Barrels UK Care Ltd

The Firs Residential Care 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?	**Good**
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
The Firs Residential Care Home is a residential care home registered to provide personal care and support to up to 29 people. At the time of our inspection there were 23 people using the service in one adapted building. There is a shared lounge, a dining room, a visiting pod and a conservatory on the ground floor. Bedrooms are single occupancy and are both on the ground and first floors.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Cambridgeshire and Peterborough. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

People's experience of using this service and what we found
Improvements had been made since the last CQC inspection. People's medicines were managed safely which decreased the risk of harm to people. Improvements had been made around staffs' infection control practices in the main. However, some staff practice demonstrated that whilst improvements had been made, good practice was not always fully embedded.

People in the main, had risk assessments and care plans in place that guided staff on how to monitor people's assessed risks. Staff knew the people they were supporting well. However, not everyone at the service had detailed care plans and risk assessments in place to help to guide staff particularly new staff. There were enough staff to support people safely, however staff worked hard and had become task led. This meant that people on occasion did not received person centred care.

Audits had made some improvements to the service provided but had not identified the shortfalls found during this inspection. This was in relation to records not always being maintained, or up to date, or on occasion person centred care not being carried out.

Staff were kind, and respectful towards the people they supported. People's equality, diversity and human rights were promoted and respected. Pre-assessments were undertaken on potential new people to the service. This helped make sure there were enough suitably trained staff to support people in line with current guidance and legislation. Staff were trained and had spot checks undertaken to review their competency.

Staff were encouraged to discuss and review their performance with their manager through supervision. Potential new staff to the service had a series of checks carried out on them to make sure they were suitable to work with the people they supported.

Staff understood how to keep people safe from harm or poor care. Staff knew to report any concerns they may have had to their manager or CQC. When people wanted to discuss their end of life wishes this

information was recorded to guide staff. Systems were in place to learn lessons when an incident, accident or near miss occurred or there was a risk of this.

Staff supported people with their food and fluid intake. People were encouraged to make their own choices and these choices were respected by staff. Staff helped promote and maintain people's privacy and dignity. The manager and staff, when required, worked with external health and social care professionals. This helped people to receive joined up care and support. There was a process in place to investigate complaints.

People, and their relatives and staff were asked to feedback on the service. Information was available in different formats when needed to help enable a person's understanding.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 24 December 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Following the last inspection (published 24 December 2020), and the identified breaches, we had serious concerns about the quality monitoring systems of this service and so we took enforcement action. The provider was required to send us reports each month including actions taken to ensure people receive safe and effective care and treatment.

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) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service continues to be in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service remains rated requires improvement. This service has been rated requires improvement for the last inspection (published 24 December 2020) and requires improvement for the previous inspection (published 17 October 2019). The service was also previously rated inadequate (published 25 May 2019).

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this inspection to check they had followed their action plan and to confirm that they had met the legal requirements. We have found evidence of some improvement and that the provider also needs to make further improvements. Please see the responsive and well-led sections of this full report.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

We have identified breaches in relation to a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. We also found a new breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 effective. Details are in our effective findings below.	**Good**
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**

The Firs Residential Care Home

Detailed findings

Background to this inspection

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

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. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

Inspection team
This 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.

Accompanying the inspector for part of the inspection was a dental inspector. The dental inspector was following up on the findings and recommendations from 'Smiling Matters', our national report on oral healthcare in care homes that was published in 2019.

Service and service type
The Firs Residential Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. The Firs Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 not a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection
We spoke with six people who used the service about their experience of the care provided. We spoke with seven members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the manager, senior care assistant, two care assistants, the cook and a housekeeper. We also spoke with a social care professional and two representatives from the external consultancy firm working with the service.

We used observations to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included five people's care plans and risk assessments relating to specific risk and health conditions and multiple medication records. We looked at the staff training matrix and a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We looked at the providers infection control policy.

Requires Improvement

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. At this inspection the rating 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.

Using medicines safely
At our last inspection the provider had failed to ensure medicines were safely managed. Medicine records were not detailed enough nor were they appropriately maintained. Some medicines had expired and when a person refused their prescribed medicines this was not flagged by staff as a concern. Staff were not working in line with the providers medicines policy. 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.
● Peoples medicines were safely managed. A person told us about their medicines, "I know what it's for." They confirmed that staff gave their medicines at the right time and had never forgotten to administer them.
● At this inspection we found the recording of people's prescribed medicines had improved.
● The provider had updated the medicines policy since the last CQC inspection. The policy now included guidance for staff on how handwritten entries should be signed and checked by staff.
● Staff had made improvements around cleaning equipment and equipment used to administer, crush or split tablets was seen to be visibly clean and in good order.
● Staff now made sure fridge and the medicines storage room temperatures were clearly recorded and temperatures were documented as being in range. This helped ensure people's medicines did not spoil.
● At the last CQC inspection we found medicines that had gone past their expiry date. At this inspection we checked a random selection of medicines and found them to be clearly marked as when opened and well within their expiry date.
● Staff told us about the improvements made to flag to a person's GP in a timely manner, when they had refused to take their prescribed medicines. These prompt actions would help promote a person's well-being.
● Staff had detailed guidance to ensure medicines prescribed to be given 'as required', such as pain relief, were given safely.

Preventing and controlling infection
At our last inspection the provider had failed to ensure infection control measures were safely managed. We found that staff were not always wearing their personal protective equipment (PPE) in line with current guidance. People were not encouraged to socially distance and cleaning schedules did not demonstrate that 'frequently touched' areas within the service were cleaned regularly. The providers policy around infection prevention and control was not up to date. 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. However, improvements made had not been fully embedded. We will check this again during our next planned inspection.

● We were somewhat assured that the provider was using PPE effectively and safely. At the last CQC inspection staff were not always wearing their PPE correctly and in line with current guidance. Improvements had been made in the main during this CQC inspection. An incident where a staff member was not wearing or disposing of their PPE correctly was resolved quickly when we reported this to the manager.

● We were assured that the provider was meeting shielding and social distancing rules. At the last CQC inspection people were not encouraged by staff to socially distance. We found during this inspection that chairs had been moved in the communal dining area to promote social distancing.

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The cleaning schedule now recorded how frequently 'high touch' areas were cleaned by staff. However, the records we looked at had not been completed for two days even though cleaning was observed to be happening.

● We were somewhat assured that the provider's infection prevention and control policy was up to date. At the last CQC inspection the providers infection control policy was not in line with current guidance. During this inspection we found that the infection control policy had improved. Infection control audits were undertaken and seen. However, improvements to staff practice were not always observed to have been fully embedded.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was admitting people safely to the service.

● 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 saw and we were told by the manager that visiting to the service was permitted. Visitors to the service could visit their relative or friend in the persons bedroom or use the visiting pod.

Assessing risk, safety monitoring and management

● Risk assessments in the main were in place to guide staff on how to monitor people's known risks. However, one risk assessment for a person who experienced regular increased anxiety that could put themselves at risk was not available. The manager told us there was a risk assessment in place, but they could not locate it. Staff were seen to respond well to the person with a known risk of increased anxiety who was becoming very distressed and physically aggressive towards staff. They tried to talk to the person and offered them distractions and space to help to alleviate the person's fears.

● 'Quick glance' care plans and risk assessments were put in place to guide staff when a person was new to the service. The manager told us a full care record that included all relevant care plans and risk assessments should be in situ within two weeks of the person living at the service. We found one person at risk of weight loss, still had a 'quick glance' care plan in place even though they had lived at the service for several months. Whilst a referral had been made to the dietician about the weight loss, the manager told us the records did need to be more detailed.

● Staff had access to people's personal emergency evacuation plans in the event of an emergency such as a fire. These guided staff on the support a person would need in such an emergency.

● An external fire risk assessment seen did not have documented whether the actions required had been completed. The manager said they had been actioned. Recent fire drills to put into practice staffs training were recorded as not being practiced at night. This increased the risk of all staff including night staff not being able to practice safe evacuation in line with their training.

Systems and processes to safeguard people from the risk of abuse

● Staff understood how to safeguard people from poor care or harm. Staff told us about their training and safeguarding knowledge that would help protect people.

● A staff member told us, "To safeguard the residents you make sure they are being treated in a dignified manner. Verbal abuse is safeguarding. I would take any concerns to my manager. If nothing happened, I would take it to safeguarding (local authority team) and CQC."

● People told us they felt safe at the service. When asked what made them feel safe, a person told us, "It's the staff." Another person confirmed to us, "Yes, I don't feel as though I am not safe." They went on to tell us that if they had any worries they would talk to staff as, "They will try to help me."

Staffing and recruitment

● There was enough staff on duty during our visits to assist people with their care and support needs safely. An additional member of staff had been added to night shifts.

● The manager used a dependency tool to calculate the number of staff required to support people safely on shift. However, we found that two dependency tools we looked at had been incorrectly completed. This increased the risk of the service not having the correct number of staff on each shift. This was corrected during the inspection.

● Employed staff had to undergo a series of checks to help ensure they were suitable to work with the people they supported. Checks included references from previous employers, checks on right to work permits, and explanations for any gaps in their employment history and criminal record checks.

Learning lessons when things go wrong

● Lessons had been learnt from the previous CQC inspection. A person confirmed to us, "It's so much better than last year, they have done so much in the last year."

● A staff member talked us through the improvements made around managing people's medicines safely following the last CQC inspection.

● Following an incident, paramedics had been called due to a person's injury. A protocol had been put in place around expectations of staff when handing over information to paramedics. This was following an investigation and lessons learnt.

Good

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 good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People in the main, were supported by staff to eat and drink enough. Where people were at risk of weight loss, we saw an external referral to a health professional had been made.
- We overheard that when people asked for something to eat staff sometimes queried this request. For example, one staff member was overheard saying to another that a person had already had one [named cereal]. We raised this with the manager and nominated individual. A recent meal-time experience audit showed this had already been identified. An action from the audit was to remind staff to promote second helpings of food where wanted.
- People gave us mixed opinions of whether staff would offer them a snack on request. One person said, "Staff would get me something to eat or drink in-between meals." However, another person told us staff wouldn't. We did not see snacks or fruit being offered to people in between meals.
- People said, and we saw, they were given a choice at mealtimes.

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

- Staff delivered people's care in line with updated legislation and guidance. Potential new people to the service had their individualised care and support preferences reviewed before the care package was accepted. This helped ensure staff were skilled and confident to meet the persons care and support requirements in line with current guidance and people's human rights.
- The manager was currently working with the local authority care home support team and an external consultancy firm to help ensure that people's records were up to date and in line with current guidance.

Staff support: induction, training, skills and experience

- Staff were trained to care for and support people safely and effectively.
- Staff completed an induction and undertook shadow shifts. This meant they shadowed another staff member whilst working.
- Staff also completed training. Staff had supervisions and competency spot checks to review and discuss their performance. A staff member said when their induction had finished, they had to complete a, "Medication competency and moving and handling assessment before starting (their first) shift."

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

- Staff supported people to make health and social care appointments or to be supported by friends or family. A person confirmed, "Staff take me to appointments to see the GP and have my eyes tested, I went to

the dentist every six months with staff, but not last year (due to COVID-19)."
● Staff worked with GPs to help update on people's health and well-being. Social care professionals came out to review the care of people they had placed at the service. A social care professional told us they were concerned that the person they supported still only had a 'quick glance' care plan in place. Although they also told us, "The staff are really nice."

Adapting service, design, decoration to meet people's needs
● The service had been adapted to meet people's needs. We saw dementia signage to help aid people's understanding of where communal toilets and bathrooms were. These signs would help orientate people.
● The building and interior had some refurbishment undertaken and planned. A person told us, "I have seen painters and a maintenance man fixing this around the home."
● Areas of the service and some furniture needed to be replaced and updated. For example, we found carpets that could become trip hazards and a chair in the communal lounge with a damaged arm. This damage would make the chair hard to clean thoroughly. The manager told us there were plans to update the carpets.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● Staff gave people choice and respected the choices they made. People told us they made their own choices about what to wear, when to get up and what to eat.
● The manager and staff were working with the local authority care home support team to improve people's mental capacity assessments and DoLS records.

Good

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 supported people's individual preferences and protected characteristics with respect.
- Staff knew the people they supported well, and people's wishes on how they wanted to be supported.
- Feedback received about the service provided by staff was positive. A person told us, "They look after you, I can't find any fault really at all." Another person said when they ask for anything, "Staff respond and get me what I want if they can."

Supporting people to express their views and be involved in making decisions about their care
- Records showed that people were supported by the manager and staff team to be involved in their care decisions. This helped make sure people's preferences were acted on without discrimination.
- Two people told us they were involved in decisions around their care and support needs. However, not all people spoken with were aware of their care records and being involved in these discussions.

Respecting and promoting people's privacy, dignity and independence
- Staff maintained and promoted people's privacy and dignity. People, when risk assessed as safe to do so, could have a key to their room and lock their door when they chose to do so.
- People told us staff knocked before entering their room to promote and maintain people's privacy.
- We saw staff, wherever possible, supported people to maintain their dignity by rearranging their clothes when needed or putting a blanket over their legs when hoisting them. All the time giving the person they were supporting words of encouragement.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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 did not always receive personalised care and support. Staff worked hard, but there was not always enough staff available to deliver person centred care. As a result, staff had become task led to get everything done. A person told us, "[Staff] are angry when they are too busy."
- A staff member was seen assisting a person with their meal at lunch time during our first site visit. As other staff were helping a person with personal care support, the staff member assisting the person to eat kept having to stop and deliver food trays to people in their rooms. This meant that the person being supported had a poor mealtime experience as they kept having to wait.
- Staff sometimes responded negatively to people when they asked for something to eat in between the mealtimes. A person said staff told them, "You need to wait for lunch."
- Staff did not always support people to maintain their hobbies and interests. People told us that since they lived at the service they did not always continue with their hobbies and interests. A person told us of their wish to be supported by staff for walks in the local community, but this had not happened. They said, "Well I suppose you can understand it, as [people at the service] would all want to go."
- Records showed that a staff member 'had a chat' with people about their individual care and support needs. However, some people spoken with were not aware of their care records and being involved in the discussions around their care decisions. One person when asked if they were aware said, "I don't know. I don't think so."

Staff worked hard but had become task led. This meant that people did not always receive person centred care and support from staff that met people's individual preferences and holistic needs. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had improved the mealtime experience for people during our second visit.

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.

- Non-activities staff made sure activities took place whilst a new activities co-ordinator was being recruited.
- Staff supported people to maintain relationships that were important to them. We saw a staff member assisting a person to write and send a letter to somebody that they wished to communicate with.
- Staff started a singalong that people seemed to enjoy, and we heard loud singing and clapping along in the shared lounge. However, staff taking part had not considered that people in the lounge may be wanting

to watch the television as the television was still on.
● People had mixed views about the activities that took place. One person told us there was, "No proper activities." The manager told us they had recently recruited a new activities co-ordinator.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● The manager had put information in different formats to help aid people's understanding would be made available when needed.
● Dementia friendly signs to help identify communal bathrooms and toilets were seen. Pictorial and large print information to guide people was seen on notice boards throughout the service.

Improving care quality in response to complaints or concerns
● The manager had a process in place to investigate and resolve, where possible, people's complaints. People had mixed views about how any complaints they raised had been dealt with. In the main people told us they had not had to complain but would speak to staff if they needed to.
● One person told us they had spoken to staff about their wishes regarding staff support with activities, but it had not yet been resolved. We raised this again with the manager to look into.

End of life care and support
● Staff had training in end of life and would support people at the end of their life alongside external health professionals to have as dignified a death as possible in line with their wishes.
● Staff had end of life wishes conversations with people and these were recorded to guide staff should people choose to have this conversation.
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Requires Improvement

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. At this inspection 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the providers governance system and audits had failed to identify that medicines were not safely managed. Nor were staff practicing good infection control practices in line with current government guidance. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection whilst some improvements had been made the providers governance system had not identified nor acted upon quickly enough, areas found requiring improvement. This meant there was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As a condition of CQC registration this service should have a registered manager in place. The current manager had completed the CQC application to become the registered manager. However, there had been queries regarding the applications submitted and so the manager had not yet registered with the CQC.
- Audits were undertaken to check the quality of the service provided. Any shortfalls were recorded on an action plan. These audits had led to some improvements but had not ensured the service had made enough improvement in the quality of service provided in a timely manner.
- Not everyone had full and detailed care plans and risk assessments in place even after living at the service for several months. Care plans and risk assessments on occasion had typos such as the wrong person's name and date within them.
- The staff dependency tool had not been completed accurately on two occasions. This increased the risk of inaccurate staffing levels at the service. Audits had not identified that although staff worked hard, staff had become task led. This meant that on occasion people did not receive person-centred care.
- An external fire risk assessment had not been updated to demonstrate whether actions required had been completed. Also, it had not been identified that recent fire drills for staff were at similar times and there was no evidence that a fire drill had been practiced at night recently. This would ensure all staff were practiced in emergency evacuations in line with their training.
- Pressure relieving mattress setting checks were carried out by staff. The manager told us that these checks were not recorded so they could not audit that these had occurred.
- A Provider Information Return (PIR) was sent to the service by CQC but had not been completed and

returned. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

This is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People in the main spoke positively about the manager and staff team. One person when asked if they were happy said, "Yes I am." Another person told us they could not think of any improvements needed.
● The manager had not notified the CQC about all incidents and events they were obliged to notify the CQC about. On a couple of occasions when a concern had been raised with the manager by an external health or social care professional, a notification had not been sent to the CQC. We discussed with the manager their understanding of notifying the CQC in these circumstances.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff told us that the manager was approachable and supportive. Meetings happened where staff could make suggestions and they were asked to complete a survey. Any actions from these meetings or surveys were actioned or ongoing. For example, recruiting a new activities co-ordinator to improve activities within the service.
● Relatives meetings took place and they were also asked to feedback on the service provided via a survey. Again, one of the actions was for the service to recruit a new activities co-ordinator.
● The manager told us how they had kept in touch with people's relatives during COVID-19 using telephones or emails. Face to face meetings with relatives started again from December 2021.
● The provider had displayed their CQC inspection rating conspicuously on their website.

Working in partnership with others
● Since the last CQC inspection the service had been working with an external consultancy firm and the local authority to help support staff to make the necessary improvements.
● The manager and staff team worked in partnership with a range of external health and social care professionals such as social workers and GPs to promote people's well-being.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff worked hard but had become task led. This meant that people did not always received person centred care. Regulation 9

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a continued breach of Regulation 17 HSCA RA Regulations 2014 Good governance The providers audits and governance system had not made enough improvement in a timely manner since the last CQC inspection. Nor had they identified areas for improvement found during this inspection. Regulation 17