

Oakleaf Care (Hartwell) Limited

All Hallows Neuro Rehabilitation Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

All Hallows Neuro Rehabilitation Centre is a 29 bed care home with nursing providing accommodation and personal care and support to people with complex healthcare needs associated with a neurological conditions, including acquired brain injury.

The premises is a single storey accommodation care home with four self-contained apartments. At the time of our inspection there were 13 people using the service including one person who was living in one of the self-contained apartments as part of their pre-discharge plan.

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

The culture in the home was not person centred. Emphasis had been placed on meeting people's medical needs and associated risks. People were not fully supported to have choice and control and their preferences met regarding their care and support.

The Mental Capacity Act was not fully understood. We found shortfalls in related records and practice, which did not support shared decision making. People were not always supported to have maximum choice and control of their lives. Staff did not consistently 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.

Robust reporting and auditing systems were not in place to support effective oversight and governance and continuous learning in the home.

The registered manager and provider's operations director were open and honest about the shortfalls at the service. They engaged with the inspection positively and were committed to making any necessary improvements.

People told us they felt safe and staff were kind and caring towards them. Staff were attentive in their approach and adapted their communication to meet people's needs. Visitors could freely visit the service and were welcomed.

Staff understood the safeguarding practices and procedures within the home and protected people from avoidable harm.

Staff were familiar with people's assessed medical needs and associated risks. These were assessed, monitored and managed safely.

Staff were recruited safely. There was mixed feedback about staffing levels and the use of agency staff. On the day of our visit there were sufficient staff to meet people's needs.

Overall, safe management of medicines were in place and the home was clean with staff seen following recommended best practice for infection prevention and control procedures.

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

Rating at last inspection and update

This service was registered with us on 08 July 2020 and this is the first inspection.

Why we inspected

The inspection was prompted by a review of the information we held about the service.

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.

Please see the effective, responsive 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.

Enforcement

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and take further action if needed.

We have identified breaches in relation to need for consent, person centred care 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 from the provider to understand what they will do to improve the standards of quality and care and meet with them to discuss progress. We will work alongside the provider and local authority to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in well-led findings below.

Requires Improvement 

All Hallows Neuro Rehabilitation Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by an inspector and a specialist nurse.

Service and service type

All Hallows Neuro Rehabilitation Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

All Hallows Neuro Rehabilitation Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 30 June 2022 when we visited the service and ended on 18 July 2022 when we gave feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with the registered manager, the provider's operations director, the facilities manager, an administrator, two nurses, an occupational therapist, five care staff including an agency worker and two domestic staff. We spoke with six people who used the service about their experiences.

We reviewed a range of records, including four people's care plans and six people's medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Offsite we spoke with one person's relative by telephone, about their experiences of the care provided. We spoke with five staff from the nursing, care and catering teams. We liaised with the local authority quality assurance team. We received electronic feedback from one person who used the service, a relative, three care staff and one domestic.

We continued to seek clarification from the provider to validate evidence found and viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

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 of this registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the safeguarding practices and procedures within the home. One member of staff commented, "My seniors and managers are approachable and act on any concerns I have." Another told us, "I know about safeguarding people; recognising harm and abuse and how to report any concerns. If I felt the management had not taken appropriate action, I would whistle blow." Whistleblowing is the act of disclosing information about wrongdoing in the workplace to relevant external agencies such as the local authority.
- Relatives gave examples of when the staff had taken appropriate action to keep their family member safe from harm for example liaising with relevant healthcare professionals if they had concerns.
- Staff were familiar with people's individual medical needs and associated risks, and monitored them closely for any changes in mood, or presentation that could indicate the person was feeling unsafe or felt at risk within the home.
- The management team understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- People told us they felt safe in the home. They said staff were attentive and they were supported to use mobility aids and equipment safely. We received no quality care issues from relatives.
- Staff understood people's assessed medical needs and risks and had good knowledge of how to keep them safe.
- Where people had been identified as at risk of falls, movement sensors were used to monitor people's safety in their bedrooms.
- Staff had been trained in moving and handling and we saw that people were assisted to move safely using specialist equipment.
- A review of maintenance records showed regular checks and servicing was undertaken of the water, electrical and gas supply. Fire safety equipment and specialist moving and handling equipment was also checked to ensure it was safe to use.

Staffing and recruitment

- Our observations showed there were enough staff deployed to meet people's needs. Throughout our inspection we saw staff were present throughout the home.
- People we spoke with told us they felt there were enough staff. One person told us, "I can usually find someone [staff] if I need them there is usually someone around. If it is urgent you can use your [call bell]. They come pretty quick." A relative shared that there was more staff in the week than the weekend, but this

hadn't caused any issues.

- Staff feedback about staffing levels in the home was mixed. Several staff said there was usually enough staff to meet people's needs but that some shifts ran more smoothly depending who was working. Agency staff were used to fill gaps in staffing and some permanent staff shared that this was not always ideal as you had to explain or supervise them with certain tasks. One member of staff said, "Sometimes it is just easier for me to do it myself and know it is done right than have to keep going over it." Another member of staff shared, "I feel that at times there is not enough staff to meet the needs of [people]. This has been due to staff sickness. The workforce is a great team though and have pulled together. I don't feel that this has had any impact on the [people] and all care needs have been met. The time to chat and support wellbeing may have been hindered at these times. "
- The management had an ongoing recruitment programme and were actively trying to fill their current vacancies.
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

Using medicines safely; Lessons learnt

- Overall safe management of systems were in place. People told us they got their medicines when they should. A relative shared, "If I need to query what that medication is for staff are able to answer me."
- Medicines systems were well organised with people receiving their medicines as prescribed. Drug stocks tallied with the records, controlled drugs were stored safely, the medication room was clean, well ordered with regular temperature checks happening to ensure medicines were stored at the appropriate temperatures.
- Staff confirmed they had received training to administer medicines and their competency to do so checked.
- Staff were observed to explain to people what their medicines were, seek consent and to safely administer the medicines.
- There were some inconsistencies found with some medication administration records (MAR) which we fed back to the registered manager at the end of the site visit. This included a gap on one MAR chart indicating the person had missed a dose of their antibiotic. Another MAR gave insufficient details on where to apply topical medication, stating 'apply to affected area' there was no body map or further instruction to accompany the MAR.
- A third MAR chart had the same PRN medication recorded twice with different maximum daily doses. This could increase the risk the person receiving too much medication. The PRN protocol did not match the MAR chart. The registered manager confirmed action to address these inconsistencies had been taken.
- Medication errors were recorded individually, and the registered manager had an action plan to monitor and manage this. Weekly medication audits were also carried out to identify and address any issues in a timely manner.
- Staff understood how to report incidents and accidents and these were recorded; however, it was not always clear from the incident records how the incident was resolved or what actions had been taken to prevent similar incidents happening again. The registered manager advised they were making changes to the documentation to reflect this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives and healthcare professionals visited the home regularly. People met with their relatives in communal areas of the service, their rooms as well as outside in the garden. Risk assessments were in place to support the safety of people living at the home and staff.

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 of this 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found shortfalls in how the MCA principles were applied in the service. People described the service as 'rule bound' and told us they had to ask 'permission' from the registered manager for certain activities and were 'told off' for purchasing personal items for interests and hobbies and calling for take away meals when hungry in the evening.
- One person had requested to go home for two nights to visit their family and was told the registered manager would 'make that decision'. The records for this person did not reflect a shared or supported decision making process to balance risks and benefits, instead the person was told they could have one night's leave not the two nights as requested.
- Where there were concerns about a person's capacity to consent to a particular decision, the MCA was not always followed. For example, one person had a best interest decision in place regarding an imposed restriction. However, there was limited information on how the person had been involved in the outcome/decision process. The records did not reflect they had been consulted.
- People we spoke with were unable to tell us how they had been involved in creating and developing their care plan. There was no evidence of supported decision making.
- The language used in people's records did not support shared decision making, acknowledging the right to make unwise decisions or attempts to ensure the least restrictive care. One person had asked to attend a

family event and was told they must adhere to certain 'stipulations' such as no alcohol consumption and to attend for a shorter time than they had requested, rather than being supported by staff to make an informed choice.

- Whilst staff had received training in the MCA there were inconsistencies in their practice. We observed most staff asked for people's consent before providing care. However, there were incidences when people's wheelchairs were moved without any communication from staff or people were left waiting as the staff member pushing their chair left to collect an item without explaining this to the person.

People were not always supported to have maximum choice and control of their lives. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People told us they requested their meals at least a day in advance more towards the end of the week in preparation for the weekend and often relied on staff or other people to tell them what they had ordered as they had forgotten. They shared that if they did not like the meal offered an alternative such as a sandwich was available.

- Several people felt that having a larger hot meal at lunch time did not match what they had been used to living at home, and was sometimes unhelpful as they had group activities or therapy sessions afterwards and the heavy meal made them tired.

- Some people's feedback described the lighter meal at teatime as 'childish' and left them feeling hungry later in the evening, again these were people who had their main meal in the evening prior to their admission. We had feedback that there was limited hot options for vegetarians.

- We observed that people who required assistance to eat and drink at lunch time were appropriately supported by staff. Specialist diets were in place for people to manage health conditions, or to reduce the risk of choking.

- We identified the records of people's food and fluid intake would benefit from being completed in greater detail to ensure they accurately reflected what each person had consumed within a 24-hour period, and to aid staff monitoring for any changes to take timely action.

- People were regularly weighed and received regular healthcare reviews to ensure any changes in weight were identified and actions taken for example to increase a person's calorie intake to reduce the risk of further weight loss.

- People were encouraged to keep active through individual physical therapy plans and activities within the service such as a gym, gardening club to support health and wellbeing and accessing the community including walks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's medical needs and associated risks were documented but their choices as to how they wished their care to be delivered were not consistently recorded in their care plans.

- Management and staff told us they had a close and positive working relationship with other health and social care professionals. Where concerns were identified, for example with changes in people's care needs, referrals were made to specialist teams such as dieticians and speech and language therapists.

Staff support: induction, training, skills and experience

- People told us how they felt the staff had the skills and knowledge to meet their needs. One person said, "Staff know what they are doing."

- Whilst staff told us the training they had received was relevant and helped them to care for people. We

noted there was a lack of formal process for ensuring the continued professional development for the therapy and nursing staff.

- Some care staff said they would like more specialist and practical training in brain injuries and neuro conditions as they only had online training in this area. One member of staff shared, "I would like more in depth training regarding the brain's anatomy and effects following a brain injury. I have completed online modules regarding caring for a person with a brain injury, but I would like to know more about the medical side."
- New staff received an induction which included training and assessed shadowing with more experienced colleagues. However, we noted that staff new to care were not working towards the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Following our site visit the registered manager advised they would be implementing the Care Certificate for relevant staff.
- There was mixed feedback from staff about supervision and the frequency. Several said they had at least one this year but were not sure when their next one would be or how often they would happen. Two staff said they had not had a supervision and had queried this but still not had one.

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

- There were appropriate facilities to meet people's needs such as bedrooms, accessible bathing and communal areas, dining area, gym, therapy spaces, and quiet areas including an onsite chapel for prayer.
- People had access to the wheelchair friendly outside spaces and there was an annex flat where people and their families could have some privacy and a meal.
- Information was displayed in the service for people in accessible formats. This included staff photographs to aid recognition of who was on shift and also a person's key worker and photographs of different food and drink to help support mealtime choices.

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 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.

Supporting people to express their views and be involved in making decisions about their care

- We have reported on the improvements the provider needed to make to ensure the culture of the home enabled people to be central to planning their care and making their decisions in effective and responsive. However, we also observed and had positive feedback about staff working with people and their relatives to enable day to day decisions about care.
- People shared some examples of how staff understood them and how it helped them. One person said, "My memory is not so good now. I forget some things, they [staff] [remind me]. They do it without making me feel stupid."
- Where appropriate to do so relatives told us they were involved in decision making and contacted if there were any concerns. One relative shared, "You're a better advocate for someone else than you are for yourself. When it is about you, you don't always speak up when you should, you just accept the decision made for you. I may ask really obvious questions, but I need to know that what is happening is 100% right for (person). I know them inside and out. I feel I am listened to here and my views respected."
- We observed staff to recognise changes in people's body language, to determine they needed support for example with personal care.
- Staff understood the importance of using pictures, and items of reference to assist people to make choices, for example in relation to how they spend their time and with food options. In addition, where applicable staff used photographs of moving and handling equipment to help explain to people how they would be safely transferred.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. One person told us, "They [staff] look after me and are very caring."
- People told us staff were attentive and offered them help and support in a timely manner. One person said, "I don't mind it here, it is quite nice, everyone [staff] are friendly and kind; helping me to get better."
- Staff knew people well and we observed them talking to people in a kind and engaging manner.
- Staff had received training in equality and diversity and were aware of the importance of treating people fairly and with respect.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and encouraged them to be independent as much as possible in their daily lives.
- Staff maintained people's privacy and dignity. Where required, staff supported people to have personal care tasks provided in the privacy of their bedrooms and bathrooms.

- People were supported to maintain their personal hygiene and appearance to promote dignity and independence. There were no malodours throughout the home, ensuring people's dignity was upheld.

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 registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans focused on their assessed medical needs and were not person centred. They did not detail the care and support that the person wanted or preferred.
- The system in place for reviewing care plans did not demonstrate how people were involved and consulted in their ongoing care arrangements.
- People's preferred daily routines reflecting what was important to them, supporting them to have choice and control in their day to day lives was not visible in their care records. When we asked staff about this we were directed to the activity timetable devised by the service's therapy team for the person, which focused primarily on the medical needs to support their rehabilitation.
- People's records were task orientated such as checklists to monitor washing, dressing, oral health but there was no information to guide staff about people's personal preferences and cultural wishes.
- The records did not provide sufficient detail on people's mood and wellbeing and what they had been supported to do throughout the day, instead they reflected detailed task-led engagement, such as whether they had eaten, had personal care.
- Wall charts in people's bedrooms detailed how to support people with moving and handling using photographs but these focused on the task and equipment to be used. They were not person centred to reflect how the person had shaped the outcome and been consulted. They were also in view of anyone walking past people's bedrooms.
- Some people fed back that they were not told when meetings about their care and treatment had been arranged e.g. with external professionals such as the GP or clinical commission group. Two people shared they were only told on the day of the meeting which had left them feeling unprepared and unsettled. A robust system was not in place to remind people of their appointments or to fully support them with preparing for such meetings.

People's needs had not been fully assessed to ensure the care and support was designed and delivered to meet their needs and preferences. This was a breach of regulation 9 (Person centred care) of the health and social care Act 2008 (Regulated activities) Regulations 2014.

- Care plans included information from the wider therapy team. One person told us the "Service was fantastic and definitely helping." The person and their relative has met with the inhouse physiotherapist and the relative reported this has been useful. Another relative told us, "The clinical team are alert to any changes and quick to act; I find this reassuring."

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

- A member of staff told us, "We are good at involving families and supporting them to help in areas of rehab if they and the [person] wish and have started hosting regular activities like BBQ's, pub quizzes, bingo etc that families are welcome to join in with, which can bring lighter relief at times and helps the families know their [family members] are not alone.
- Each person had an activity timetable which included marked group sessions. The activity plan showed there was a 'horticultural group' and the registered manager explained the plans to build up the raised beds which had just been installed.
- People were also supported with 1;1 activities such as going to the local shop or on walks in the area. A touch therapy dog visited people in the home weekly and was there when we visited the home. We saw this was popular with people. A pub quiz took place in the afternoon.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We observed staff supporting people at their pace adapting their approach and communication to get the best outcome for people.
- Staff shared examples of using objects as terms of reference to aid people's levels of understanding and involvement in making decisions such as using photographs of food to indicate what they wanted to eat. A relative told us, "I find the photographs of different meal, food options helpful in talking to [person] about what they had that day or what they might want to choose next time. It helps the flow of conversation. Sometimes [person] gets frustrated as they can't express the word due to their [condition] and the photos hep."
- Staff adapted their communication and approach to the needs of the person. Where people had sensory impairments, staff used a range of communication strategies and assistive technology to support effective communication and achieve the best outcome.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Information was available to people and their relatives on how to make a complaint. This was also available in accessible formats and displayed in the home.
- The registered manager had a complaints log of where concerns had been raised. We saw that that actions had been taken to address the concerns raised. However, there were gaps in the log to show if the outcome was satisfactory to all involved and some dates missing to show when the complaint was concluded.

End of life care and support

- People and their relatives were involved in their end of life care planning. There were end of life plans, which included a recommended summary plan for emergency care and treatment (ReSPECT) form. A ReSPECT form is a very specific type of advanced care planning, that provides details to relevant professionals of the emergency care aspect of a wider advance or anticipatory care planning process for an individual.
- The service had an established relationship with the GP and relevant healthcare teams, to support end of life care, and pain management where required.

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 registered service. This key question has been rated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance and monitoring systems were not robust and had failed to identify the shortfalls we found and ensure prompt appropriate action was taken.
- We were not always assured that a positive, person-centred, inclusive approach to care was being achieved.
- The culture in the home was not person-centred with emphasis placed on meeting people's medical needs. People were not fully supported to have choice and control and their preferences met regarding their care and support.
- The Mental Capacity Act was not fully understood. We found shortfalls in records and practice, which did not support shared decision making.
- Robust reporting and auditing systems were not in place to support effective oversight and governance and continuous learning in the home. There were gaps in the complaints log and accidents and incidents records did not show how the incident had been resolved or what actions had been taken to prevent reoccurrence.
- Although medication audits took place and any errors were recorded individually and monitored by the registered manager there was no wider trend analysis which could be used to learn lessons and prevent a similar incident.
- Staff morale in the home was mixed.

The governance systems in place were not robust enough to independently identify shortfalls and address them. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.

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

- Overall feedback about the care and treatment from people and relatives was positive.
- The majority of staff were complimentary about the management team who were seen as visible and encouraging. One member of staff shared, "I have great confidence in the management team, they are very approachable and supportive."
- However, some staff did not feel supported and valued in their role by the management and said they

were treated differently if they were not from the clinical team. Comments included 'Only speak to us to tell us off, the approach is not professional or respectful.'

- Quality assurance systems were in place to gather the views of people, staff and relatives about their experiences of the home, but need further developing to demonstrate meaningful engagement, and consistently reflect how the feedback has been acted on.

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; Working in partnership with others

- The provider and registered manager understood their responsibility under the duty of candour.
- Staff worked with health and social care professionals for the benefit of people using the service.
- The registered manager and provider's operations director were open about the challenges in the home and the areas requiring further development and shared the work they were doing to address this. They demonstrated they had reflected and acted on feedback from a recent local authority assessment and from our visit by implementing improvements in the home. We were encouraged by the changes they had made and were planning to implement.
- A member of staff shared, "It is a developing service but has great potential. I think the [provider's] new operations manager and medical director are finally seeing the potential of the service and what it needs to work, they are keen to support us as a team in making that work. There is a long way to go but even prior to CQC's inspection things were beginning to change and I think we will soon be in a very different place."

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 9 HSCA RA Regulations 2014 Person-centred care |
| Treatment of disease, disorder or injury | People's needs had not been fully assessed to ensure the care and support was designed and delivered to meet their needs and preferences. |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent |
| Treatment of disease, disorder or injury | People were not always supported to have maximum choice and control of their lives. |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Systems in place to ensure effective governance were not in place. |