

Nazareth Lodge Limited

Riverside Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Riverside Nursing Home is a residential care home providing personal and nursing care for up to 35 people aged 65 and over. The service is registered to support up to 39 people. At the time of the inspection there were 20 people living at the service.

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

People were not protected from unsafe and unsuitable premises. In particular, we highlighted scald risks from the hot water supply and a window on the first floor which were not restricted to prevent people from the risk of falling out. During the inspection, the operations manager and provider took immediate steps to mitigate the risks of both concerns.

Safety and quality issues had not been identified or recognised in a timely way, which meant people's care and treatment needs were not always managed safely. Following a period of change made to the service, the new provider's quality monitoring systems had lapsed. This meant they had not been used to monitor the quality and safety of the service people received or identify improvements needed. The lack of quality auditing of the service placed people at harm.

Systems were not in place to oversee all checks and records completed to ensure they were completed robustly. This meant the provider's quality assurance processes were not fully effective and had not identified the shortfalls found at this inspection.

There was a risk that people were being supported by staff who had not been assessed as having the correct skills and knowledge to support them as training was out of date.

Staff were aware of the importance of good nutrition/hydration. However, risks associated with eating and drinking were not sufficiently managed as people's 'safe swallow' plans were not always followed. The governance systems in place had not been fully effective in identifying shortfalls in the quality of the service and then improving the quality of the service.

We have made a recommendation about mealtime experiences and nutrition support.

People told us they felt safe at the service and relatives were confident people were protected from harm. There was a calm atmosphere in the home, staff had a pleasant approach with people and were respectful and friendly.

People received the medicines they required and any risks specific to them were identified and guidance in place for staff to help keep them safe. People had their healthcare needs met. Health professionals told us timely and appropriate referrals were made to specialist teams.

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. Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.

People were supported by adequate numbers of staff to meet their needs and ensure their safety. There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made for new staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 20 November 2019 and this is the first inspection.
The last rating for the service under the previous provider was good, published on 18 January 2019.

Why we inspected

The inspection was prompted in part due to concerns in regards risks to the management of the service. 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.

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

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

Follow up

We have requested 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 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Riverside Nursing 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

Service and service type

Riverside Nursing 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 registered 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. The provider told us they had recruited a new manager who would be starting at the service in June 2021.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who commission care from the provider. 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 this information to plan our inspection

During the inspection-

We spoke with the nominated individual, the nominated individual is responsible for supervising the management of the service, a registered manager from the provider's sister service (they are referred to as the operations manager). We also spoke with one nurse, a senior care worker, a cook, the maintenance person, housekeeper, activity coordinator, two visitors to the service and six people living at the service.

We reviewed a range of records, this included four people care records, multiple medication records, three staff files and four supervision files. We reviewed a number of records in relation to the maintenance of the service.

Following the inspection,

We contacted two nurses, three staff members and two health professionals by telephone, and one member of staff by email

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who are linked to the service.



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.

Assessing risk, safety monitoring and management

- There was a risk that people may not always receive safe care. Emerging risks were not always identified effectively. For example, one person informed us of a time they had felt unwell and required additional support from the night nurse. They informed us they had not received this support. We reviewed the person's records that identified staff needed to closely monitor the person's blood glucose levels. On the night the person was feeling unwell their glucose levels were higher than their normal readings. Action had not been taken to reduce the risk until the next morning when nurses had given the person the medication they required.
- Risks associated with eating and drinking were not sufficiently managed. We reviewed four 'safe swallow' plans that identified what texture food people needed to eat to be safe. Although information was available to staff in regards the textures of food, we found that the consistency of meals did not always meet the recommended guidance. One person had been assessed as requiring pureed food and thick drinks. We observed staff giving the person food that needed to be chewed, and normal juice. Pureed foods don't require chewing to ensure they are easier to swallow. This meant there was a risk that the person may choke. Following the inspection, the provider informed us the person was having a review by the speech and language therapist (SALT) of their safe swallow plan.
- People were not protected by an effective system to assess and monitor the health and safety risks at the home. We identified a room on the first floor without a window restrictor in place, and openings significantly above the 100 millimetres maximum as recommended by the Health and Safety Executive (HSE). This meant vulnerable people had access to a window opening large enough to fall through, and at a height that could cause them harm. A window restrictor was put in place during the inspection.
- Although there were thermostatic mixing valve (TMVs) on the sinks at the home there was not a system in place to monitor them. We found the hot water coming from four taps in people's bedrooms and communal bathrooms and toilets were too hot to hold our hands under after running for 1 minute. The temperatures exceeded the Health and Safety Executive (HSE) recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). This presented a serious risk of scalds for people who lived at the home.
- A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies. There was a quick reference sheet of people's needs in the main fire file for use in the case of an emergency. However, this was not up to date and did not include the most recent person who

had come to stay at the home in April 2021. This meant that the emergency services would not be aware of all of the people at the home.

People were not protected from emerging and ongoing risks due to failures to identify and monitor relevant risks. 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 confirmed all the risks were being monitored and suitable checks of the environment and equipment were in place.

- Assessments were carried out to identify risks to people's health and safety and care plans were in place to guide staff how these could be reduced. Risk assessments undertaken included health and safety, nutrition and hydration and skin integrity. Where people were identified at high risk of skin breakdown pressure relieving mattresses were being used.
- Risks of people having falls was minimised because care plans gave guidance about the support people required. One person's care plan stated they needed a sensor mat in their room so staff could be alerted when they were moving around and could quickly attend to them. We saw the mat was in place in their room.
- Equipment, such as lifts, and hoists were checked by external contractors to ensure their safety.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and relatives were confident people were protected from harm. One person told us, "I do feel safe here." A relative told us, "Yes he is safe, the quality of care is good".
- Staff were knowledgeable about how to recognise signs of potential abuse and said they were confident any concerns raised with the operations manager would be dealt with.

Staffing and recruitment

- Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and had time to meet people's individual needs. There was a registered nurse on all shifts.
- Staff were attentive to people and they received care and support in a timely way.
- There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made for new staff. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Using medicines safely

- Medicines were safely managed. Staff used a new computerised system for medicine management which guided staff about medicines which were scheduled to be administered and flagged up if there had been any errors. Staff were positive about the new system, one said "(new system) is fantastic, so much better than before."
- Staff administering medicines had received the necessary training and competency assessments to support their responsibilities in dispensing medicines.
- There was a safe system in place to monitor receipt, stock and disposal of people's medicines. Medicines at the home were locked away in accordance with the relevant legislation. Medicines which required refrigeration were stored at the recommended temperature.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- A sanitising station had been set up by the front door so that hands could be cleaned before people entered the building. Visitors completed contact tracing and health declaration forms on arrival at the home and staff checked visitors' temperatures. 72 hours isolation boxes for items such as newspapers were being used to ensure they were safe before they were given to people.

Learning lessons when things go wrong

- The provider told us they would ensure appropriate action was taken in response to any concerns identified at this inspection.

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.

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

- People were supported to eat a varied diet based on their individual preferences. People were offered the choice of two courses, one being a vegetarian option. However, the vegetarian option was also part of the vegetables being served with the meat option.
- People were observed all eating the same meals, and records showed that the same breakfast and tea options were being given on numerous days. Staff told us meal choices were made the day before, one person told us, "They do ask us what we want but I can't ever remember what I ordered". There were no menus on the tables to remind people what they had ordered.
- People had limited choices of drinks with their meals. They were offered either orange or blackcurrant juice. One person was heard to ask for an apple juice or something different. The staff member continued to pour the juice which was on the table and not the person's requested choice.
- Information was available in the kitchen in regards the modified or specialist diets people needed such as softer diets due to swallowing difficulties, however we observed the guidelines were either not understood or the guidance not followed. For example, the information for one person identified they needed a moist diet. They were not served a meal as per the guidance. Staff agreed the meal was not moist as required. One staff member told us one of their main concerns was poor understanding of dietary modifications for people. They said, "A lot of staff do not understand about the risk factors and swallowing".

We recommend the provider follows current guidance in regards mealtime experiences and nutrition support.

Staff support: induction, training, skills and experience

- The training records identified several staff were out of date with their training. The provider informed us they were aware improvements were needed in regard to training. They told us, "We have recently employed a sole trainer. Staff used to have access to face to face training but following the pandemic most training has been completed online. It is important we have a good training program and we are looking forward to the new training lead starting and bringing training up to date".
- Staff had not always received opportunities to discuss their work, receive feedback, and identify further training and development needs through supervision. The operation manager informed us they were aware that supervisions were out of date. Staff member told us, nurses used to do the supervisions, however they told us these did not happen anymore, and they could not remember when they last had a supervision. This

meant there was a risk that staff may not be supported to be clear about their role.

- Staff were able to tell us how they cared for people to ensure they received effective care and support. They demonstrated through their conversations with people and their discussions with us that they knew the people they cared for well.

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

- There was a holistic approach to assessing, planning and delivering care and support. People had a comprehensive assessment prior to and on admission and a person-centred care plan was developed.
- Care plans were devised from pre-admission assessments to give staff guidance about how to meet people's needs. These were adapted as staff got to know people better.

Staff working with other agencies to provide consistent, effective, timely care. Adapting service, design, decoration to meet people's needs

- The provider was ensuring improvements were made to the environment. Refurbishments included; Upgrade to the call bell system, new carpets and flooring, kitchen and garden updates. The provider was clear they had planned a number of changes to the internal and external décor of the home and equipment.
- There was clear signage for people, including pictorial signs, and memorabilia of days gone by. People's bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Supporting people to live healthier lives, access healthcare services and support

- People saw healthcare professionals according to their individual needs. Care records showed people were being referred to specialist services such as speech and language therapists, doctors and community mental health nurses.
- Registered nurses, care staff and activity staff worked together to make sure people had social stimulation. Throughout the day of the inspection activities took place across the home and people appeared content and animated.

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 were asked for their consent before being assisted with their care. We observed staff asking people if they were happy to be helped.
- People received care and support in their best interests where they lacked the mental capacity to make a specific decision. Records relating to best interests decisions showed that relevant people and the person

were involved in making the decision.

- People's care records included capacity assessments where needed and these were regularly reviewed.
- There was a system in place to ensure that where DoLS were authorised, these were monitored, and any conditions were recorded and complied with.

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

- Staff wore uniforms but did not always wear name badges, one person told us they were not sure what the staff names were as they did not wear badges. The provider informed us following the inspection name badges had been ordered.
- People were supported to retain independence with skills that they valued. One person told us they enjoyed supporting the staff with cooking. Another told us they enjoyed arts and crafts at the service.
- People who were independently mobile moved freely around the home.
- Staff treated people respectfully and with dignity. They took time to explain what they were going to do and there was a good exchange of banter.
- Staff talked with us about individuals in the home in a compassionate and caring way. They said they spent time getting to know the person and demonstrated a good knowledge of people's needs, likes and dislikes.
- Care plans were focused on the person and their individual choices and preferences and contained personal histories. This enabled staff to have a good knowledge of people's past and people and events special to them.

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

- People who were able told us they were well cared for and were treated kindly. People's comments included, "I keep myself busy the food is good and the staff are kind". "If I want help, I can get it". A relative informed us, "The team are very communitive and talk to me a lot they keep me informed. Staff are very friendly and seem to generally be fond of (loved one)". Another said, "The care is wonderful I have been to a few care homes and this is the best. The staff are amazing and keep in touch with us, we receive a weekly newsletter".
- Most staff were committed to providing a caring service and did so with kindness and compassion. There were some very relaxed and chatty, friendly interactions between staff and people living at Riverside.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people's individual likes and dislikes and described people with warmth.
- Conversations were friendly, respectful and relaxed. When people asked staff to support them, they did so at a pace that suited the person. One carer told us, "This is one of the best homes I have worked in. We are here for the residents we like to get them involved".
- People were well presented and dressed in well laundered clothes. There was a calm atmosphere in the

home, staff had a pleasant approach with people and were respectful and friendly.

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 good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. Before people came to live at Riverside, staff undertook an assessment of their care and support needs. Where possible, people and their families were included in the admission process and were asked their views and how they wanted to be supported. This information was used to develop a care plan.
- The provider had implemented a new electronic care planning system to ensure people's care support was recorded and kept up to date. Staff told us they were still learning how to use the system.
- Signs around the home informed visitors staff would be recording information on handheld phone devices.
- People's care plans and risk assessments were reviewed monthly by the nurses and senior staff and more regularly if people had a change in their needs.
- Staff told us they communicated well with each other. They received a handover before each shift to ensure they were aware of any changes and spoke with each other throughout the day.

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's communication needs had been assessed and details of any specific needs were recorded. For example, information about the use of glasses and hearing aids, which enhanced communication, was recorded.

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's histories, interests and what was important to them was used to develop care plans and provide personalised care and support. For example, one person told us, "The staff asked me if I would like to move rooms, they knew I would like this room as it bigger and has a lovely view".
- The activity coordinator told us they spent time with people who spent time in their rooms or whose dementia made them harder to reach.
- People had access to a range of activities including musical workshops and entertainers and art-based activities.

- The provider had recently purchased a minibus. People had enjoyed trips out within the immediate local area and were looking forward to going further afield once the restrictions due to the pandemic eased. Friends and families were kept up to date with the activities at the home by way of a weekly newsletter.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors. Guidance was visible throughout the home reminding people and visitors of the provider's complaints procedure.
- People knew how to raise a concern or complaint if they were unhappy about anything. One relative told us they had never had to complain but felt confident the provider would take action if they did.

End of life care and support

- Staff spoke with compassion about providing good end of life care. There was one person receiving end of life care at the time of the inspection and others who were frail. Staff treated them respectfully and with compassion.
- The provider had a lead nurse experienced in end of life care. They worked alongside staff and cascaded their knowledge and ensured staff worked to a high standard when supporting people at the end of their lives.
- Procedures were in place for people to identify people's wishes for their end-of-life care. This included an advanced care plan which contained their wishes about receiving future treatment or being resuscitated and funeral plans.
- Staff had ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.
- Staff had received compliments regarding the care a person had received at the end of their life.

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 require 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

- The service was not consistently well led. The governance systems in place had not been fully effective in identifying shortfalls in the quality of the service and then improving the quality of the service. There had been a number of managers at the service since the new provider took over the service in November 2020.. One health professional told us, "Our confidence is low in the service due to the amount of management changes".
- The oversight during the time when there were changes in the management of the service was not sufficient to ensure processes were followed or kept up to date. We reviewed the minutes of the manager's meeting on 05 May 2021, the information on the minutes were not up to date and held the wrong information in regard risk of COVID19 at the service. The operations manager told us they were old minutes that they were using as a template and were planning to update the minutes on the day of the inspection.
- People were at risk because quality monitoring systems had lapsed. For example, audits had not been completed which identified risks, trends or themes such as water temperatures, accident and incidents, medicines, training, complaints or falls. This meant there was a risk effective action would not be taken to mitigate risks to people's health, welfare and safety.
- Weekly fire safety checks had been completed at the service, however we found they were not accurate. The records stated all door release and auto release were working. We found one door was not working and was held open by a laundry basket.
- There had been no clinical lead at the service since March 2020 and no registered manager since January 2021. Although the nurses were making day to day nursing decisions in the absence of a clinical lead there was no current oversight into the practice of the nurses.
- Staff rotas did not include the names of agency staff that worked at the home. This meant there was not any effective management oversight as to how many staff worked each day. The provider informed us following the inspection there was a list of agency staff which showed who had been working at the service.
- People were not protected from unsafe and unsuitable premises. In particular, we highlighted scald risks from the hot water supply and a window on the first floor which were not restricted to prevent people from the risk of falling out.

We found no evidence that people had been harmed. However, systems were either not in place or robust

enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The operations manager and provider took immediate steps to mitigate the risks of both the concerns found at this inspection. Following the inspection the provider informed us, 'they acknowledged the oversight had lapsed at the service and felt the pandemic had a huge impact on the service and this contributed to the oversight of 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

- The provider understood their obligation to inform CQC about significant events within their service using the appropriate notifications.

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

- Daily handovers were held by the nurses leading the shift on each floor, who ensured the care staff were made aware of any issues to follow up.
- Health professionals told us the service made appropriate referrals for people and worked well with them. They said staff followed their guidance and advice.

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

- Most staff feedback about working at the home was positive however they also shared concerns about the high turnover of managers at the service. One member of staff told us, "We don't know why but managers never seem to stay for very long". Another told us, "So many managers. The managers don't have a lot to do with the workers. They are always in the office with the door closed". At the time of the inspection the provider was in the process of recruiting a new manager and trainer. They told us they were committed to improving the service. Refurbishments had begun which included a new call bell system and new electronic care planning system.
- The provider told us, "We support staff wellbeing we have employee of the month, there is support there for staff when they needed it. We have different schemes available such as a loan scheme. We listen to staff and try to be flexible on the rota. We are currently trying to use the sponsorship scheme where we can recruit nurses from abroad".
- Regular COVID 19 testing of people and staff was carried out at the service. This enabled the service to take action to arrange for people and staff infected with the virus to self-isolate to prevent the further spread of infection.
- Arrangements had been put in place to facilitate safe visits for relatives during the pandemic. Relatives were able to see their relatives through a robust booking system.

Continuous learning and improving care. Working in partnership with others

- In accordance with government guidelines, the staff team had welcomed visitors back to the home.
- Following our inspection, the provider told us they were confident that they would be able to ensure a registered manager was in position and more stability would be seen at the service. They planned for one of the directors to have the clinical lead of the home, and staff to have improved opportunities and more training.

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 17 HSCA RA Regulations 2014 Good governance The service did not have effective systems to assess, monitor and improve the quality and safety of the service.