

Nazareth Care Charitable Trust

Nazareth House - East Finchley

Inspection report

162 East End Road
East Finchley
London
N2 0RU

Tel: 02088831104

Date of inspection visit:
13 July 2021
14 July 2021

Date of publication:
21 September 2021

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

Nazareth House is a residential care home providing accommodation and personal care to people aged 65 and over, some of whom were living with dementia. The service is registered to support up to 84 people. At the time of the inspection there were 78 people living at the home.

The home is a large adapted residential house which has living space and bedrooms over two floors.

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

Throughout the inspection we observed people to receive appropriate care and support at Nazareth House. Relatives were happy with the care their family member received. However, we found significant concerns around medicines management and administration, risk management, accident and incident management and documentation relating to care, health and safety which could place people at the risk of harm.

People did not receive their medicines safely and as prescribed. Systems and processes in place did not support medicines management and administration.

Risk assessments identifying people's risks were not always comprehensive, consistent and person centred. Guidance and direction to staff on how to minimise risk was not always clear and detailed, placing people at risk of harm. Accidents and incidents were not always recorded and acted upon to ensure further re-occurrence could be prevented and to promote further learning and development

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Deprivation of Liberty Safeguards (DoLS) had not been reviewed and applied for in a timely manner and where required, best interest decisions had not been considered and documented.

We have made a recommendation about the implementation of the Mental Capacity Act 2005.

Audits of care delivery were ineffective and did not identify the issues we found as part of this inspection. Where historic issues like those found during this inspection had been identified, the required improvements and learning had not been implemented and sustained.

The registered manager and senior management team immediately responded to the concerns that had been found and put in place an urgent action plan to ensure people received safe and effective care going forward.

Staff recruitment checks were complete and provided assurance that staff employed had been appropriately assessed as safe to work with vulnerable adults. However, some staff stated they did not feel

supported in their role and felt further specialist training was required to enable them to support people effectively.

People ate and drank well and were supported to maintain a healthy and balanced diet. People were supported to maintain healthy lives and had access to health and social care professionals where required.

Staff understood safeguarding and how to keep people safe from abuse. Staff told us that they received the mandatory training to support them in their role.

Relatives feedback about the registered manager and the way in which the home was managed was positive stating that staff were kind, caring and approachable.

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

Rating at last inspection

The last rating for this service was good (published 4 July 2018).

Why we inspected

We received concerns in relation to the high number of unwitnessed accidents and incidents that had been reported to the CQC and the management of medicines. 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 have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

We have identified breaches in regulations in relation to safe care and treatment and management oversight processes.

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 coronavirus and other infection outbreaks effectively.

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

Nazareth House - East Finchley

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 three inspectors and a specialist advisor pharmacist. The inspection was also supported by four Experts 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. Two Experts by Experience met and spoke with people living at the home and two Experts by Experience contacted people's relatives and friends by telephone to request their feedback.

Service and service type

Nazareth 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. Nazareth House is overseen and managed by the religious congregation of the Sisters of Nazareth.

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 looked at formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

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 18 people who used the service and seven relatives about their experience of the care provided. We spoke with the registered manager, deputy manager, regional quality manager, the sister superior responsible for the operational management of the home and two care staff. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included seven people's care records and 14 people's medication records. We looked at eight staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance and health and safety were also reviewed.

After the inspection

We spoke with 20 relatives of people living at the home. We also spoke with three senior care staff and seven care staff. We further reviewed four care plans and associated records. We continued to seek clarification from the provider to validate evidence found.

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.

Using medicines safely

- People did not always receive their medicines safely, on time and as prescribed. Policies and procedures in place were not followed to ensure the safe management and administration of medicines.
- We identified examples where people had not received their medicines at the time prescribed. This meant that people were placed at risk of not receiving their medicines at the time required for it to have optimum effect. We were not assured that where medicines required a set time interval between administration, that this was safely managed.
- During the inspection we identified gaps, omissions and errors in recording. We found examples that the Medicine Administration Record (MAR) had been signed to confirm that medicines had been administered but upon looking the medicine was still present in the medicine blister pack.
- For other people we found examples that MARs had not been signed to confirm whether medicines had been administered.
- Other identified issues included the lack of recording of medicine stock balances which meant we were unable to reconcile medicines administered against stock. Recording of directions on how and when to administer medicines was inconsistent and did not always match the prescribers instructions.
- Covert administration is when medicines are administered in a disguised format hidden in food or drink. Where people required their medicines to be administered covertly, we did not see specific records confirming consideration of the Mental Capacity Act 2005 and that covert administration was required in the best interest of the person. There was no documentation in relation to pharmacy advice being sought on the most suitable way to safely administer medicines with food or drink.
- People who needed 'when required' (PRN) medicine had protocols in place to inform staff when the medicine should be given. However, recording on some of the protocols was found to be inconsistent and did not match the prescribers directions. PRN medicines can be administered to help with pain relief or anxiety.
- Monthly medicine audits had been completed by the home management team; however, these had not identified any of the issues we found on the day of inspection.
- During the inspection, comprehensive feedback was provided to the registered manager and senior management team. We were informed that the senior management team were aware of concerns with medicines management and administration during the early part of 2021 and believed they had implemented the required improvements to ensure people received their medicines safely. We have reported on this further under the well-led section of this report.

Whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate medicines was safely 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.

- People and relatives confirmed that they had no concerns with medicines management and that they always received their medicines on time. One person told us, "Yes, I always get my meds on time." One relative said, "We don't have problems about it [medicines], staff make sure she has them."
- Staff had received training and their competency to administer medicines had been assessed. Medicines were stored appropriately and securely.
- At the end of the second day of the inspection, the registered manager and regional quality manager informed us that a full audit of medicines management and administration would be immediately completed to ensure people received their medicines safely and as prescribed.
- Following the inspection, we received regular updates from the registered manager and the regional quality manager on actions taken in response to the issues found.

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

- Risks associated with people's health, medical and care needs had been assessed but we identified that these were not always comprehensive, information was inconsistent and did not provide detail on how to manage the identified risk. We also found examples of where risk had been identified but an associated risk assessment had not been completed. This meant that people were potentially placed at risk of harm and receiving care that did not safely meet their needs.
- Risk assessment in place covered risks identified with moving and handling, nutrition, continence, falls and pressure area care.
- Where people used equipment for moving and handling transfers, specific individualised detail had not been provided to staff on how the equipment was to be used appropriately and safely.
- For one person who had been assessed as presenting with behaviours that challenged, there was no behaviour management plan in place or clarity on how staff were to support this person safely.
- Another person had been identified with the risk of choking. However, the risk assessment was not reflective of current guidance and direction that had been provided by a Speech and Language Therapist (SALT). The care plan recorded that the person as having a 'normal diet'.
- For a third person who had had several falls over the last two months, their care plan and risk assessment had not been updated to reflect this and recorded that this person was at, 'low risk of falls.'
- In light of the current pandemic and the risks presented to vulnerable people with specific health conditions, risk assessments had not been completed to assess the impact of COVID-19 on people.
- Accidents and incidents were not always clearly documented, appropriately acted upon, investigated and follow up actions recorded where required.
- People's care plans and risk assessments were not updated to reflect any changes in support required or identified risk following an accident or incident.
- The lack of detail or no detail recorded following an accident and incident meant that the registered manager and senior managers had minimal management oversight of these. Learning and improvements were not always safely implemented to prevent future re-occurrences. This placed people at the risk of harm. This has been further reported on under the well-led section of this report.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, risks associated with people's health, medical and care needs were not comprehensively assessed and managed. There was poor recording of accidents/incidents and a lack of effective management oversight of these. 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.

- Health, safety, equipment and environmental checks were routinely completed to ensure people's safety.
- Despite the issues we identified during the inspection, we found that care staff knew people well and were able to describe people's health and care needs and how they supported them ensuring their safety. One care staff told us, "If somebody is in danger or risk of falling we have to make sure the area is clear for them, make sure we check them all the time and that they are safe."
- Relatives also spoke positively about the care and support their family member received. One relative told us, "Some staff are very observant and active and knowledgeable, and they keep an eye on all sort of small details, so I would say that my relative is in good hands. They know my relative."
- Personal emergency evacuation plans in place outlined people's specific support needs in an emergency and how they were required to be supported.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Nazareth House. One person stated, "Yes, I feel very safe. I just feel it is very caring." Another person stated, "I feel completely safe. I have not got any reason to complain."
- Staff understood safeguarding and described how they would identify, and report concerns or signs of possible abuse. Staff told us they had received safeguarding training which regularly refreshed.
- Relatives spoke positively about Nazareth House and the care that their family member received. Feedback included, "Yes, she is safe. They are very nice, very kind" and "I do feel she is safe, there is no harm around her and she is looked after. She is safe because they do check her around the clock and in the night."
- The registered manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.

Staffing and recruitment

- People were supported by care staff that had been assessed as safe to work with vulnerable people.
- Recruitment checks had been completed and assurances about staff suitability had been obtained which included criminal record checks, evidence of conduct in previous employment and identity verification.
- Throughout the inspection we saw that there were enough staff available ensuring people's safety. However, we received mixed feedback from people, relatives and staff about staff availability. Feedback included, "There is not enough staffing and they do not have good skills. There are lots of agency staff", "It appears that there is enough staff" and "Sometimes it doesn't feel there is enough staff, they are definitely worked off their feet."

Preventing and controlling infection

- Procedures and processes were in place to prevent and control infection.
- We observed the home to be clean. Daily cleaning processes were in place to prevent the spread of infections. Current guidance was also available on managing COVID-19 safely.
- Staff told us they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control.
- However, on the first day of the inspection we observed that certain staff at the reception area were not wearing face masks when we entered the building. Screening checks were not undertaken to ensure we were safe to enter the home in order to keep people safe from infection. Feedback of what we observed was given to the registered manager and improvements were noted on the second day of the inspection.
- A high percentage of staff had been vaccinated and the home was working with the remainder of the staff to encourage them to be vaccinated in line with government mandatory requirements.
- People and all staff were also required to test for COVID-19 on a regular basis to ensure protection and safety from infection.

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.

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.

- Most people had appropriate DoLS in place. Records confirmed this. However, we found that the key principles of the MCA were not always applied and documented appropriately.
- Where DoLS were due to expire there was a delay in reviewing and reapplying for a DoLS authorisation which meant that people were potentially being unlawfully deprived of their liberty during this period.
- For most care plans we looked at we found that mental capacity assessments had been completed to determine capacity. Where people lacked capacity, certain best interest decisions had been documented for decisions which included the use of bed rails.
- However, we found examples of where best interest decisions had not always been clearly documented which included where people were receiving medicines covertly or where people had a do not attempt cardio-pulmonary resuscitate directive recorded on their care plan. This meant that people may not have been receiving effective care and support which upheld their rights.

We recommend that the registered manager understands and applies government best practice guidance as outlined in the MCA to ensure people's rights and wishes are upheld.

- People and where required their relatives had signed the care plan consenting to the care and support they received. We also observed care staff asking for people's consent before supporting them.
- Care staff demonstrated an understanding of the MCA and how this influenced the way in which they

supported people. One staff member told us, "Most people came in with capacity, we know their preferences, we get to know what they like, you have to ask, you knock, you greet, we still have to ask because its their right."

Staff support: induction, training, skills and experience

- Care staff told us and records confirmed that they received the mandatory training required to support people. Topics covered included manual handling, first aid, MCA 2005 and safeguarding.
- Staff received an induction when they started working at the home which included a period of shadowing an experienced member of staff and mandatory training.
- However, we did note that other than training on dementia awareness, no other bespoke or specialist training was provided to staff to meet the varying needs of the people they supported.
- We identified people with varying physical and mental health conditions such as diabetes, epilepsy and behaviours that challenge but there was no provision of any specialist training to enable staff to effectively deliver care in response to people's needs.
- Care staff confirmed that they did receive regular supervision and an annual appraisal, however, some care staff did state that from a daily perspective they did not feel supported. Feedback included, "Not supported by the management. There is never a word of kindness. We are always doing everything wrong" and "The first issue is the stress for seniors and lack of support. We felt abandoned here."
- We gave the registered manager and regional quality manager feedback about our findings who provided us with assurance that the issues identified would be addressed. We were told of plans that were in place to deliver specialist and bespoke training in response to meeting people's specific needs.

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

- People's needs and choices were assessed in line with current standards, guidance and the law to ensure the home was able to meet people's needs safely and effectively.
- Prior to admission to the home, a pre-admission assessment was completed which looked at the person's care needs, preferences and specific equipment that may be required.
- Following the assessment care plans were created using the information from the pre-assessment process.
- During the inspection we did find that the service had accepted some new admissions where people presented with significantly higher needs including behaviours that challenge. We discussed this with the registered manager and regional quality manager about ensuring care staff are appropriately trained and skilled to be able to deliver safe and effective care to people with higher and specific needs.

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

- People were supported and encouraged to eat and drink, whilst taking into consideration a healthy and balanced diet. We observed people appropriately being supported by care staff where required.
- A menu was available to people as a guide to enable them to choose what they wanted to eat. Care staff also spoke with people about the choice of meal on offer to support them with their choice.
- People spoke positively about the food they ate. Comments included, "The food is lovely" and "The food is good."
- Relatives also spoke positively of the meal provisions at Nazareth House. Feedback included, "They [staff] make sure she is well hydrated and she has a good diet" and "She has a choice what she wants to eat : on Friday she is fasting and no eating meat , so they make sure she has something else."
- Where people had any specific religious, cultural or specialist dietary requirements including likes and dislikes, these were clearly documented within their care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access a variety of health care and social care services to maintain their health and well-being.
- Where people required support to access specialist services, we saw records of appropriate referrals that had been made requesting this.
- Staff maintained regular logs of people's health and wellbeing which included charts completed to monitor weight, food and fluid intake and repositioning so that they could work together to ensure people received effective care and support.
- People were encouraged to maintain their oral hygiene. People's care plans detailed the support they required with their oral hygiene. Staff supported people to access the dentist on a regular basis.
- However, we did note some inconsistencies in recording which included discrepancies in how often people were to be weighed, for example on person's care plan stating they needed to be weighed every two weeks but instead they were weighed every month.
- Where fluid intake was recorded, there was no record of a running total to ensure people had enough fluid intake for the time frame being monitored. This meant that staff would be unaware of low fluid intake in order to take appropriate actions to ensure people were well hydrated. This was highlighted to the registered manager who gave assurance on monitoring this going forward.

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

- The home had implemented adaptations and decorative measures to support people with their needs. This included appropriate signage which supported way finding and promoted people's independence especially for those people living with dementia.
- People's bedrooms had been personalised with items, photos or pictures that meant something to them.
- The registered manager had processes in place to safe visits during the current COVID-19 pandemic so that relatives could visit their loved ones safely and effectively.
- People were able to access all areas of the home which included the garden and outdoor areas, with the support of a staff member.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection we recommended the provider and registered manager establish robust and complete records to ensure that people received safe and effective care which was responsive to their needs. At this inspection we found this recommendation had not been followed.

- The provider and registered manager had several checks and audits in place to monitor and oversee the quality of care people received. Audits and checks looked at health and safety, medicines management, infection control and night-time spot checks.
- These audits and checks had historically identified similar issues and concerns as identified during this inspection. However, the registered manager and senior managers had been unable to implement and sustain the required improvements.
- During the inspection we identified issues with medicines management and administration, risk management, accident and incident recording and oversight, management and oversight of DoLS authorisations, incomplete and inconsistent recording.
- The registered manager and senior managers felt that improvements in areas such as medicines management and administration and recording and monitoring of accidents and incidents had improved and that learning and development was ongoing. However, this was not the case.
- Recent audits had failed to identify any of the issues we identified during this inspection. However, where other issues were identified, an action plan had been compiled detailing the actions taken and the timeframe within which improvements would be implemented.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. Records for people's care and treatment were incomplete. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and following the inspection, the concerns identified were discussed with the registered manager and the provider who promptly acted on our feedback and provided evidence and assurance that the concerns identified had been or would be addressed going forward. This gave reassurance that the service acknowledged our feedback and was open willing to continuously learn, develop and improve the quality of

care delivery.

- We were sent evidence of internal medicine audits that had been completed to ensure people were receiving their medicines safely.
- In, addition, the local authority medicines team were informed of the concerns we identified during the inspection and worked together with the registered manager to implement the required improvements. Positive feedback was received from the local authority about the proactiveness of the service to accept support and guidance.

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

- People and relatives knew the registered manager and staff team well. We were told that all who worked at the home were approachable and took the time to address the queries or concerns. One person told us, "If there are any problems we go to the office and they sort it out immediately."
- Relatives feedback included, "The manager's door is always open, and she is very approachable. I have a good relationship with them" and "I know who the registered manager is now, she seems very nice and rest of her team are working well together, they do resolve any situation quickly, and they call me if my relative needs something."
- When speaking to the registered manager, senior managers and staff it was clear that the aim was to ensure people received person centred care which achieved good outcomes.
- People and relative's feedback supported this and gave assurance that staff knew people, understood and responded to their needs well. One person told us, "They are very good. There is plenty of life here and they do encourage me to maintain my independence. Staff really know what they are doing." Another person stated, "They know how to look after me because they are well trained. Everyone laughs. The atmosphere is very good."

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 registered manager understood their responsibilities around duty of candour and being open and honest when something had gone wrong. Statutory notifications were completed and submitted to the required authorities including CQC.
- During and following the inspection, the concerns identified were discussed with the registered manager and members of the senior management team who promptly acted on our feedback and provided evidence and assurance that the concerns identified had been or would be addressed going forward. This gave reassurance that the service acknowledged our feedback and was open willing to continuously learn, develop and improve the quality of care delivery.

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

- People and relatives told us that they were involved in the planning of care and how they wished to be supported. One person said, "You do get asked what you want to do, they do listen to what you choose." Relatives feedback included, "I was involved in her care plan when she moved in, I had a conversation with her keyworker. They ask what do you want to do if this happens etc" and "We had a zoom meeting with the social worker and a member of care staff from Nazareth House and provided information for her care plan."
- Relatives also told us communication during the pandemic had been good and that the home kept them regularly updated by telephone and email.
- People were encouraged to participate in residents meeting on a regular basis and discussed topics such as menu's, activities and the quality of care. However, we did note that there was no process in place to follow up on concerns and complaints that were discussed at the meeting. The registered manager

confirmed that they would implement a more formalised process.

- People and relatives were also asked for their feedback about the quality of care and support they and their family member received. The last satisfaction survey exercise was completed in 2019 and at that time feedback was positive. Further satisfaction surveys had not been undertaken due to pressures of the COVID-19 pandemic. Plans were in place to complete a satisfaction survey soon.
- Care staff confirmed that regular staff meetings took place and during these meetings they were able to bring forward any issues or concerns they wished to discuss. Records of minutes seen evidenced topics such as teamwork, infection prevention and control and residents well-being were discussed.
- However, care staff did tell us that staff morale was low and that some staff did not always feel supported in their role. Feedback from staff also included the need for specialist training so that they were able to support people safely and in response to their specific needs. Comments included, "What I gather, staff are not happy, lots of complaints about the management, they [staff] are not being heard, they have told them things and they are not being listened, no point talking to them as nothing will be done" and "I think we need more training, I did ask in our last meeting, we need medication training hugely, first aid training, general knowledge on health conditions like diabetes, epilepsy."
- We provided feedback to the registered manager and the senior management team about what staff had told us. The registered manager assured us that these concerns would be looked at and addressed.
- The service worked in partnership with a variety of healthcare professionals such as GP's, district nurses, community psychiatric nurses and psychiatrists to maintain the health and wellbeing of people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments did not always document all of people's known risks. Where risks were documented these often failed to provide staff with adequate guidance to minimise the risk. There were ineffective systems in place to manage medicines.</p> <p>Regulation 12 (1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Management systems in place were not robust or sufficiently comprehensive to demonstrate adequate oversight of the quality of care at the home. Records for people's care and treatment were incomplete. This placed people at the possible risk of harm.</p> <p>Regulation 17 (1)(2)</p>