we spoke with told us they had not received all of the relevant training or inductions. Comments included, "My induction lasted one week. I have not done any training yet, moving and handling training is to be arranged." Another person told us they had undertaken some tasks without having had the correct training. They told us this wasn't completed for two months.
- Gaps were noted in the supervision matrix. We saw only some of the staff had completed supervisions in one area only.

We found no evidence that people who used the service had been harmed however, systems to ensure staff had the required training, skills, supervision and monitoring in place to deliver safe, effective care was not in place. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us of their plans to address the training shortfalls. We saw some staff on the second day of the inspection undertaking training in the service, and we received feedback following the inspection that training was being undertaken by the staff team. A new regional training manager had been recruited by the company.
- Relatives were complimentary about the care provided by the staff team. Comments included, "My [relative] says the staff are lovely, all very pleasant and caring. I find them all very good and I have no concerns at all with the care." Another told us, "Here the staff know what they are doing with people with challenging behaviours. So much better than previous home" and, "I have no concerns about the staff."

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

- People received food and drink according to their needs.
- People's food and fluids intake were recorded in the electronic records however, these were not always updated to changing needs. One person's care plan directed a minimum calorific count each day, we could not see this had been recorded. There was some record of weights being recorded however, one person's record did not have consistent weekly weights where this was directed. The manager told us this was not required and took action to ensure the care records reflected their current need.

We recommend the provider seeks nationally recognised guidance to ensure people's diet and fluids were monitored and recorded appropriately and update their practice accordingly.

- People we spoke with told us they enjoyed the meals offered to them. However, one person's relative told us about a specific food request which took some time to arrange. A professional told us, "The diet of the residents seems to be varied and multiple choices are offered."
- We observed a positive mealtime experience where choices were on offer and staff were available to support people with their meals, menus were seen with choices.
- The kitchen was clean and tidy, designated areas were used for food preparation and storage, and the relevant kitchen checks had been completed. The new chef confirmed they had the required qualifications to undertake their role.

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

- The manager ensured people received timely healthcare input. Care records identified where professionals had been involved in people's care and support. Regular visits were undertaken to review people's needs. However, we saw one entry where we were unable to confirm that a referral had been made to the relevant professionals.
- Professionals who visited told us that improvements had been noted recently in the engagement and knowledge of the staff team in relation to people's needs. One said, "In the past [name of the service] have failed to provide a member of staff to support the visit, and staff have previously disappeared. During the last visit the staff member had a good knowledge of the person and had a good rapport with them."
- On the whole relatives told us their family member was reviewed by professionals and, that they were informed. They told us, "They keep me informed and will ring with healthcare issues", "The care is excellent, they are pro-active and get on with things" and "Staff have been good at letting us know about health issues and incidents with my [name of person], yes they are good at that." However, one told us about missed opportunities to ensure routine test were undertaken by a professional for their relative.
- Records contained information to confirm people's oral health care needs were considered. A range of policies were in place with reference to national guidance to support the delivery of care to people.

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

- People's individual needs had been assessed and their choices were considered. Care records confirmed that assessment had been completed and these had been reviewed to ensure their individual needs and choices were met.

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

- The service design and decoration supported the individual needs of people. All areas were accessible and had been purpose built to a high standard. Lift access was available to the first floor where people's mobility was limited. There was a range of spacious communal areas, lounges, dining areas, quiet space and a hairdressers. All bedrooms had ensuite facilities and were finished to a high standard. A relative told us, "The facilities are fantastic five star."
- The bedrooms in use had been personalised and there was some information, signage and guidance on display.

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.

- Systems were in place to protect people from unlawful restrictions. DoLS applications had been submitted to the assessing authority these had been followed up and, reviews where required had taken place. Care records included information in relation to people's capacity.
- We saw consent agreements had been signed.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We received positive feedback about the care people received, according to their needs. They told us, "They manage [persons] personal care well and, my [person] was very proud, especially of their appearance. They [staff] are aware of this, and always make sure [the person] is smartly dressed and has their hair done. This is important to [the person]" and, "I am very happy with the care. [Relative is safe, very much so, lovely staff and show they care for [my relative]."
- People who used the service told us they were happy with the care they received. A professional said, "People are always clean and well dressed. There is minimal instances of pressure sores within the home."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and their privacy supported. We observed staff knocking on people's doors and waiting to be invited in. Staff were observed engaging in positive care tasks, offering support and advice to people.
- People were seen to be supported to access the communal areas. Where people lived on another unit, they were supported to spend the day of their choosing in the downstairs unit and outside communal spaces.
- Electronic devices were available to all staff to enable access to the care records for all people. Passwords were required for staff to access these. This supported the requirements of the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.
- People were treated well, with dignity and their individual needs were respected. Care records directed staff to consider people's dignity and respect, and we observed the staff talking kindly to people, supporting them with decisions in relation to their everyday care and choices. A professional told us, "The new staff seem to have settled in well and seem very knowledgeable."
- The manager confirmed people were able to access advocacy services when required and provided details about how to contact the service. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

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

- People were receive person centred care however, the records did not always support this. Electronic records had assessment information in place and detailed summaries had been completed. Care plans had been developed. However, some of the records would have benefitted from more detail and completed in full to support care delivery.
- Not all of the records we saw had evidence that regular reviews had taken place. The manager confirmed that a review of all people's electronic records was ongoing, and new pre-admission assessments were being developed. One relative told us they had requested a review of their family members care.

We recommend that the provider considers current guidance on ensuring people's assessments and care planning was completed in full, detailed and reflected their current needs and update their practise accordingly.

End of life care and support

- Systems were in place to support people's end of life care needs.
- One of the care records we looked at contained some information in their care plan about supporting their end of life care. However, their assessment in relation to their end of life care had not been completed.
- Relevant Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) records were in place to enable staff to be aware of people's individual needs.
- The relatives of one person who was being supported with their end of life care needs was complimentary about the care their family member received. They told us, "We couldn't wish for better, given us peace of mind that [name of person] is getting the right care and is safe, we can visit as often as we like" and, "Very happy with the care. [Person] is very frail and nursed in bed now so we can go in a lot, they [the home] have been very accommodating to me and the rest of the family."

Improving care quality in response to complaints or concerns

- Systems were in place to deal with complaints or concerns. Policies and procedures were in place to guide and support the service in dealing with complaints. The complaint file was blank at the time of the inspection. However, the manager confirmed a complaint that was currently being dealt with. We saw no information to confirm the investigation which was being undertaken by the manager.

We recommend that the provider considers current guidance to ensure staff understand their roles and responsibilities to deal with and record complaints and concerns and update their practise accordingly.

- People were positive about the service. A relative told us they had, "No concerns." We received no information when we asked if the service had received any positive comments or compliments.

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 carer's.

- People's communication needs were supported. Staff were observed to be speaking kindly to people at their own pace, on the same level, making use of personal objects to support meaningful communication with them. People were seen making use of glasses and aids.
- The manager told us electronic devices had been used to good effect to communicate with relatives during the pandemic. Information was on display to support and guide people, staff and visitors and relevant policies were in place to support and guide staff.

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

- The service supported people to maintain relationships and take part in activities. We observed people taking part in activities, a variety of activities was available and records confirmed these had been accessed by people. A relative confirmed activities were being provided. A professional said, "I have witnessed activities taking place for the residents [people who used the service]. Residents, of late, appear more settled and contented."
- Window and patio door visits were being supported. Face to face inside visits had commenced. Technology was being used to good effect. WIFI was available in all areas.

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

- Whilst there was some evidence of provider audits which had been undertaken, not all actions had been updated. Not all of the internal audits that we requested as part of the inspection process was provided by the service.
- We received mixed feedback about the manager and communicating with the service. One person told us, "I have met the new manager, she is very pleasant. Nothing we would say to improve on, we are quite happy." Others told us, "I know there's a new manager, I've tried to get hold of her but she's in meetings a lot and has not rung back" and, "The communication generally from the home is abysmal. The new manager has not been as good keeping in touch, never gets back to you. Generally, the management don't get back to you." A professional told us they had been introduced to the new deputy manager, "Who presented herself well."
- During this inspection we identified concerns relating to infection prevention and control, managing risks, staff training and good governance. The systems to ensure staff had the required training, skills, supervision and monitoring in place to deliver safe, effective care was ineffective, systems failed to ensure people were protected from risks and systems were not robust enough to protect people from the risks of infection. We also identified concerns in relation to the management of complaints and concerns, maintaining a balanced diet, the management of medicines, staff recruitment and support, assessments and care planning.

We found no evidence that people had been harmed however, systems or processes were not established and operated effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The senior team told us they visited the service regularly, the manager confirmed this and that they supported the management team.
- The staff team understood their roles and responsibilities. Staff were seen undertaking their duties to support people in a timely manner.
- Certificates of registration were on display in the entrance to the service.

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

- As part of the inspection we asked for a range of information from the service to support the inspection

process. Whilst the manager and senior team provided information to support the inspection, not all of the information we requested was provided.

- We saw that statutory notifications which a provider is required to send to the Care Quality Commission had been submitted for some of the safeguarding's listed in the service's records. However, not all of the investigations completed by them had been reported.

We found no evidence that people had been harmed however, systems or processes were not established and operated effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Policies and guidance was available to support the service to be open and transparent. An up to date policy to support acting on duty of candour was in place.

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

- The service had developed systems for engaging and involving people and staff. We saw records confirming surveys had been completed for staff and relatives. Whilst positive feedback from relatives was seen in a range of areas there was no information to confirm how many people had provided the feedback.
- We received feedback from some relatives that they would benefit from newsletters or general emails to support communication. However, others told us they received regular emails and updates from the service and the company.
- Team meetings were taking place. Records confirmed daily huddles were being undertaken however, these did not confirm they had been done daily.

Continuous learning and improving care; Working in partnership with others

- Continuous learning and improving care was being considered.
- A range of policies and guidance was available for staff to follow to support the delivery of care to people.
- The feedback about communicating with professionals was mixed. One comment was, "They have good communication with the home and the visits to the service have improved recently." However, we were also advised of concerns in relation to providing feedback to professionals in a timely manner and, the lack of professionalism during visits to the service.
- The service was working closely with members of the Local Authority, Commissioners and the Local Authority safeguarding team to make improvements. An improvement plan had been developed and was being reviewed by the manager to ensure the shortfalls were being addressed. The manager told us and professionals confirmed this was being discussed as part of regular meetings with them.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The service failed to ensure staff had the required, knowledge, skills, supervision and monitoring to enable them to deliver safe and effective care.</p> <p>The service failed to ensure people were protected from the risks of infection.</p> <p>Systems failed to ensure people were protected from risks.</p> <p>Regulation 12 (2) (a) (c) (h).</p>
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	<p>Systems or processes were not established and operated effectively.</p> <p>Regulation 17 (1) (2) (a) (b)</p>