

# Asprey Healthcare Limited

# Sherwood House

## 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sherwood House is a residential care home providing accommodation and personal care support to up to 35 older people. People received support around physical and health related care needs, some of who also lived with dementia. At the time of the inspection, 26 people lived and received care in the home.

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

There were some improvements made to the standard of care people received since the last inspection, but they were not yet fully embedded into the practice. The governance systems in the home and the management oversight of the quality and safety were still not robust enough and effective in addressing shortfalls and protecting people.

People were not always supported by a sufficient number of care staff. Staff were not allocated and deployed effectively during the day. This impacted on staff's ability to deliver good and safe care in a timely way. One person said, "They definitely need more staff, yesterday there was hardly anyone on duty. There's so much to do here; they need more people to do it."

Staff did not always receive support and training to enable them to provide people with high standard of care, although people found staff to be caring.

Opportunities to learn lessons and to improve people's care were still being missed. There was a lack of robust analysis of incidents and accidents in the home. The registered manager did not always have a good oversight of the actions required to safeguard people from avoidable harm.

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. We recommended the provider improves their records around mental capacity and best interests' decisions when people lacked capacity to make specific choices for themselves.

People told us staff knew them well and they liked their home and felt safe with staff. The cleanliness and infection prevention and control in the home had improved since our last inspection. We made a recommendation the provider reviews the national guidance on dementia friendly environments and makes further improvements to the home whilst the wider refurbishment works are underway.

People received safe support with their medicines. Staff respected people's preferences and independence and people were involved in assessments of their needs and their care. Where needed, staff enabled people to access healthcare services. People received support to eat and drink well and commented they enjoyed the food served in the home.

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 and update

The last rating for this service was requires improvement (published 22 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment). However, not enough improvements had been made around staffing and good governance and the provider remained in breach of regulations 18 (Staffing) and 17 (Good governance).

At our last inspection we recommended that the provider reviewed the national guidance on environment supporting people living with dementia and made further improvements to the home to support people. We also recommended that the provider reviewed the way they record mental capacity assessments and 'best interest decisions' to ensure the records clearly indicate how the MCA Code of Practice was followed. At this inspection we found not enough improvements had been made to meet those recommendations. At this inspection, we took into consideration the limited length of time since the last inspection and provider's response. We repeated these recommendations at this inspection for the provider to still address.

The last rating for this service was requires improvement (published 22 December 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

## Why we inspected

We carried out an unannounced focused inspection of this service on 09 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing, safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sherwood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

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 and will take further action if needed.

We have identified continued breaches in relation to staffing 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sherwood House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

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

#### Service and service type

Sherwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sherwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, senior carers, care staff, the chef and housekeeping and maintenance staff.

We reviewed a range of records. This included multiple people's medicines records. We looked at three staff files in relation to recruitment and staff supervision and agency staff checks and induction records. A variety of records relating to the management of the service, including quality monitoring records, health and safety and infection prevention and control records were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed elements of nine people's risk management and care records. We looked at training data, incidents and accidents records, quality assurance records and service action plans. We spoke with three relatives of people who receive care in Sherwood House. We also spoke with the nominated individual around their support, feedback on quality and safety and oversight of the home. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were always enough staff deployed to support people which put people at risk. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- During the last inspection we found there were not always enough staff to safely and consistently support people. We found the same during this inspection. Following the last inspection, the registered manager increased staffing levels during the day and used the provider's dependency tool to review this. However, in recent months the registered manager had decreased staffing levels, and this had impacted on people's care. This meant the dependence tool was not effective in assessing how many staff were required to meet peoples need.
- People told us there was not always enough staff to answer their calls for assistance in a timely way. One person said, "They definitely need more staff, yesterday there was hardly anyone on duty. There's so much to do here; they need more people to do it." We heard another person saying, "Why am I still sitting here? I always have to wait here for someone to come." The provider's staffing rosters also showed staffing levels were not always maintained as per their assessment.
- Staff told us there were not always enough of them, especially at breakfast and in the later part of the afternoon when they were supporting people with personal care. Although the deputy manager did step in on occasion to help support people, we observed a lack of support available in the communal areas and during breakfast. These were the times where people needed additional support around falls and heightened anxieties. Feedback we received from staff, people and the local authority confirmed this was a regular occurrence. One person told us, "[Staff] are kind. There just aren't enough of them at the moment. They are always in a rush."
- A recent safeguarding enquiry led by the local authority identified concerns of how inadequate supervision by staff could have contributed to a recent accident in the home.
- Following the inspection, we received copies of future staff rosters as assurance from the registered manager on an increase of the levels of staff allocated in the home.

The provider had failed to ensure there were always enough staff deployed to support people which put people at risk. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff were recruited safely. Prospective staff members had to complete pre-recruitment checks which



included right to work in UK and identity checks. Disclosure and Barring Service (DBS) checks, employment history and professional references were also obtained by the provider. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to consistently support people around their individual risks, as well as to effectively learn from accidents and incidents. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and their relatives told us staff knew their needs and when they supported them they did this safely. One person told us, "This is the best one. I think they understand what my needs are. They are always there for me." A relative said, "I feel my relative is safe here. Generally, things are safe for my relative living here whereas at home it wasn't safe anymore. She needs someone looking out for her all of the time because she is prone to falling."
- People had individual risk assessments in place around their mobility, nutrition or other health and physical support needs.
- Where required, staff asked other healthcare professionals such as falls prevention team, community nursing team or people's GP to support them to stay safe. Staff we spoke with knew people's individual needs and how to support them.

### Learning lessons when things go wrong

- There were still improvements needed around the action taken by the management following incidents and accidents. At the last inspection we found the registered manager did not always review the accidents and incidents to take action to minimise risks to people. At this inspection some improvements had been made. For example, accidents and incidents were reviewed regularly and sensor mats were provided for people or referrals to health services were made following changes in people's needs.
- However, there were still some missed opportunities. The investigations into the causes of accidents and incidents were not always robust enough to consider all possible factors contributing to these events.
- We discussed this with the provider who assured us they allocated a senior manager to support the registered manager. They were to provide additional oversight of the care reviews and management of individual risks in order to improve how the service addressed any changes to people's needs.

### Using medicines safely

At our last inspection the provider had failed to ensure safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection around the safe management of medicines and the provider was no longer in breach of regulation 12.

- People and their relatives told us the support around medicines had improved. One person said, "Yes, someone comes around with medications, it's usually on time. There have been problems in the past because they have been so rushed." A relative said, "There was a safeguarding problem involving the medication given to my relative. That has now been resolved and as far as I know, things are OK." Another relative said, "There is a new system in place."
- Staff completed medicines administration records when supporting people. We observed staff following

good practice in medicines management on the day of the inspection. Temperature records for the storage room and medicines fridge were now regularly monitored.

- The management team increased their oversight of the medicines management with daily checks being completed by senior staff, weekly audits done by the deputy manager and monthly auditing by the registered manager. This allowed them to recognise and action any potential errors in a timely way.
- There was no excessive stock of medicines in the home anymore. Individual people's medicines records such as 'when required' medicines guidance or self-administration assessments were also in place.
- However, there was a need for improvement in topical medicines administration recording which we raised with the management, there were multiple gaps in records. This did not impact on people as there was no significant increase in people suffering any skin conditions. This action was yet to be completed and embedded.

## Preventing and controlling infection

At our last inspection the provider had failed to ensure appropriate cleanliness of the home environment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection around the infection prevention and control in the home and the provider was no longer in breach of regulation 12.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were still areas of the service and some of the service equipment which required a deep clean. The provider implemented additional cleaning schedules and housekeeping staff were recruited. However, the housekeeping staff did not provide support to the team seven days a week and the cleaning programme was not fully embedded yet. This had impacted on the overall cleanliness of the home. We discussed this with the registered manager and received evidence of the housekeeping support being scheduled throughout the week following the inspection. We have also signposted the provider to resources to develop their approach.
  - 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 that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were assured that the provider's infection prevention and control policy was up to date.
  - The provider enabled people to host visitors in line with the national COVID-19 guidance.
- We have also signposted the provider to resources to develop their approach.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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

- People and their relatives told us they felt safe in the home. One person said, "I absolutely feel safe here."

There are so many nice people around. I feel comfortable here."

- Where a person raised concerns with us on the day of the inspection, the registered manager reported those to the local authority safeguarding team and CQC without delay. They also took action to support the person and to investigate their concern. Previous safeguarding incidents had been reported externally as required.
- Staff knew how to recognise and report any safeguarding concerns and confirmed they received training on safeguarding. Staff told us they felt comfortable to raise any concerns with the registered manager and they would be listened to.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to ensure staff had appropriate training, knowledge and skills to provide safe and quality support to people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff did not always have the appropriate support and training to be able to provide quality support to people. At the last inspection we addressed gaps in staff training records with the provider. At this inspection, not enough improvement had been made and there were still significant gaps in staff training. For example, around health and safety, infection prevention and control, fire safety, continence or pressure area care, or supporting people living with dementia.
- Staff told us they did not always feel supported by the management or provided with feedback on what they did well and what could be improved, despite them completing recent refresher training in some areas. We observed this impacted on their practice and could pose risk to people, for example we observed poor moving and handling and staff not being able to spot changes to person's needs.
- We discussed this with the registered manager and the deputy manager who assured us on action taken following the inspection to equip staff with appropriate guidance.

The provider had failed to ensure staff had appropriate training, knowledge and skills to provide safe and quality support to people. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection we recommended the provider to review the national guidance on environment supporting people living with dementia and to make further improvements to the home to support people. The provider had not yet completed the improvements.

- The provider had not made any specific improvements to the home environment since the last inspection. They explained this was due to the fact they were undertaking a wider refurbishment of the home to make it more dementia friendly.
- People's rooms were personalised but the home environment did not support people to find their way and to minimise the distress related to dementia. This was partially mitigated by staff providing guidance

and support which had improved since the last inspection.

We recommend the provider reviews the national guidance on dementia friendly environments and makes further improvements to the home whilst the wider refurbishment works are underway.

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 MCA 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.

At our last inspection we recommended the provider reviewed the way they recorded MCA and 'best interest decisions' to ensure the records clearly indicated how the MCA Code of Practice was followed. The provider had not yet completed the improvements.

- The records of mental capacity assessments and best interest decisions, although in place, were not always clear and consistent with the MCA Code of Practice. For example, records did not always include who was involved in the best interests' decision-making process. At the time of the inspection, the provider had not yet made the required improvements.

We recommend the provider reviews the MCA and 'best interest decisions' records to ensure they clearly indicate how the MCA Code of Practice was followed.

- People told us they were listened to by staff and their choices were respected. One person said, "I do all my own personal care. I'm very independent and they respect that here. They support me to help me remain independent. They never force me to do anything I don't want to do."
- When people lacked capacity to make certain decisions, the registered manager completed the mental capacity assessments and best interest decisions were made. When people could have been deprived of their liberty as a result of the care they required to meet their needs, appropriate DoLS applications were submitted to the local authority.

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

- People and their relatives told us their needs were overall considered and assessed before they moved into the home. Some people found the care to be inconsistent due to staffing in the home which we addressed with the provider. Others found it to be person-centred and meeting their needs. One relative told us, "My relative moved into the home [recently]. We were asked to fill in a form that asked about his likes/dislikes. The first six weeks were incredibly traumatic, but the staff were amazing and got to know my relative in that time. Since then, things have been great – more than I could have hoped for."
- People told us staff understood their individual preferences and respected them. One person said, "[Staff] know what they are doing. Sometimes I like to [person explained their preferred night-time routine]. This is my choice. I have a lot of freedom here."

- The support people received around their social needs had improved since the last inspection. There was a dedicated wellbeing team supporting the care team now which positively impacted on people's experience. For example, one relative told us, "Somehow, the staff have been able to persuade [my relative] to go downstairs every day to play games and quizzes [which is their hobby]. He prefers to sit with the women rather than the men. My siblings and I all agree that it is incredible how our relative has changed. He is content."

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

- People and their relatives told us they were happy with the support they received around eating and drinking. One person said, "We can have as many cups of tea as we like during the day. I have a jug of water in my room for the night-time. Food is excellent – we have a roast on Sunday. Traditional stuff. I have a glass of wine with my roast." Another person said, "I can't fault the food, it is always lovely."
- We saw people were offered choice of meals and the food options were discussed with them and included in the menu planning. We also saw people in general received support to eat when they needed encouragement, although we addressed with the provider this was sometimes delayed at breakfast due to staffing levels. At lunch we saw one person had fallen asleep at the table and had not eaten very much. Staff gently approached them, asked if they wanted something else and if they enjoyed the food and helped them to have their meal. Staff stayed with people who needed individual support to eat throughout their meal.
- Staff supported people around risk of malnutrition and/or dehydration. People's weight was monitored with appropriate plans in place on how to help them to maintain good nutrition.

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

- People and their relatives told us overall they felt staff supported them to access healthcare services when needed. One person said, "I have to have injections in my stomach every day, a district nurse does this twice a day. That side of things is all done well." Another person told us, "I can see a doctor if I ask to see one. We see a chiropodist once a month. When I fell, I refused to go to hospital, although an ambulance was called." Some people told us they were waiting for dental or optician appointments, we received assurance from the registered manager these were being organised.
- Staff worked in partnership with local health services and communicated with them in a timely way. The community nurse visiting the service told us, "Staff always report to us [any changes] when we come. From what I can see [people] are happy, staff always let us know if things change, and chase anything up. There are no concerns." We observed senior care staff assisted the visiting professional on the day of the inspection which enabled effective communication and ensured people received joined- up care.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure their governance systems were used effectively. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection, we found the provider's governance systems were not used effectively by the registered manager to identify and address improvement needs in a timely way. At this inspection, we saw some improvements had been made but governance was still ineffective in making sure people's care was consistently safe and of good quality.
- For example, the audits completed in the home failed to identify gaps in fire safety checks and fire drills, concerns around deployment of staff affecting people's care, inadequate cleanliness of the care equipment and poor practice when supporting people with their mobility. Although there were improvements around medicines management, audits failed to address significant gaps in topical medicines records and shortfalls in patch medicines records.
- There continued to be a lack of oversight in relation to care plan reviews. People's care plans did not contain sufficient information and actions to address this from the last inspection had not been undertaken consistently.
- Where improvements had been made, they were not always consistent. One relative commented, "Since the last CQC inspection things have improved here", but also commented there were still outstanding issues they complained about and were not resolved, adding, "I don't quite understand why [management] can't get on top of these things."
- We discussed the governance shortfalls with the provider following the inspection and they allocated a senior manager with relevant knowledge and experience to support the registered manager to make the required improvements. The provider shared a plan of action with us explaining which areas of quality, safety and management they will concentrate on.

The provider had failed to ensure their governance systems were used effectively. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.



Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure their governance systems were used effectively. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection we received feedback from people and staff who had felt the registered manager was not always visible to them on a day to day basis. They also had told us the registered manager had not always had a good understanding of the home's day to day challenges. Although there was evidence of some walk round spot checks implemented by the management team since the last inspection, these were completed very infrequently. We were told by staff and people not much had changed since the last inspection.
- Staff told us, although the registered manager was approachable, they received limited support from them and did not feel they knew what was going on in the home on a day to day basis. Staff commented sometimes they were not even aware if the registered manager was present in the home. One staff member said, "Not every time [the registered manager] listens to us, they don't come out of the office." Another staff said, "[The registered manager] is never here when we need them."
- This was confirmed by people and their relatives. Not all people knew who the registered manager was and not all who did know had confidence in their management style. One relative told us, "I have spoken with the manager a few times, but I tend to deal more with the deputy manager. She is more visible. I find that often it is the deputy manager who is more hands-on. It's important [for a manager to speak to staff every day]. You need to know what is going on and people need to see you. They are quite tucked away in that office. It makes the managers seem unavailable. The manager is approachable, though."
- People and their relatives did not always feel listened to by the registered manager. Multiple relatives told us the communication from the registered manager was not answered in a timely way. They did not feel assured about the action taken by the registered manager following incidents, complaints or changes in their loved one's needs, sometimes they were not informed about those either.
- One person told us they were not convinced about how their complaints were responded to and they had limited opportunities to provide feedback. They said, "I do say what I think and it gets me into trouble here. Things sometimes go missing – clothing etc. And I complain all of the time about it. Doesn't make any difference. There were residents' meetings before [COVID-19] which I attended. When I first moved in, there were regular questionnaires." We saw there was one residents' meeting in January 2022, although it focused on things to do in the home and food choices and the registered manager was not present. Another person confirmed this, "We do have residents' meetings but not in recent times. I don't think I've completed a survey."

The provider had failed to ensure their governance systems were used effectively. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

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

- People and their relatives told us staff created a positive culture in the home. One person said, "They are generally kind and respectful. I think the care is good." Another person said, "The carers are kind and they treat me with respect. It's a good place." We saw when staff were available in the communal area and saw



one person getting anxious, they reassured them repeatedly and eventually the person was smiling and engaging with others.

- Staff commented they felt supported by the new deputy manager who was visible on the day of the inspection. We attended a staff handover where communication was well-led by the senior carer on duty and supported by the deputy manager. Staff commented they felt the team-work in the home and the general atmosphere were good and they helped each other, despite the challenges around the staffing levels.

- The staff team worked in partnership with other health and social care services in the local area. For example, the team had good links with the local community nursing team, mental health support team, care home support team's dietician and the local GP.

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  The provider had failed to ensure their governance systems were used effectively.

**The enforcement action we took:**

Imposed a condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure there were always enough staff deployed to support people which put people at risk.

**The enforcement action we took:**

Imposed a condition