

Springfield Care Home

Springfield Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Springfield nursing home is a residential care home providing accommodation and personal care to people. The provider has been requested to change their name to avoid confusion as they do not provide nursing care. The home accommodates up to 40 people and during the inspection there were 35 people living in the home. The home has a large lounge/dining room on the ground floor and a smaller one on the first floor. There is a lift and stairs making each floor easily accessible to all people in the home.

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

Everyone we spoke with told us they felt safe. However, upon reviewing practice we identified potential concerns that could place people at risk of harm. This included concerns around medicines, risk management, staff recruitment and training, protection from potential abuse and governance procedures. During the inspection there were enough staff to meet the needs of people living in the home, however, some told us this was not always the case. We have recommended this is regularly reviewed. The home was clean and good procedures were in place for the management of infection.

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 did not always support this practice and we have made a recommendation about this.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was one person using the service who had a learning disability and or who were autistic. The required learning in this area was yet to be completed by staff in the home and we have made a recommendation about this and the completion of other key training.

Staff support had recently improved and team meetings had begun to take place. People's nutritional and hydration needs were met and everyone told us they enjoyed a varied and good standard of food. When people needed additional support referrals were made to specialist professionals as required.

Everyone we spoke with told us staff were kind and caring. People's privacy was respected and information was gathered about people's preferences, likes and dislikes. People's independence was promoted and respected.

Good information was collected for the delivery of a person-centred approach to people's care and support and people told us they had everything they needed. There was an available complaints procedure which people told us they knew how to access. End of life care had been considered in people's care plans and people's views on the discussion around the end of their life was respected.

Governance systems were starting to develop and this would allow better oversight of service delivery. Systems were not yet in place to measure and monitor continuous improvement. Recent notifications were

sent to the Commission as required and the last inspection ratings were on display in the home and on the provider's website. The culture in the home had much improved over recent months and staff and people all told us they liked the new manager and found them approachable.

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 good (published 13 July 2021).

Why we inspected.

The inspection was prompted in part due to ongoing concerns received about an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk to people. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Some action had been taken to mitigate risk but more action was required. The new manager had begun to take steps to introduce and implement the required changes.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to medicines, risk management, protection from abuse and good governance. We have also given 4 recommendations around staffing levels, monitoring and application of staff training, timely assessment including those relating to the Mental Capacity Act and measuring improvement based on people's feedback.

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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Springfield Nursing Home

Detailed findings

Background to this inspection

The inspection

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

The inspection was completed by 2 inspectors, a regulatory co-ordinator 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

Springfield Nursing Home 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. Springfield Nursing home is a care home without nursing care. CQC have requested the provider changes their name to avoid confusion as to the regulated activity they provide. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and was in the process of registering with the Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service and looked at information in the public domain. We sought feedback from stakeholder groups and other professionals. We also looked at 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 spoke with 17 staff including the home manager, clinical lead, senior care staff and care staff, domestic and catering staff. We spoke with 9 people who lived in the home and 2 visiting relatives. We reviewed 6 staff personnel files, 13 people's care records and governance information for medicines management, quality assurance, staff support and risk management.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were not in place to protect people from the risk of potential abuse.
- Care staff including seniors had not completed basic safeguarding awareness training. Records showed up to 50% of staff had not completed this training in the last 12 months.
- Documentation designed to protect people from basic risks such as constipation were ineffective and we noted 3 people who suffered serious impacts to their health and welfare as a consequence including 2 hospital admissions.
- When reviewing recruitment records, we found 2 staff had not received a Disclosure and Barring Service (DBS) check to ensure they were suitable for employment with vulnerable people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were restricted without the required authorisations under the Mental Capacity Act.

Systems had not been established to protect people from potential abuse. This placed people at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and clinical lead had identified staff required additional training around the Mental Capacity Act and this had been arranged. The clinical lead was to review all files to ensure when people were restricted the appropriate legal authorisations were in place.

Assessing risk, safety monitoring and management

- Procedures to mitigate risks to people's safety, health and welfare were not always followed or implemented by staff to keep people safe.
- When people had accidents or were involved in incidents that caused harm these were not reviewed in a timely way to ensure all action required was taken to mitigate any identified risks.
- When risk assessments were updated, they did not routinely identify and capture risks to people living in the home. This included risks around epilepsy, falls, choking and skin integrity.
- In August 2022 the home was inspected by the local fire service and a 'fire safety matters' letter was issued. The letter identified the provider needed to ensure fire risk was assessed. At the time of our inspection a year later this was not completed. Fire drills had not been completed and each shift did not have a trained fire marshal.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of

people using the service, placing them at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A fire risk assessment was completed in August 2023 following our inspection which identified moderate risks, one requiring immediate attention. Fire marshal training was identified as required by the new manager and scheduled to take place in September 2023.
- The maintenance person completed comprehensive checks on the safety of the equipment and building and acted as required.

Using medicines safely

- Medicines were not managed safely. Systems, records and audits were not completed in line with current best practice guidance.
- Medicine administration records (MARs) were not always countersigned to assure the accuracy of the prescription record, in line with best practice, and there were gaps in some MARs. This had been identified on the provider's own audit but was an ongoing issue.
- Medication competency assessments were not fully completed for staff and staff did not always receive a review or update of their competencies.
- We saw poor practice in respect of medicine security, including staff administering medicines and leaving the medicine trolley unlocked when they were not present.
- Two people told us their medicines were left with them. When we looked at their care plans there was not an assessment to determine if this was safe to do. A person said, "They [staff] leave them [medicines] for me to take, they have no need to watch me, I can take my painkillers any time."
- We found medicine bottles and creams did not always have an opening date recorded. This meant we could not be assured that the medicine was safe and effective to use and had not expired. Some medicine counts were difficult to follow.

Best practice guidelines were not followed and medicines were not managed safely which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When concerns relating to medicines were identified, the manager took immediate action and completed group supervisions with responsible staff. The clinical lead was in the process of ensuring staff were competent to safely administer and manage medicines.

Staffing and recruitment

- Staff recruitment was not always safe. We looked at the recruitment records for 6 staff during the inspection and 5 further staff as part of ongoing investigations. We found recruitment records were not kept as required to meet the requirements of the regulation.
- In the recruitment files we reviewed we found some did not have a recent photograph, there were identified gaps in employment records and 2 did not have DBS checks completed. A number of other files had historic (over 8 years old) DBS checks in place. The provider's recruitment policy was not being followed.

Suitable and effective safe recruitment procedures were not in place. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager took immediate action and arranged for the staff without DBS checks to have them

completed. They also set up a template for all recruitment files to ensure the contents complied with the required regulations and took the steps to assure themselves staff were recruited safely.

- During inspection there appeared to be enough staff on duty to support people well and most people living in the home told us they were supported in a timely and effective way. However, 2 people told us of times they had been upset when they didn't receive support as they would have liked in a timely way.
- The provider used a dependency tool to calculate how many staff were needed to support people in line with their assessed needs. However, this had not been used since April 2023 and used Intermittently prior to that. People's needs had changed and additional people had moved into the home.

We recommend the provider ensures that the dependency tool is reviewed more frequently to assure themselves there are always enough staff to support people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 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.
- The provider had an open-door policy for families and friends to visit their loved ones. There were procedures in place to follow in the event of an outbreak, which included avoiding social isolation by use of a dedicated and nominated visitor for each individual. People we spoke with all told us they could have visitors at any time. One person said, "My friends can visit me any time, there are no limitations, they can stay as long as they like."

Learning lessons when things go wrong

- Lessons were learned by the new manager. They were responsive to both the inspection findings and feedback.
- Where they could take action, it was taken and where they needed to investigate and develop plans of action these were begun.

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 has changed to 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

- Staff support had recently improved with the start of the new manager, however, some training had not been completed including training that had been identified as required to improve staff competence.
- The manager was new to post and had begun to provide staff with better support, this included more regular supervision and team meetings. Staff told us they felt supported and could seek advice whenever they needed it.
- There was not an easy-to-read training matrix in place to identify when staff last completed training and when it was next due. As a consequence, some training had not been completed for some time. Some staff had no recorded dates as to when they last completed mandatory training, including night seniors who were the responsible person in charge through the night.
- Some key training had not been completed but was scheduled including fire marshal training and first aid.

We recommend the provider ensures systems are developed to fully monitor staff training, that staff complete their mandatory training in a timely way, including the required mandatory training to support people who have a learning disability or who are autistic.

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

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 did not always assess people's needs in a timely way and did not always follow the principles of the MCA. For example, when new people moved into the home, it had taken some time for their assessments to be completed including assessments to determine if DoLS applications were required.
- The manager had identified this as a concern and had developed new admission checklists for all new admissions to ensure paperwork was completed in a timelier way. However, the completion of these checklists was inconsistent.
- Where people had been assessed as lacking the capacity to make certain decisions, best interest decisions had not always been completed. However, we did see people's power of attorney or next of kin had been involved in and agreed to some care plans we reviewed.
- The clinical lead was in the process of reviewing all care plans with the manager and senior staff to identify the gaps and address any shortfalls.

We recommend a consistent and timely approach is adopted to assessment and the full implementation of best practice identified in the MCA toolkit.

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

- There were procedures in place to ensure people received enough nutrition and hydration to maintain a balanced diet.
- Key information was captured on a blackboard in the dining room of people's dietary requirements including any information as an outcome of choking assessments. This was identifiable by room number only and each staff member had a document listing everyone in the home, their room number and key support needs.
- Where people were at risk of dehydration or malnutrition their intake of both fluids and foods was monitored. We saw people were mostly of a good weight and when people lost weight, the kitchen prepared high calorific options to support them.
- People we spoke with liked the food. A person told us, "The food is smashing; I get plenty of choice."

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

- People were referred to specialist agencies as required and we saw good practice around implementing the requirements of any referral.
- People told us if they needed a GP, they could see one. One person told us, "I have seen the chiropodist, physiotherapist and hairdresser, the optician has also been to check my vision."

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

- The home was in a good state of repair and designed well for the people who were living there.
- Corridors were wide for use by people using a wheelchair or mobility equipment and with handrails for those who wanted to walk with their support.
- Tables were decorated nicely for meals and people told us they liked reading the menus for the day.
- Around the home there were easy to read information boards including details of activities and the staff on duty.

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 good. At this inspection the rating for this key question has remained 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

- People's equality and diversity was respected and people were supported in a way they wanted. People we spoke with spoke very highly of the staff and the home. We were told people could do what they wanted, dependent on their needs and wishes, and there was always plenty to do.
 - There was a well-advertised programme of activities including visiting performers, trips out and one to one time. One person told us, "I have everything I need all day, every day. I just have to ask for something and they get it for me."
 - When we asked people how the staff treated them, we were told very well on all occasions. One person told us, "The staff are smashing, they are very kind and helpful. They are friendly and we have a good chat."
- Supporting people to express their views and be involved in making decisions about their care
- We saw staff asking people what they wanted to do and giving people time to express their preferences. We saw reviews of care including people and their families.
 - People were asked how they wanted to be addressed, we were told by people, this was agreed. We were told by one person, "I am called by my first name, not a pet name."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted and people had the autonomy to spend their day as they choose. People we spoke with told us they were supported as much or as little as they wanted. People told us staff ensured they had everything they needed to remain as independent as possible such as their walker or glasses. One person told us, "They make sure I have my glasses on me at all times." Another said, "I like to have my handbag with me at all times and staff make sure I know where it is."
- To maintain one person's independence whose needs fluctuated, we were told that staff checked with them daily to ensure they were still ok doing the things they had done the day before. We were told, "I tell the staff what I want to do by myself and they let me get on with it."
- We saw respectful interactions between people all day and when staff saw someone may need additional support, they assisted them to their room for support to be delivered privately. One person told us, "My privacy and dignity are respected at all times. They shut my door and curtains if they are supporting me." Another said, "They respect me at all times. When staff are with me, they close my bedroom door or toilet door if they help me to the bathroom."

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 good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were developed to reflect their needs but the 6 people we asked about their care plan all told us they had not seen it. We spoke with the manager about this who provided us with evidence that people were involved with reviewing their care. This included signed review forms with some people in the home and some with their relatives as power of attorney.
- We were assured by talking with people that they received their care as they would like. One person told us, "I have everything I need to get around, I have a wheelchair and turntable which I get on when I want to move from my wheelchair to a comfy chair or to my bed."
- We saw 'about me' information was collected for everyone in the home and this was used to identify people's preferences and choices including what activities they wanted.
- During the inspection the care plans were in the process of being re written and a social and emotional care plan was being developed. We were shown a group supervision where the information had been shared and a copy of the template to be used was shown to staff.
- People were asked each day what they would like to eat and this was provided. Everyone told us the food choices were excellent. One said, "There is so much choice on the menu I have never needed to ask for anything special but I would get whatever I asked for, if I asked."

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.

- People had their communication needs assessed and plans of care were developed.
- Where people had hearing aids and glasses or used electronics for communication, they had them on their person. We were told that spare batteries were kept for any hearing aids. One person told us they used their iPad to talk to family and it was always kept charged.
- A pictorial menu was available on each table every day as well as a written one.

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

- Throughout the inspection we saw activities taking place including a visiting school singing songs, skittles and bingo. People told us there was plenty to do but if they didn't want to do anything that was also respected.

- The week's activities were displayed on a board in the entrance hall and we heard staff asking people if they wanted to take part in them. People we spoke with told us they were never bored. One person told us, "There are plenty of activities to take part in here. I especially like the dominoes and bingo. They really do keep us busy and active."
- Where people had links with community groups they were encouraged. We were told, "The catholic church comes and gives communion." Another said, "I can go to church wherever I want."

Improving care quality in response to complaints or concerns

- Complaints were appropriately responded to by the manager and any improvements to practice were identified and shared with the staff team. There was an accessible and available complaints policy and procedure in place. We did note a right of appeal was not included to the bottom of final complaint responses. When we spoke with the manager, we were assured this was an oversight and were told this would be added to each final response moving forward.
- We saw the new manager completed thorough investigations into complaints and provided the best response they could with the information available.
- When we asked people about complaints, they all said they had no reason to complain but they knew how to. One said, "I have never had to make a complaint, but I would if I felt it was necessary. I would go to the manager if needed as they are very helpful." Others told us if they spoke to staff things would get changed.

End of life care and support

- We saw end of life care conversations were held with people living in the home and if appropriate their family members.
- Preferred priorities of care were collated and recorded when people felt comfortable to discuss them. We also saw when people didn't feel comfortable to discuss these, the option was delayed for the next review.

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 good. At this inspection the rating has changed to 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The home had a system of quality audit which was not effective in identifying concerns and issues as they arose. Governance systems were not appropriately embedded to allow for effective oversight on the quality-of-service delivery. Staff were not always following the provider's policies and procedures.
- Care plan audits were not completed regularly. There were 7 care plan audits due to be completed in July and 5 were completed, 2 care plans had been rewritten into a new format and a new admission care plan had also been audited. The home can support up to a maximum of 35 people, if only 7 care plans were audited each month, then each care plan would not be audited for up to five months. This meant that care plans could go a number of months before they were checked to ascertain if they were both accurate and complete.
- The manager had developed an action plan when care plans were audited but this was not re-visited so actions remained incomplete month on month. There was not a home improvement plan upon which all actions could be monitored for completion and evaluated for having the desired effect.
- When medicine audits identified concerns with recording on the Medicine Administration Records (MARs) these were not effectively actioned and staff continued to make the same mistakes.
- People's care records contained contradictory information. For example, a daily progress note would record a person had opened their bowels yet the bowel monitoring record would say they had not. People's daily progress notes were not fully completed and incidents were not always recorded.
- Injuries to people did not always result in the completion of a body map and body maps were not used to monitor wounds and injury through to healing.

There were not effective procedures for governance and oversight of provision and records were not a contemporaneous account of activity. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager acknowledged there had been a drop-in audit activity. This was due to them becoming the manager and filling their previous role as deputy had left a gap in resource. They were addressing this and moving forward new monitoring activity was to be delegated to senior staff with oversight and audit from management.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had begun to be involved in the day to day running of the service. Since the new manager had been in post, they had begun resident meetings. Changes had been made to the mealtime experience which was seen positively by people in the home. However, there was a varying attitude to the effectiveness of the meetings and resulting change.
- When we discussed the dining room experience one person told us, "I have attended a meeting. We discussed the availability of staff when they are needed. They discussed changing the dining room routine, but I feel it is slipping back to how it was, which is faster."
- We asked about the productivity of the meetings with residents and most we spoke with felt they would be positive moving forward. However, one person told us, "There have been meetings but I didn't attend as I have been told nothing will change."

We recommend the provider develops a routine and measured way of gathering people's views to allow them to measure improvement moving forward.

- We were told by the manager and staff they had good working relationships with key stakeholders. We saw when information was provided by key professionals it was implemented into people's routine to ensure their needs were met.
- The new manager's attitude to the inspection was positive and when we delivered feedback throughout the inspection action was taken to address any concerns and to develop procedures that moving forward would be productive at reducing identified risks.

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

- There was a positive staff culture at the home. Staff we spoke with all said they would place loved ones in the home. We saw they worked together as a team with a well-developed handover for each shift.
- Staff told us the home was a good place to work which had improved under the new manager. One told us, "Handovers daily, since the new manager been in post, we have had a full staff team meeting and a seniors meeting."
- We saw meeting minutes for recent staff meetings and saw staff were asked their opinion and involved in decisions made to drive improvement. We were told morale was good. One staff member said, "I like it, the people here are happy, coworkers are happy and helpful."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Best practice guidelines were not followed and medicines were not managed safely. This put people at risk of harm. Regulation 12 (1) (2) a, b, g.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems had not been established to protect people from potential abuse. This placed people at risk of harm. Regulation 13 (1) (2) (3) (4) b (5) (7) b.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not effective procedures for governance and oversight of provision and records were not a contemporaneous account of activity. Regulation 17 (1) (2) a, b, c.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Suitable and effective safe recruitment procedures had not been in place and schedule 3 of the relevant regulation was not followed. This placed people at risk of harm. Regulation 19 (1) a (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.