

# Asprey Healthcare Limited

# Sherwood House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sherwood House is a residential care home providing personal care to up to 35 older people, some living with dementia. The service supported 29 people at the time of the inspection.

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

People did not always have robust and consistent individual risk management plans, although staff knew them well and were generally aware of how to provide safe support. The management team did not always recognise how they could proactively support people to minimise risks to their health and wellbeing, for example by learning from incidents and accidents.

Staff were not always able to provide timely, safe and person-centred care to people around their physical or emotional needs. This could cause a risk to people when they got upset or tried to mobilise unsupported. The registered manager made some recent improvements to how the medicines were managed, but the systems and processes in the home were not always safe, putting people at risk of not getting their medicines as prescribed.

The staff team followed good infection prevention and control in their day to day practice, but due to lack of regular housekeeping the cleanliness and tidiness of the home deteriorated. Staff were not always provided with training to ensure they had all skills and knowledge required to support people safely. However, most staff told us they felt supported in their roles, competent and listened to by the management.

The quality and safety monitoring systems in the home did not always effectively identify and address risks and improvements needed. However, the registered manager was progressing with some identified improvement actions and was responsive to our feedback.

People were supported to eat and drink when needed and their individual needs and preferences were addressed in their care plans. Staff contacted healthcare professionals when people required their input to remain healthy and well.

People felt safe in the home and were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 12 Feb 2020).

### Why we inspected

We received concerns in relation to management of medicines, staffing, cleanliness and the management of the home. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

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

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective and Well-led sections of this full report.

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

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

### Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing, safe care and treatment and good governance.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sherwood House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Sherwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with nine members of staff including the nominated individual, registered manager, administrator, senior care worker, care workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed elements of nine people's risk management and care records. We looked at training data, incidents and accidents records, quality assurance records and service action plans. We spoke with three relatives of people who receive care in Sherwood House.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

### Staffing and recruitment

- The provider used a specific tool to determine staffing levels, however, we found there were not always enough staff present to ensure all people received timely care. People were at risk of avoidable harm and emotional distress, as they could not always access support as per their assessed needs. Those who could use the call bell said they sometimes needed to wait. One relative said, "I would say they could do with more if I'm honest. I feel that they are under a lot of pressure."
- Staff we spoke with confirmed their days were very busy and they could not always provide timely support, especially when several people required assistance or reassurance at once.
- We observed one person getting increasingly distressed on multiple occasions throughout the day and there were not enough staff to reassure and redirect them. They approached other people and verbalised their distress which caused both of them to get upset and posed a risk of people reacting verbally or physically to each other's anxiety. As staff were busy assisting others, they were not always available to prompt this person to use their walking aid. This increased the risk of the person falling. We saw, from incidents we reviewed, there were occasions when people did react to each other's distress in a way which could have harmed all involved.
- Another person was upset in the dining room and kept asking to be assisted to go into their room. Staff told us they could not support them as they could not be left alone due to risk of falls. They commented there had not been enough staff to assist this person at that time. Staff supporting people to enjoy a quiz had to interrupt so that they could assist people in the dining room and to answer the call bell, as other staff were busy assisting people.
- We observed one staff member assisting two people at the same time to have their lunch by giving one spoon of food to one person and then another spoon to the other. Staff commented there were not enough of them to provide dedicated support to each person. This was not protecting people's dignity and not allowing them to receive support they needed in a safe, person-centred way.
- On other occasions throughout the day, three people were looking for staff in the communal areas as they were getting distressed or needed support with a task important to them. One person was calling out for help from their bedroom. We observed there were not enough staff around to ensure they received timely support. We raised it with the management team who then supported people.

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

We discussed our observations with the registered manager and the nominated individual. The provider had

implemented a range of actions to recruit new staff and some were already appointed to their roles. Following the inspection, they also informed us they allocated one more member of staff to support people in the afternoons.

- The provider followed safe recruitment processes. Each applicant had to provide suitable professional references, as well as documents confirming their identity, right to work in the United Kingdom and Disclosure and Barring Service (DBS) check. The DBS supports employers to make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were not consistently assessed and addressed. The guidance in people's care records was not always clear. There was also a lack of proactive approach to managing risks in line with best practice, for example, around supporting people living with dementia or those at risk of falls.
- One person had fallen multiple times. This included incidents of sliding off their wheelchair, tripping on the footplates or when walking without appropriate footwear. This was raised by staff in the incident forms, but this person's risk assessment did not include any actions around how the specific risks would be mitigated or if the wheelchair's suitability was checked.
- Where people could get distressed, their risk assessments were not always robust enough to guide staff what support was to be offered to reassure or redirect them to avoid confrontation with others or staff. One person's care record inconsistently guided staff this person needed support of three or two staff members when receiving personal care. The assessed ways to support the individual were not person-centred or in line with best practice in dementia care, so could put the person and others at risk. The registered manager assured us the community mental health team was asked for support but there were no recommendations provided as of yet.
- One person required support to mobilise, but their care records included contradicting information as to what aids and support they needed. Another person's care plan included guidance for staff to use a specific aid for some transfers but this aid could pose a risk to the person when used for all transfers. There were no details in the care plan on what other aids were available and how staff should use them. We saw a person who needed a walking frame was given different aids by staff throughout the day, on one occasion a frame labelled with different person's name. This could increase the risk of people falling if they did not use the aids appropriate for their needs.
- The registered manager did not ensure all care equipment in the home was safe to use and clean despite this being identified as an improvement need in the home's health and safety audit. For example, wheelchairs were found to not always have footplates in good working order and were not clean. The lifting equipment was serviced as per legal requirements.
- In other areas, staff supported people to manage their individual needs safely, for example, risks around pressure area care or malnutrition.
- Opportunities to learn lessons following incidents and accidents and to make improvements to care were missed. The registered manager reviewed incidents and accidents, but the review did not always include looking at follow up action needed to keep people safe and to address their changing needs.
- Where people fell, there was no evidence of a robust review of factors which could contribute to the risk. This included instances of staff reporting the floor had been wet, there had been an uneven surface, or the person was likely to mobilise in distress and without aids at certain times. There was minimal information on how any follow up action was implemented and monitored for its effectiveness in reducing risks to people. Some people were found to suffer falls when having an infection, but it was not clear on what action was taken to minimise the risk of the infection itself.
- The registered manager implemented a falls analysis from August 2021 and addressed some trends they identified, such as when a person suffered falls at night. They took action and provided the person with a



movement sensor mat which enabled staff to assist them and reduced the number of falls they suffered since. They also completed referrals to other healthcare professionals where they found more support was needed.

#### Using medicines safely

- Medicines management systems were not always safe, putting people at risk of not having their medicines as prescribed. Prior to the inspection, the registered manager identified a range of discrepancies in the medicines records which they reported to the local authority safeguarding team and investigated. However, these were not identified in a timely way which put people at risk.
- Shortfalls in other aspects of safe management of medicines were not identified during the recent checks. For example, people's medicines administration records (MAR) included some medicines which were not signed by staff as given to people. It was not clear if those medicines were no longer used as per prescriber's instructions or people did not receive support to have them. The registered manager could not confirm that with us on the day. These included inhalers for two people who also had other respiratory medicines prescribed and used. This could pose a risk to people's condition deteriorating if they could not access their medicines as prescribed.
- Staff signed for medicines they administered to people on a daily basis and knew how to support people to take their medicines. However, records were not always robust enough and not in line with the national guidance. For example, there was no guidance for staff on how to support people safely with 'when required' medicines, including medicines prescribed for supporting people when they got distressed. The home was supported by temporary senior staff at times. The lack of guidance could pose a risk of people not getting their medicines safely if staff on duty did not know people as well as staff supporting them for long time.
- The home stored people's insulin in the fridge in the clinical room but the temperature in the fridge was not regularly checked and on some occasions was not within the safe range. We saw records lacked information on what action was taken to remedy that. The registered manager implemented a 'gaps' in MAR record but there were no comments on what action was taken when people did not have their medicines as prescribed.
- Not all medicines were appropriately dated when opened, for example eye drops. The registered manager was taking action to safely dispose of excessive stocks of medicines, but this was not completed. There were a lot of out of date and not needed medicines stored in the clinical room next to the stock currently needed for people. The system used in the home put staff at risk of making mistakes such as confusing medicines, hence people's health could be adversely affected.
- The registered manager took some action to improve the safety of the medicines management. For example, staff received support to review their competencies and to repeat their training. They were also checking medicines stock more regularly. We checked a sample of medicines stock on the day with senior staff and that was correct.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider struggled to recruit for housekeeping roles in the service and at the time of the inspection care staff were allocated to support the home with cleaning and laundry. However, staff were not allocated for all days of the week. The home was not meeting cleaning standards in line with good infection prevention and control (IPC). For example, clean, dirty and soiled items were not appropriately stored in the laundry room which meant there was a risk of cross contamination. We saw bags of dirty laundry and rubbish to be disposed of in the hallway of the home, limescale staining in the bathrooms and flooring, people's furniture and communal areas which required deep clean. Not all continence aids and other medical supplies were stored in a hygienic way as well.

- We were somewhat assured that the provider was using PPE effectively and safely. Staff used PPE correctly throughout the day. However, clean PPE was stored on some toilet units which posed a risk of cross-contamination. There were not enough safe lidded bins for disposal of used PPE around the service. We saw items of PPE disposed of in open bins and an overflow of clinical waste not being removed from the sluice room.

We spoke with the management around our observations. They confirmed they were seeking to appoint a contractor as soon as possible to support the home with cleaning and they had allocated a member of staff to complete IPC trainer course to support staff team in ensuring good IPC practice. Following the inspection, we received confirmation cleaning staff were supporting the home 7 days a week going forward. We have also signposted the provider to resources to develop their approach.

The failure to ensure safe management of medicines, appropriate cleanliness of the home environment and the failure to consistently support people around their individual risks, as well as to effectively learn from accidents and incidents was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the home was safe. One person said, "The staff are very good to me." A relative of the person receiving care said, "I do feel [person] is safe."
- Staff were aware of how to recognise and report any safeguarding concerns and received training in safeguarding. One staff member explained to us how, if they witnessed an incident of abuse or neglect, they would make sure the person is safe and supported. They also said they would report any concerns to the registered manager who would contact the local authority and investigate the matter so appropriate action was taken to protect people.
- The provider had a safeguarding policy in place and monitored any safeguarding concerns they raised with the local authority. The registered manager identified a range of actions to support timely reporting to the local authority following their feedback and to ensure staff could access safeguarding team contacts.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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 did not always receive all training required to support them in their roles, but felt the management enabled them to develop their knowledge and skills. Staff told us they had to complete mandatory training, were competency assessed and completed the Care Certificate, where they were new to care. The Care Certificate is a nationally recognised set of qualifications required for staff working in social care.
- However, staff training records evidenced multiple members of staff had out of date moving and handling or fire safety training. We observed one staff supporting a person to stand up outside of the good practice in moving and handling. Although the person did not sustain any harm, support was not provided in line with good moving and handling. The provider's quarterly fire drill identified a delay in staff approaching the assembly point, nevertheless staff had not refresh their fire safety training since.
- Not all staff received training relevant to the specific needs of people they supported. For example, relevant staff were not trained in catheter care or falls prevention. Only one member of staff was trained in diabetes care or oral care, and two staff in supporting people when distressed. There was no evidence of staff who supported with housekeeping being trained in using the appropriate cleaning materials or in infection prevention and control.

Following the inspection, the registered manager provided with assurances that there was a moving and handling trainer in the service now who would provide training for staff. They were upskilling a member of staff to become an IPC trainer and planned to increase fire drill frequency to ensure staff competency was checked until they refreshed their training.

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

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

- The home was under refurbishment and building works were carried out in some areas which were separated from the main home where people lived. The changes caused reduction in communal areas available to people and the main communal area used was the dining room.
- Although the communal areas were accessible to people, we observed some found it difficult to find their way around. There was limited space offering things to do meeting people's interests and enabling them to have some quiet time as most seating areas were located in communal corridors.

We recommend the provider reviews the national guidance on environment supporting people living with dementia and makes further improvements to the home to support people.

- People could personalise their bedrooms and we saw they were supported to furnish and decorate their rooms with items of personal significance. There was a lift available to people to move between the floors safely and to access the communal areas and the garden downstairs.
- There was some signage around the home enabling people to orientate themselves and some people had dementia specific signs on their bedroom doors.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager recently reviewed people's DoLS applications and updated any relevant documentation which was shared with the local authority. Where people could not provide a valid consent to live and receive care in Sherwood House, their records included relevant information on how care would be provided in least restrictive ways.
- The records of mental capacity assessments and best interest decisions although in place, were not always clear and consistent with the MCA Code of Practice. For example, some people were found to have capacity to make certain decisions around their care but there was still a 'best interest plan' in place for them correlating with the care plan. Mental capacity records were aligned with people's care plans which sometimes made it unclear on what specific decision was assessed. People's records included information on people advocating on their behalf but the consultation with those people was not always clearly recorded in people's 'best interest plans'.

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

- People told us they were able to choose what they wanted on a day to day basis and information on how to enable them to do so was included in their care plans.
- Staff received training in MCA and DoLS and were able to tell us how they would support people to make choices. One staff said, "We need to always give residents choice. If I believe the person may not have capacity, I would hand over to manager to follow the MCA process and contact LPOA (person's legal representative)."

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

- People's care plans addressed the key areas of their individual needs and risks. For example, people's needs around personal care, oral and skin care were assessed. People told us they were generally happy

with the care they received. One said, "The staff help in every way they can. They get to know people as individuals."

- People's records addressed their preferences around their day to day life, environment or what they liked to do and who was important to them. A relative confirmed staff knew people, "They do know [person] well. They have a really nice attitude towards them. They are caring."
- The management team ensured the COVID-19 national guidance was reflected in the policies and procedures in the home. For example, they created a visiting pod to enable people to see their loved ones when there were national restrictions in place during the pandemic. People were supported to access COVID-19 vaccinations and testing and there was clear process for visitors to follow to adhere to COVID-19 safety measures in line with the national guidance.

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

- People told us they liked the food in the home and they could have a drink or a snack if they wished to. One person said, "We get decent meals. It's home-cooked." Another person commented, "We have plenty of choice in the food."
- The home was taking part in a 'Better Nutrition in Care Homes' project led by the local clinical care home support team, aiming to improve support people received around their nutritional needs. Staff regularly monitored any changes in people's needs. The kitchen staff offered nutritionally enriched meals, shakes and other food options to people to ensure they were encouraged to eat well, especially if they were losing weight.
- Staff were aware when people needed support around their nutrition and hydration. The senior member of staff explained to us how they ensured people who required support and were at high risk of malnutrition and dehydration received help in a timely way. They factored that in when allocating staff to support different people. The chef was aware of people who needed a specific diet and was able to provide appropriate meals for them.

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

- Staff referred people to other healthcare services when needed. For example, where people needed support around their eating and drinking, risk of falls, medical conditions or mental health, appropriate healthcare professionals were contacted. If people had accidents, staff contacted the ambulance service.
- Staff supported people to access their GPs when their health changed and advocated on their behalf when they needed any additional healthcare professionals' input. They also worked with the local pharmacy and people's families to ensure people could access other services. This was included in the management plans on how to improve the service and in people's care records.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The management of the home did not always effectively identify improvement needs or completed actions to promptly address any shortfalls in quality and safety. For example, not all improvement needs and risks identified on the day of the inspection were addressed within provider's audits and improvement action plans.
- For example, the last IPC audit was completed in July 2021 and did not identify any issues with the cleanliness of the premises. The registered manager was aware of the issues caused by the housekeeping team leaving but failed to effectively monitor and address the impact it had on the home after that. There was some action taken to provide support from a contracted cleaning company and care staff, but this was not effective in ensuring the IPC standards were maintained in the home on the day.
- The health and safety audit initially from September 2020, then from June 2021 identified issues with wheelchairs, but these were not resolved in November 2021. The recent medicines audit did not identify the shortfalls we brought to the attention of the management on the day of the inspection.
- Staff told us the registered manager was approachable and kind, but they felt they were not always visible to them on a day to day basis and did not always feel they had a good understanding of the home's day to day challenges. We discussed this with the management team who commented they were very busy with recruitment and other managerial tasks and provided hands on support as far as it was possible. At the point of the inspection, the management team did not include in their governance framework direct observations of the day to day care to enable them to identify any improvement needs more effectively.
- The registered manager shared with us their improvement action plan for the home and improvement action plan following the previous local authority visit. However, not all actions were addressed in the plans, and some lacked an update on progress with their completion. One action around 'when required' medicines records was signed off as completed by the registered manager in September 2021. However, there were no 'when required' protocols in use in the clinical room when we inspected.

The provider had failed to ensure their governance systems were used effectively. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took some action following audits, such as increased monitoring of medicines

stock, staff re-training in medicines management or implementation of incident and accident analysis.

- The registered manager was aware of the regulatory requirements to notify CQC about certain events in the service and they had done so.

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

- People told us they felt good about the home and were valued by staff. One person said, "I think it's a nice place." Another person said, "[Staff] are very nice." People were able to participate in residents' meetings but this was temporarily not in place as there were no lifestyle and wellbeing staff to support the care team with this. However, staff commented they asked people for their ideas and comments, for example about food menus and events in the home and the meetings would be re-started as soon as possible.
- People's relatives shared mixed feedback around how the home communicated with them and involved them. One relative said, "I will ask about (person's condition and support). They do come back to me and give me specifics.". Another relative commented, "If I'm honest, I think they could update us more. You don't really get much feedback. Even if they just sent me an email that would be good. We used to have relatives' meetings, but we don't have those now because of COVID." The registered manager confirmed they were providing relatives with regular email updates and COVID-19 changed a lot about how relatives were involved in the day to day life in the home.
- Staff commented they were able to share their views, ideas and felt team-work and communication in the home were good. One staff member said, "[Management] ask us if we have any questions. They always listen to us. They are open to our suggestions." The registered manager held staff meetings where staff could discuss any feedback and changes in people's needs. Staff also told us they had regular supervisions.

Working in partnership with others; 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 worked in partnership with healthcare services in the local area, such as care home support team, GPs, pharmacy or community mental health team.
- People's relatives commented the management of the service were transparent with them when things went wrong. For example, one relative said, "They did tell me about a medication mistake. There were no adverse effects. I was pleased for the transparency."
- Staff commented they felt confident to report any concerns to the registered manager or the nominated individual and felt they would be listened to and appropriately reported externally if needed. One staff said, "We have always been very open. You have got to be honest."

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 18 HSCA RA Regulations 2014 Staffing  There were not always sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to safely meet people's needs.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure that risks to people and their changing needs were consistently reviewed and addressed, medicines management systems and processes were safe and safety was promoted through the hygiene practices of the premises and staff infection prevention and control practice.</p>

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to effectively establish and operate systems and processes to assess, monitor and improve the quality and safety of the service in order to mitigate the risks.</p>

### The enforcement action we took:

Warning Notice