

Voyage 1 Limited

1 Uppingham Gardens

Inspection report

Caversham
Reading
Berkshire
RG4 6SP

Tel: 01189462216
Website: www.voyagecare.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

1 Uppingham Gardens is a residential care home providing personal care. It can support a maximum of seven people who are diagnosed with learning disabilities or associated needs. The home consists of seven bedrooms with two bathrooms. Communal dining, lounge, kitchen and large gardens enable people to spend quality time together in the two-storey detached property, located in a quiet cul-de-sac. At the time of the inspection seven people were supported at the service.

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

Right Support:

- The registered manager did not use safe recruitment procedures to employ staff. There was a risk people could be supported by unsuitable staff putting them at higher risk of harm.
- Staff supported people with their medicines in a way that promoted their independence. However, other aspects of medicine management such as record keeping, medicine stock checks and safe storage needed improvement.
- The service gave people care and support in a clean and well-furnished environment that met their sensory and physical needs. However, some aspect of premises safety such as maintenance checks, asbestos and water checks and action plan needed improvement.
- People had a choice about their living environment and were able to personalise their rooms. People invited us to view their rooms and showed us how they sorted their rooms.
- The service and staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.
- Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff communicated with people in ways that met their needs.
- Staff enabled people to access specialist health and social care support in the community.
- Staff supported people and relatives to play an active role in maintaining their own health and wellbeing.

Right Care:

- The registered manager did not ensure effective deployment of staff to meet people's needs and keep them safe.
- The registered manager did not ensure safeguarding alerts were raised when needed. Not all staff were up-to-date training on how to recognise and report abuse.

- The registered manager did not ensure appropriate and consistent risk assessment, mitigation and review. Staff did not have current information on how they could help people cooperate to assess risks people might face.
- People's care, treatment and support plans did not always reflect their range of needs and support so staff could promote their wellbeing and enjoyment of life.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff spoke to people politely giving them time to respond and express their wishes.

Right Culture:

- We found the registered manager did not ensure we were notified of reportable events within a reasonable time frame.
- The registered manager did not follow their quality assurance policy effectively so they could assess, monitor and mitigate any risks relating to people, the service and others.
- The registered manager did not follow and accurately record and keep a copy of all the actions taken as required in the duty of candour regulation when a notifiable safety incident occurred.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.
- Staff placed people's wishes, needs and rights at the heart of everything they did.
- People and those important to them were involved in planning their care. Staff valued and acted upon people's views.

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 22 April 2020) and there were breaches of regulations. 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 the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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 carried out an unannounced comprehensive inspection of this service on 24 February 2020. 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 good governance and notification of other incidents.

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 and Well-led which contain those requirements.

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 the same. 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 1 Uppingham Gardens on our website at 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 breaches in relation to quality assurance; risk management; notification of incidents; record keeping; management of medicine and premises; staff deployment and recruitment, and duty of candour at this inspection. We have made a recommendation about meeting Mental Capacity Act legal framework.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

1 Uppingham Gardens

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.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

1 Uppingham Gardens 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. 1 Uppingham Gardens 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 a registered manager in post. We were also informed that the registered manager was going to stop managing the service and another manager was going to start managing this service. A new manager had commenced in the post at the service two days before the inspection. Both the registered manager and the new manager supported us during our inspection. The paperwork to make these registration changes had been sent to CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed the people who use the service and staff interactions and support. We spoke with the registered manager and the new manager and received feedback from four staff. We reviewed a range of records. This included four people's care records and all people's medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, quality assurance, maintenance and incidents/accidents, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager, the new manager and provider to validate evidence found such as staff information, further training data, premises and quality assurance records. We contacted five relatives of the people who use the service and spoke to two relatives.



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 good. At this inspection the rating has changed to 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.

Systems and processes to safeguard people from the risk of abuse

- We were not assured people were kept safe from avoidable harm because the registered manager did not demonstrate they fully understood how to protect them from abuse at all times.
- We found an incident where at least one safeguarding alert was not raised to ensure it was investigated properly. By failing to inform the relevant authorities of this allegation of abuse, this placed people at risk of ongoing harm or abuse.
- We asked for more information about it and we were told due to known behaviour of the person, this was not classed an allegation to be investigated and only dealt with it as an incident. The registered manager did not demonstrate they took allegations seriously and dismissed person's comments as 'known behaviours'.
- Although staff were able to explain how to recognise abuse, and how to report it including using whistleblowing procedure. Not all staff had safeguarding training to ensure they continued to be aware of when to raise concerns about any malpractice.
- There were systems and processes established to protect people who use the service from abuse and improper treatment. However, the registered manager and the staff did not ensure these systems were operated effectively.

The registered person did not ensure the provider's systems and processes to protect people from abuse and improper treatment were operated effectively and consistently. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of our inspection there were no safeguarding investigations ongoing. When alerts were raised, the provider was working together with the local authority safeguarding team to investigate it. Staff were confident they would be taken seriously if they raised concerns with the management.
- Relatives felt positive about the people and the service. They said, "Yes, I feel [service user] is very safe there and very well looked after" and "What I know and what I've seen, I'm very happy with the care [service user] gets."

Assessing risk, safety monitoring and management

- Although people lived free from unwarranted restrictions, the registered manager and staff team did not assess, monitor and manage safety and risks consistently. For example, one person was assessed being at medium risk of falls. However, risk mitigation was not specific to the person. There was no date noted for the next review of this risk.
- Not all specific guidelines for people were up to date so staff could support them in a least restrictive way and still manage risks. For example, according to one person's care plan, they had behaviour charts in place

to monitor and review it. But there were no charts for the month of July. The registered manager did not ensure records reflected current management of behaviour, if any further risks and mitigation were needed.

- Staff did not always keep accurate and complete records to help manage risks. For example, one person needed to have 100mls of fluid every hour however, it was not recorded accurately and consistently. It was not clear how this record supported risk mitigation. This monitoring of fluids was not supported in the person's daily notes either.
- We looked at two people's records and they were assessed to have a specific diet to manage their swallowing difficulties and reduce risk of choking. Looking at daily notes and speaking to staff, it transpired this was not being consistently followed. Staff also confirmed this and said, "[Person] can have any foods as long as it is cut up finely". When we asked about the person having sandwiches according to the daily notes, the staff member said the person should not have had that. The registered manager and the new manager said they would discuss this with the staff team. However, this was not overseen and picked up by them to ensure staff were following specific guidelines for safe diets.
- Staff did not manage the safety of the living environment and equipment in it well through checks and action to minimise risk. The registered manager did not ensure these checks were carried out to support people to stay safe.
- The records showed weekly and monthly health and safety checks such as water temperatures, fire alarms and doors, and people's equipment had not been completed for at least the last two weeks. Some checks were not done since May or June 2022.
- After the inspection, we asked the registered manager and the new manager to provide further evidence of other premises checks carried out such as external legionella risk assessment, thermostatic mixing valves (TMV) service, fire system inspection, fire and asbestos risk assessments. We received this information however the water sampling was missing and we had to make further enquiries externally to ensure equipment such as showers had TMV and failsafe checks done.
- We reviewed personal emergency evacuation plans (PEEPs) for people. It was noted in the PEEPs that all staff were trained in fire evacuation procedures. However, training information indicated that at least four staff did not have fire safety training; six staff did not have fire drills training out of 15. Records showed there had not been a night-time fire drill carried out when staff numbers were lower than during the day.

The registered person did not consistently assess the risk to health and safety of service users or mitigate such risks. The registered person did not ensure all actions were completed in a timely manner to make the service a safe place to provide care and support to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. We found that the registered manager had made the necessary referrals to the local authorities in relation to DoLS applications.
- After reviewing people's records, it was evident the staff had made some 'blanket' assessments of people's

capacity for different aspects of care and support. An assessment of person's capacity to consent or agree to the provision of services should be part of the care planning process for health and social care needs and should be recorded in the relevant documentation such as care plans.

- The staff completing the capacity assessments for various decisions did not demonstrate they fully understood MCA and reasons for assessments but stated they were told to do it for the people.

We recommend the registered person seeks advice and guidance from a reputable source about MCA legal framework, carrying out assessments and their responsibilities to ensure people could express their views and be involved in decision making.

Staffing and recruitment

- The registered manager did not use safe recruitment procedures to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
- We found the registered manager did not ensure information was obtained consistently about the full employment history and explanation of any gaps where necessary.
- Due to not having full employment histories for all staff reviewed, we could not determine if the registered manager had obtained satisfactory evidence of an applicant's conduct in previous employments working in health or social care or sought verification of the reason why the employments ended.
- We found one staff member had been employed without the provider carrying out a Disclosure and Barring Service (DBS) check. The staff member was asked to confirm if their DBS record from a previous employment had any changes rather carrying out necessary check such as check the barred list. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Another staff member had a risk assessment supporting their DBS record. We asked to see evidence that actions identified in the risk assessment were completed to ensure they were suitable to work in the service. We did not receive this information.
- This meant the registered manager did not ensure all the required checks were consistently carried out and this placed people at risk of receiving care from unsuitable staff.

The registered person had not followed safe recruitment procedures or obtained the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt there were usually enough staff to do their jobs safely. But a few said if they had more staff, there would be more time to spend with people.
- The registered managers said they reviewed the staffing numbers according to what people needed. We saw staff responded to people's request for support during the day.
- However, we observed people also spent a lot of their time in the lounge area just watching television. We observed a few people stayed in the rooms throughout the day. Staff said it would be due to not all staff had moving and handling training updated.
- This did not assure us the service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. We were not assured the numbers and skills of staff matched the needs of people using the service.

The registered person did not ensure appropriate deployment of competent, skilled and experienced staff so that people were safe and had their needs met. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a contingency plan and different contacts available for staff to call if they needed any help or advice.

Using medicines safely

- People did not always have their medicines managed safely.
- Our inspection was carried out during a heatwave. It is important medicines are stored under manufacturer's recommended temperature, as otherwise it can compromise their effectiveness and pose a risk to people's safety.
- Staff checked the temperature of the cabinet where the medicine was stored. We noted on seven days in July the temperature was 25 C and above. Some people were taking medicines that had to be stored under 25 C. This meant there was a risk of these medicines becoming unfit for use.
- We found an open tub of cream opened in October 2019 which had to be used within three months. We gave it to the registered manager to dispose of it.
- We reviewed records of medicine management including medication administration record (MAR) sheets. We found gaps in the MAR sheets and this was not picked up by the audits.
- People had 'when required' (PRN) medicine prescribed. When these were administered, staff did not record that on the MAR sheet accordingly. For example, one person had PRN medicine at least 21 times but only two entries were made on the back of the MAR sheet, as per policy.
- Not all PRN protocols were clear with details when and how to give medicine. For example, a person had sedatives prescribed as PRN to manage severe anxiety and agitation. However, the protocol did not include signs and triggers of changes to the person's behaviour, ways to help the person first and use PRN medicine as the last resort to ensure the person was not chemically restrained
- Where people were prescribed creams and ointments, it was not clear if it was applied at all. For example, one person had three types of daily ointments to be used. There was a topical medication administration record (TMAR) sheet, however it was not for the current month. The forms were blank, and the MAR sheets did not have these creams recorded at all. This was not in line with the providers policy. The registered manager did not ensure and oversaw the procedure was followed correctly and consistently.

The registered manager did not ensure the proper and safe management of medicines. This was a repeated breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- We were not assured the registered manager consistently managed incidents/accidents affecting people's safety well.
- Accidents and incidents were recorded on paper and computerised system, then the senior management would review them for any further actions to take.
- However, when we reviewed the records for incidents and accidents, it was not always clear what action was taken in response to those events as the registered manager did not fully complete the forms; or parts of the forms were missing.
- Some of the incidents were not recorded on the computerised system because the registered manager said it was related to people's behaviour. The provider's policy indicated all incidents and accidents had to be recorded on the system. This meant we were not assured these particular incidents were reviewed and action taken at the time of the events as per the provider's policy.
- It was not clear how the registered manager reviewed and used the information from incidents and accidents for trends and triggers, and to look for ways to reduce the risk of reoccurrence. The system in place did not highlight areas for improvement, or actions needed to mitigate the risks to individuals, so it would not have a detrimental effect to people's health and wellbeing.

The registered manager did not ensure care and treatment was provided in a safe way. They did not consistently assess the risk to health and safety of service users or mitigate such risks after incidents. This was a breach of Regulation 12 (1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- Staff were able to explain how to raise concerns and recorded incidents and near misses. The service supported people who may become distressed and show behaviour that challenged. The staff responded to incidents of this kind and worked with professionals where needed additional support. The service did not use any restrictions on people's freedom. They were supported to make right choices and manage risks.
- Professionals added, "Yes, staff have contacted us for our support at times of concern in a timely way" and "Our social workers are reviewing the service users and so far seem happy with the care being provided".

Preventing and controlling infection

- Overall, we were assured that staff were following safe infection and prevention control practice. We observed two staff members not wearing their face masks properly. In the laundry room there was no pedal bin and red 'sluice' bag in the sink was used instead. We saw there was also dirty laundry on the floor. We informed the registered manager and the new manager about this so they could address this with the staff members.
- Otherwise, we were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance. The staff at the service carried out checks and recorded information according to visiting rules before the inspectors could enter the premises.

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 as requires improvement. At this inspection 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

At our last inspection the registered manager and provider had failed to consistently assess, monitor and improve the quality of the service in line with their legal obligations and regulations. This was 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.

- The provider had established governance system within the service. However, we found there was no consistent and comprehensive overview of the service to ensure people received high quality care and support. Senior staff did not understand and demonstrate full compliance with regulatory and legislative requirements.
- Since the last inspection, the registered manager was overseeing three services and the absence of oversight was still evident during our inspection.
- The registered manager did not ensure all of the concerns we found on the inspection, were identified through their own quality monitoring systems. For example, missing recruitment information for staff suitability; issues and inaccuracies with medicine management, its recording and auditing; ensuring proper management of premises and equipment safety. We found the records were not consistently maintained for these areas.
- The tasks and record keeping were delegated to staff members. But it was clear the registered manager did not check things were done correctly and accurately at all times.
- The audits were either not complete or not used to identify any issues, improvements or updates to implement. Therefore, staff did not have accurate information about people, their support and risks, and the delivery of the service.

The registered person had not operated an effective system consistently to enable them to assess, monitor and improve the quality and safety of the service provided. They had not established or used an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a repeated breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

At our last inspection the registered person failed to notify the CQC of reportable incidents without delay. This was a breach of Regulation 18 of the Care Quality Commission (Registrations) Regulations 2009.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered manager had not ensured we were notified of reportable events within a reasonable time frame such as allegation of abuse and outcomes of DoLS. This meant we were not able to check the transparency of the service. We also could not monitor that appropriate action had been taken to ensure people were safe at that time.

The registered person did not always notify the Commission of notifiable events, 'without delay'. This was a repeated breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- We discussed with the registered managers the regulation and requirements to follow when notifiable safety incidents happened.
- Since the last inspection, there had been one incident reported to CQC where the duty of candour was applicable. The person was supported to receive the required treatment and appropriate care was provided.
- During this inspection, not all records of steps taken to meet the duty of candour requirements were available for review. We asked the registered manager to provide us with evidence the regulation had been followed when the serious injury had happened. We reviewed the information provided during the inspection. The registered manager did not ensure there was evidence to show the staff had followed the regulation and its requirements to complete all the actions set out.
- We were not assured the registered manager acted in an open and transparent way with relevant persons in relation to the incidents.

The registered person had failed to record and keep a copy of actions taken as required in the duty of candour regulation when a notifiable safety incident occurred. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and staff worked together to look after people's wellbeing, safety, and security. We observed staff were supportive to people and each other. It was clear people who use the service were important to the staff team.
- We observed the registered manager was not really visible in the service and did not work directly with people so they could lead by example. We were not assured the registered manager promoted equality and diversity in aspects of the running of the service.
- We observed the staff took a genuine interest in people, their wellbeing and supported them to live their lives as they chose. They said, "We offer good person-centred care and we care a lot for the residents", "We do our utmost to provide the best care and support for all our people we support" and "I support everyone to my best ability and concerns are always brought to senior and manager's attention".

- Relatives said, "It's like a family home and [staff] make it the best they can for residents; from what I've seen, I'm very happy about it" and "[Staff] have always been very good, very helpful and a good team. I know [service user] is happy there; you can tell that [service user] is happy, you can tell from things [service user] does."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Both registered managers praised the staff team and said, "Some [staff] left here and have new ones, and it was hard for all together to work, to trust each other as all new team. [Now] they are working together, support each other" and "[Staff] are incredibly friendly, passionate about the residents, wonderful atmosphere, always happy and chatty. [People] seem happy to see the staff. Staff are patient with them and listen to them".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- We did not witness the registered manager promoted a positive, caring, transparent and inclusive culture within the service. However, we saw the staff team were motivated to provide care and support to people as their needs and health were changing.
- Staff supported people to have a review and discussion about their care using key worker meetings. We reviewed some of the meeting notes, but we noted to the registered managers that meetings had not been recorded for couple of months now.
- The provider sought feedback from people, relatives and staff using a survey. Staff comments were addressed. However, in people's feedback one person said they felt very anxious. There was no further information to show what was done about it.
- Staff had some staff team meetings to ensure discuss the service. However, some staff said it could be more regular as they found it useful to keep up to date with what was going on in the service. Some staff added that communication in the service could be improved, too.
- People, and those important to them, were involved with staff to plan and oversee people's care and support. Relatives added, "Any urgent issues they will ring me to let me know all about [service user]. No concerns about staff. They usually know what's going on and they are very attentive when I ring up" and "They keep in touch with me and always let me know. [Staff] are very good at keeping in touch with me and let me know about [service user]. I know if there is a problem, they let me know."

Working in partnership with others

- The service had well-established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments such as GP's, dietician, mental health team and the local authority. The registered manager felt supported by professionals and they helped the service, particularly during the pandemic.
- The service had good links with the local community and the service worked in partnership to improve people's wellbeing and ensure they were involved as fully as possible.
- Professionals added, "[The new registered manager] has managed other services where we provide our [service]. I have nothing but good things to say about her. I think the home is in good hands" and "Yes, the service works in partnership with other agencies and in a timely manner".

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission about specified incidents without delay.</p> <p>Regulation 18 (1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure safe care and treatment. The registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe. The management of premises was not safe.</p> <p>Regulation 12 (1)(2)(a)(b)(d)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had not ensured that the established systems and processes to protect people from abuse and improper treatment were operated effectively.</p> <p>Regulation 13 (1)(2)(3)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).

Regulation 17 (1)(2)(a)(b)(c)(d)(f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.

Regulation 19 (1)(2)(3)(a) and Schedule 3

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA RA Regulations 2014 Duty of candour

Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. The registered person had failed to record and keep a copy of actions taken, as required of this regulation, when a notifiable safety incident occurred.

Regulation 20 (1)(2)(3)(4)(6)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not ensure there were sufficient numbers of suitably qualified,

competent, skilled and experienced staff deployed to ensure they can meet people's care and treatment needs.

Regulation 18 (1)