Mr Manmohun Ramnial

# Bafford House

## Inspection report

Bafford House
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Date of inspection visit:
22 November 2021
23 November 2021

Date of publication:
22 December 2021

## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| 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
Bafford House is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

People were accommodated in one adapted building. The service specialised in the care of people who lived with dementia and mental health needs.

People's experience of using this service and what we found
Processes in place to ensure risks to people's health and safety were not sufficiently assessed and action taken to mitigate risk was not sufficient. Environmental risks were not always mitigated.

The provider's quality monitoring system was ineffective in supporting the provider to independently check and assess their compliance with necessary regulations. It did not support a pathway for sustaining improvement.

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. However, processes under the Mental Capacity Act and Deprivation of Liberty Safeguards had not been fully followed to ensure people who may be deprived of their liberty were protected.

Managers had faced unprecedented challenges in staffing the care home and recruiting staff. They had worked hard to ensure this had not impacted on people's care. It had however, impacted on their ability to maintain adequate cleaning levels.

The recruitment of care staff had just taken place prior to the inspection, but the service still needed to recruit a cleaner.

We have made a recommendation about staff recruitment.

Some areas of infection, prevention and control required improvement and we signposted the service to system partners for further support on this.

There were gaps in staff training and support which meant the service was heavily reliant on very few staff with the level of skills and knowledge to be able to support less experienced staff.

We have made a recommendation about staff training and supervision.

Opportunities for social and stimulating activities had been limited to when care staff were able to support these, but an activities co-ordinator was due to start soon to make improvements to this.

People told us they felt safe and people's representatives considered their relatives to be safe and well cared for.

People were supported to take their medicines and medicines were managed safely. People were supported to eat and drink safely and to have a choice in what they ate and drank.

People told us they liked the staff who looked after them and all relatives spoke highly of the staff saying they treated their relative with kindness, respect and dignity.

People were supported to maintain their independence and to make daily choices about their care. People's representatives were kept well informed about their relative's care and able to contribute in discussions about this.

There were processes in place for the management of concerns and complaints.

Managers were in frequent contact with people and their relatives and this provided opportunities for feedback about the service to be given. Arrangements had not been made by managers to formally request this, as part of the service's quality monitoring process, since the pandemic started.

We have made a recommendation about seeking feedback.

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

This service was registered with us on 29 October 2021 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 16 July 2019.

Why we inspected
This was a planned inspection following the service's registration but was also in response to concerns received about people's care. A decision was made for us to inspect and examine 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.

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

We found people were at potential risk of harm and although the provider had taken some action to reduce risks to people, this was not enough for us to be assured that people were fully safe.

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

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 maintaining people's health and safety, adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards and quality monitoring processes at this inspection.

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.

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| **Is the service safe?**<br>The service was not safe.<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was not always effective.<br>Details are in our effective findings below. | **Requires Improvement** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was not well-led.<br>Details are in our well-Led findings below. | **Requires Improvement** |

# Bafford 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
This inspection was carried out by two inspectors 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
Bafford 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 did not have a manager registered with the Care Quality Commission. This was not required as the provider is a single person and they 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 inspection
We reviewed information we had received about the service since its registration with us. We sought feedback from the local authority and partner agencies. 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 three people who used the service and nine relatives by telephone about their experience of the care provided. We spoke with three care staff, the laundry assistant, the deputy manager and the provider.

We reviewed a range of records. This included seven people's care records, including records related to the Mental Capacity Act and Deprivation of Liberty Safeguards. We looked at five staff recruitments files. A variety of records relating to the management of the service, including COVID 19 testing records, fire safety and other related health and safety records, audits and policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training information and further health and safety related records.

Requires Improvement

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Preventing and controlling infection

- A Legionella risk assessment had not been completed. The risk assessment is required by law to check what control measures were required to eliminate the growth of Legionella bacteria in the water system. The provider could not be assured that the actions they had taken were enough to protect people. The provider had also not maintained one of the relevant key monitoring actions since August 2021; the monitoring of water temperatures.
- Cleaning in areas, other than communal rooms, was completed on an ad-hoc basis, including enhanced cleaning, without cleaning records being maintained. We observed evidence of inadequate cleaning such as dirty carpets, cobwebs including dead flies and spiders in window areas.
- We were not assured that effective systems were in place for safe and effective access and disposal of personal, protective equipment (PPE). Clean PPE (gloves) were observed sitting alongside bags containing dirty laundry, used continence pads and used crockery.
- Staff were not doffing (removing) their PPE appropriately after providing personal care or after handling used continence pads. There were no appropriate pedal bins for staff to dispose of used PPE and continence aids.
- Effective hand hygiene could not be supported due to a lack of paper towels and liquid soap in some toilet areas. Staff had also not all received training in infection prevention and control.

Assessing risk, safety monitoring and management

- Risks which could potentially impact on people who use the service, including staff and others who visit, had not always been assessed, checked and fully managed. Action needed to ensure risks were mitigated had not always been completed.
- The fire risk assessment had been reviewed in May 2021 but a gas safety certificate, referred to in this assessment as being required, had still not been obtained.
- A risk assessment had not been completed in relation to the Control of Substances Hazardous to Health (COSHH). The risk assessment is required by law to check that the control measures in place are enough to protect service users and the staff who use these products. The provider had not ensured all of these products were stored securely but without completing the necessary risk assessment they could not be assured their action was enough.
- The provider had identified some areas of required safety improvement and was replacing perished floor coverings, which can increase incidents of trips and falls. Other hazards had not been identified or assessed. We found unsecured cable trunking in one toilet area, which the provider addressed after they were

informed of this, free standing radiators in use without guards and a faulty and inappropriate window restrictor in place.
● The updated staff training record showed gaps in some staffs' training, in subjects associated with safety. This included infection control, health and safety, first aid and recognising and managing deterioration in people's health. Staff told us they had not received training on the service's processes for supporting people to evacuate the building in the event of a fire.
● The risk mitigation plans of people used moving and handling equipment and staff's moving and handling training were not up to date to ensure people would be supported safely.

We found no evidence that people had been harmed however, all the above evidence shows that systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider responded immediately after the inspection and confirmed they had taken water temperatures and updated their record.
● They told us they had purchased additional PPE stations and were fitting these in place. They had replenished the paper towel dispensers.
● There were arrangements in place for supporting people's relatives and friends to visit as well as visits by professionals. On the day of the inspection these arrangements did not fully meet with government guidance. Checks prior to entry into the care home were not completed before one inspector and one relative entered the care home.

We recommend the provider seek advice and guidance from a reputable source on how to improve the existing visitor screening arrangements in order to prevent the spread of infection.

Staffing and recruitment
● Managers had experienced unprecedented challenges in staffing the care home and staff recruitment. One relative said, "I think the manager has had some stressful moments with staffing but if he has to use agency staff, he always tries to get people who've been before, so they know the ropes. The staff have changed a lot but there's still a good atmosphere when you walk in."
● The situation had improved just prior to the inspection as some agency staff who knew Bafford House had been employed by the provider. An activities co-ordinator was due to start work soon. Challenges remained in trying to recruit a housekeeper to clean.
● Recruitment checks had been completed before staff started work although, the provider had not always sought a reference from a previous employer where the job had included previous care work. This was seen for two new staff members.

We recommend the provider refers to current guidance regarding staff recruitment.

Using medicines safely
● People were supported to take their medicines as prescribed and safely. This included where a best interests decision had been made for a person's medicines to be administered covertly (hidden in food or drink).
● Arrangements were in place for the safe receipt and checking in of medicine supplies, storage of medicines and the return to the pharmacy of unused medicines.
● Managers ensured people's medicines were reviewed as required. One person had become over sedated after being prescribed new medication to help with their mental health. Staff had requested a review of this,

and the medicine subsequently stopped by the prescriber.
● An electronic medicines administration record (EMAR) was in use. This recorded when people's medicines were due to be administered and when they were administered. It also flagged up to the staff who administered these, any associated risks, for example, covert administration or blood thinning medicines (anti-coagulants) including any overdue administrations.

Learning lessons when things go wrong
● The provider had updated and altered their system for recording the administration of medicines to EMARs since several medicines recording errors were made earlier in the year. This system flagged up to staff if a prescribed medicine, due to be administered, was not yet signed for. However, lessons had not been learnt and this did not result in action being taken to maintain or increase the medicine audits.

Preventing and controlling infection
● Managers were supporting safe admissions. This included the requirement for a negative Polymerase Chain Reaction (PCR) test prior to admission. One relative said, "[Name] was still testing positive and they [the hospital] wanted to send her out but he [the proprietor] insisted they keep her." PCR and Lateral Flow Device (LFD) testing followed admission. A person who was required to self-isolate following their admission had been supported to do this.
● Arrangements were in place for appropriate and regular service user PCR testing and staff PCR and LFD testing in line with government guidance.

We signposted the service for support from the local care home infection prevention team for support.

Systems and processes to safeguard people from the risk of abuse
● There were arrangements in place for safeguarding concerns to be shared with the local authority's safeguarding teams and appropriate partner agencies.
● Staff had received training in safeguarding and knew who to report concerns to.

Requires Improvement

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

● People who lived with dementia had not always had their mental capacity assessed in terms of the decision to live at Bafford House. Steps had not always been taken to ensure appropriate applications for DoLS had been submitted. This meant people who lacked the mental capacity may not be protected and empowered to make their own decisions about their care and treatment and be restricted unlawfully.

We found no evidence that people had been harmed however, systems were not in place or robust enough to demonstrate people were protected under the Mental Capacity Act 2005. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Two people had authorised DoLS and conditions had been applied to these. These had been met apart from one person's condition which was to have a 'recorded' risk assessment and care plan on the safe management of COVID 19 during their visits outside of the care home. In practice, managers had discussed with the person's relative what was needed to reduce the person's risks of being exposed to COVID 19

infection.
● Mental capacity assessments had been completed prior to best interests decisions being made for medicines to be administered covertly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's health and care related risk assessments had not been reviewed consistently on a monthly basis as managers would have preferred. We were informed this had been down to needing to prioritise people's care. The deputy manager was responsible for reviewing people's care related risk assessments. They worked regularly with care staff delivering people's care and along with staff handovers staff were provided with updated guidance on people's changing needs and risks. This included managing people's moving and handling needs, mobility and falls risks and nutritional risks.
● One person was experiencing seating problems and a referral to an appropriate healthcare professional had not been sought. This was discussed during this inspection and inspectors flagged this up with multi-agency partners. Other referrals had taken place which included involvement by a speech and language therapist (SLT) and an occupational therapist. Staff followed the instructions which had been given by these professionals.
● Managers ensured people were treated equally and not discriminated against. People were supported to make choices and in doing so staff were aware of people's protected characteristics and were aware of where they required support.

Staff support: induction, training, skills and experience
● A formal process for providing staff with designated supervision sessions to identify training needs and to support ongoing development had not been maintained. Staff however, told us they felt supported by the managers. The deputy manager told us they closely monitored staff competencies and care practices but there was no formal record of this.
●The training record showed gaps in the provision of some key training subjects such as MCA and DoLS, death and bereavement and management of behaviours of distress which other people could find difficult.
● The service was heavily dependent on the skills and experience of the deputy manager to ensure people's care needs were reviewed and met appropriately.

We recommend the provider finds out more about providing appropriate training, supervision and development for staff, based on current best practice, so there are more skilled staff able to provide support and mentorship to less experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet
● People were provided with food which met their needs and were provided with alternatives from the main menu.
● We observed people being supported to drink and given reminders when it was time to eat and drink. People were encouraged to join others in the dining room to eat so they retained their social and independent eating skills.
● People's weights and appetites were monitored and any concerns about these discussed with the GP.
● People were provided with textured altered foods and drinks to prevent choking and to aid swallowing. This was prepared following the International Dysphagia Diet Standardisation Initiative (IDDSI) guidance but staff preparing this had not completed formal training on IDDSI.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff had faced challenges in obtaining timely support from emergency services at a time system partners

were experiencing unprecedent challenges.

● Regular GP visits to the care home had stopped since the pandemic but managers had weekly contact with a GP and were able to review people's health needs with that GP. Where a face to face review was required staff had ensured people had access to a GP visit or visit by other healthcare professionals such as the mental health team.

● The local authority remained in contact with the managers of the service and where needed, they and the staff liaised with other professionals to facilitate admission to the care home.

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

● The care home's environment required refurbishment in places, but it provided people with a lounge on the ground floor where people watched television and socialised. People who walked with purpose had room to do this safely; on one level. The main staircase was not accessible to people who may not be safe to use these un-escorted. Additional seating areas provided a less stimulated area for people to sit quietly when needed.

● The dining room was on the lower ground floor. The only safe access to this for people was by a passenger lift and staff supported people to use this. Staff also had access to the lower ground floor by a metal spiral staircase but access to this was restricted to staff only to prevent accidents to people.

● The care home had one working bath with a shower attachment and bath hoist. This was on the lower ground floor. A member of staff told us it was difficult with one bath, but people who liked to have a bath were supported to have one on a regular basis. Bedrooms either had adjoining toilet and washing facilities or a sink in the bedroom. There were additional toilets on all floors, some with adapted seating.

● Some bedrooms required additional heating in the form of freestanding radiators. One person who felt the cold had been given a thicker quilt cover for their bed.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 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 we spoke with told us they felt well cared for. A person said, "They look after me well, they are beautiful people."
- Another person told us their memory was their problem, but staff gave them reassurance by telling them not to worry and said they would remind them of things when needed.
- A relative said, "I'm very welcomed when I get there, and they look after me too because I'm disabled now. I don't know of any improvements they could make."

Supporting people to express their views and be involved in making decisions about their care
- People were able to express their views and in one person's case, staff were patient with the person when this was sometimes done in an offensive manner.
- People's care plans showed some evidence of their involvement in making decisions about their care, but for many people, their relatives were involved in this as their representative. A relative said, "They do involve us with her care [care decisions] and they always talk to us when we go. They keep us informed about her food, general health and things. Dad really feels she is being looked after well."

Respecting and promoting people's privacy, dignity and independence
- We observed bedroom and toilet doors to be kept closed during personal care delivery. One person required a visit to the toilet and staff approached them in a quiet way, maintaining their dignity in front of others and suggesting the person follow them, which they did.
- One relative said, "There's a noticeable, positive, difference in [name's] personal hygiene. It's a difficult area but they seem to be managing it well."
- People were supported to retain skills which promoted and helped to maintain their independence. This was seen in the encouragement people were given at lunchtime to attend the dining room and retain their walking and eating skills. Also, in the support one person was given to go out with their relative which was especially important to them.

Good

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 preferences and needs were well understood by the managers and longer-term staff. Care plans had been reviewed but where there had been challenges in always doing this monthly, good communication and close working with staff, by the managers, provided the support needed to ensure people's needs continued to be met in a person-centred way.
- The care home had faced unprecedented challenges at times with staffing, and managers explained that their priority had been to organise their work so that people's care needs remained their priority. This had included, on some days, non-care staff supporting people to drink or eat (under the guidance of the managers) and to ensure people's preferences continued to be met as close as possible to when they required this to be met and in the way they preferred it to be met
- We observed people being provided with choice, in what they wanted to eat or drink, where they wished to spend their time and with some other simple activities, such as watching the television, doing a puzzle or colouring a picture.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood by the staff. One person told us they had poor hearing and usually wore a hearing aid but had lost this. A member of staff went to kook for this and reported this to a manager when they could not find it so this could be addressed.
- We observed staff crouching down when they spoke with people to maintain eye contact with the person and support their focus and concentration. Staff spoke clearly and slowly through their face masks and repeated themselves where this was needed, either to be heard or if the person could not retain what had been said.
- Information could be provided for people in large print if required.

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

- People were supported in a COVID safe way to maintain relationships with people who mattered to them. Relatives were able to visit and spend time with their loved ones. Support had been provided to keep contact by telephone when visiting to the care home had been restricted.

● Staff provided some social activity support when they were able to, but this had been limited. Managers had identified this as an area of need, and they had recently recruited a member of staff who was due to take a lead on this soon.

Improving care quality in response to complaints or concerns

● The service had a complaints policy. Managers informed us they had not received any complaints from relatives. The deputy manager explained they were in frequent contact with relatives and if a relative raised a concern or needed an explanation, this was addressed immediately. A record was not kept of these. Managers confirmed that records would be kept of formal (written) complaints or where feedback had been received which required investigation and a response. An example of this was shown to us during the inspection along with the provider's response.

● A relative said, "[Name's] been there about eight years now and I have complained but it was about four years ago, and it was dealt with." Another relative explained their relative had lived at Bafford House for five or six years and they said, "They did have a box for anonymous complaints, but I didn't do it. If I've ever had concerns, I've just talked to [name or name], the managers and they've taken it on board."

End of life care and support

● There were arrangements in place to support people at the end of their life.

● Staff worked with GPs and other community-based healthcare professionals, to ensure people received the support they required at this time. End of life medicines were prescribed in case these were required and made ready for use by community nurses.

● People's end of life wishes were recorded and arrangements were in place for relatives to visit and be with their loved ones in a COVID safe way at the end of their life.

Requires Improvement

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the service management and leadership was inconsistent in maintaining adequate levels of self-assessment and compliance with necessary regulations to ensure people remained safe and that action was taken to make improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and deputy manager shared the management of the service. The provider's quality monitoring system was ineffective in ensuring regulatory requirements were met and maintained.
- Monitoring processes were not consistently operated or at times were absent. These did not always lead to action being taken to address the shortfall. This was seen in the infection control audit which identified water temperature checks were not being kept up to date.
- Overarching health and safety policies were in place, but the provider had not fully met these with respect to the risk assessments required for Legionella and COSHH. This meant the provider could not be assured that the action they had taken, in relation to these, was enough to keep people, staff and visitors safe. They could not identify whether further control measures were required.
- A process for completing routine environmental health and safety checks was not in place. This meant risks identified during this inspection had not been identified or assessed by the provider. This included the unsecure cable trunking, the use of free-standing radiators without safety guards and a faulty window restrictor.
- The provider did not have a process in place to independently check that their fire safety procedures and practices were followed and were effective. Requirements relating to fire safety were still not completed which included a gas safety certificate and fire evacuation training for all staff. A fire drill had been competed but there was no recorded evaluation of this to state if further improvement was needed or not.
- An annual audit plan had not been maintained for 2021 and audits related to care practices and care records had not been maintained. This included a medicines audit not completed since March 2021 and a care plan audit had not been completed since January 2021.
- Accidents, for example falls, were recorded, but the records for these were not audited to analyse for patterns and trends and to check if the risk reduction actions in place remained relevant and effective. People's weights which were recorded monthly but were also not audited to identify patterns of weight loss over a period. The deputy manager was reliant on their current knowledge of people's monthly weights and feedback from staff about any losses in appetite.
- There was no process in place to check that requirements under the MCA and DoLS were met and that people were not deprived of their liberty unlawfully.
- The provider had not formally competed a review of staff training requirements or staff competencies to

ensure staff had the correct skill and knowledge to meet people's needs. Gaps in staff training had not been addressed comprehensively.

We found no evidence that people had been harmed however, systems were not in place or robust enough to demonstrate that the service could independently identify areas of risk and take effective action to address these. This placed people at risk of harm. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Both the provider and deputy manager met their responsibilities when notifying us (the Care Quality Commission) of necessary events and in sharing information with other system partners such as the local safeguarding team.
● When information was requested by us the provider was responsive in forwarding this to us.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Managers promoted a person centred and inclusive culture despite challenging circumstances.
● Staff told us managers were supportive, caring and concerned for people's wellbeing. A new member of staff told us what it was they liked about the care home, they said, "They really care about the residents." Another new member of staff referred to the care team, including the managers as being "A lovely team." There were numerous references made by staff on how the managers helped the staff with practical tasks and supported their wellbeing.
● One relative referred to the openness and inclusivity of the service and said, "I feel known there and encouraged to visit." Another relative said, "[Name and name – the managers] are fantastic."

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
● Both the provider and deputy manager understood their legal responsibility to be open and honest with people when things did not go to plan.
● On relative said, "I get notification straight away if [name's] fallen and they always tell me what's going on."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Managers had faced unprecedented challenges in maintaining a service to people on a day to day basis so the process of formally seeking feedback from people, relatives, staff and professionals during this time, had not been a priority.
● Managers were visible and approachable and people, their relatives and staff clearly had opportunities to give feedback.

We recommend the provider seek advice on how best to gather feedback so it supports a quality improvement program.

Continuous learning and improving care
● Managers had been open and welcoming of the support provided by the local care home infection and prevention team and had improved their COVID 19 safety measures following their advice and support. The introduction of new staff had meant that some practices and arrangements needed to be revisited to ensure improvements were maintained moving forward.

Working in partnership with others

● Managers worked with commissioners of care and other system partner to facilitate admission to the care home for people who required care.

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 11 HSCA RA Regulations 2014 Need for consent<br><br>People who used services and lived with dementia were not protected as process under the Mental Capacity Act and Deprivation of Liberty Safeguards had not always been followed.<br><br>Regulation 11 (1) |

This section is primarily information for the provider

# Enforcement actions

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>People who use services and others were not protected against risks associated with their health and safety.<br><br>Regulation 12 (1) (2) (c) (d) (h) |

**The enforcement action we took:**

We issued a warning notice to the provider informing them that they must be compliant with the regulation by 17/1/22.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>People who use services were not protected from risks because the provider did not have in place effective systems and processes to assess, monitor and improve the services health and safety requirements.<br><br>Actions and control measures were not always taken and maintained to reduce risks to people.<br><br>Records relating to people's care and the management of the service were not always completed or maintained.<br><br>Regulation 17 (1) (2) (a) (b) (c) (d) |

**The enforcement action we took:**

We issued a warning notice to the provider informing them that they must be compliant with the regulation by 13/3/22.