

Norse Care (Services) Limited

All Hallows Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

All Hallows Nursing Home is a residential care home providing personal and nursing care for up to 50 people. The service provides support to older people. At the time of our inspection there were 29 people using the service. All Hallows Nursing Home provides care in one purpose-built building.

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

People were placed at risk of harm as the provider did not effectively manage the administration of prescribed medicines. The management of medicines had been identified as a risk by the provider and All Hallows Nursing Home was receiving support from both internal and external sources, but was failing to provide people with their medicines as prescribed.

The service had governance systems in place, but these were not always effective in ensuring the service was identifying and addressing short falls.

People and their relatives raised concerns about the lack of staff and the impact of using agency staff. The provider told us they have taken action to recruit more staff and use less agency staff.

People told us the food was of poor quality. Some relatives told us they took food in for their family member. Most people chose to spend the majority of their time in their bedrooms which may lead to social isolation. Activities staff visited people in their rooms.

Care plans were being transferred to an electronic system. Some care plans did not fully reflect people's needs, or the actions put in place to manage risks from receiving care and support.

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

People told us that staff were kind, caring and knew them well.

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 15 February 2022).

Why we inspected

The inspection was prompted in part due to concerns received about medicines and care planning. 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.

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

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

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

Enforcement and Recommendations

We have identified breaches in relation to the management of medicines and the provider's procedures to monitor and improve the quality of care.

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 safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Inadequate ●

All Hallows Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by three inspectors including a medicines inspector, a specialist advisor in nursing care 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

All Hallows Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. All Hallows Nursing Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority.

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 used all this information to plan our inspection.

During the inspection

We spoke with 5 people who live at the service and 11 relatives. We spoke with 11 staff members including housekeeping staff, care staff, nurses, the registered manager and the providers multi-site director. We reviewed 4 care records and a range of documents relating to the health and safety of the service, medicines administration and staff recruitment. We received feedback by email from 9 members of staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Not all staff who administered medicines had up to date competency checks.
- Regular audits of medicines and related documentation were carried out. These audits consistently identified incidents where people had not received their medicines correctly. The service was receiving support from within the wider provider organisation and from the Integrated Care Board to improve this. However, the service had not made the necessary improvements over time to make medicine administration safe. During the inspection, we saw that medicine errors were still being made by staff.
- There was information available for staff to refer to about people's medicines, but for some people, the information had not been updated following changes to their medicines. For example, some guidance was available for medicines that were no longer prescribed which could have led to error.
- When people were prescribed medicines on a when required basis (PRN), for some medicines there was a lack of written guidance and for others insufficient person-centred information available to help staff give people these medicines consistently and appropriately. For one person, prescribed a potentially sedative medicine, records showed the medicine had recently been given at least once daily to the person without additional records being completed to show that its use had been justified.
- When people were prescribed medicated skin patches, for some there was a lack of additional records to show that previous patches had been removed for safety and that the areas of the body they had been applied to had been appropriately varied to reduce the risks of skin irritant effects.
- Whilst body maps were in place to show staff where on people's bodies their topical medicines, such as creams and emollients, were to be applied, these had sometimes not been completed. We also found gaps in records for their application.
- Some medicines for topical application had not been managed in a way that ensured they would not be used for longer than their recommended shelf lives.

Systems had not been established to ensure people received their medicines as prescribed. This was a breach of regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Medicines were stored safely and at correct temperatures.
- During the site visit we observed that staff followed safe procedures when giving people their medicines.

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

- Care plans contained individual risk assessments which guided staff to provide safe care. However, some risks were not effectively managed. For example, the service had identified that a person was at risk of

constipation and the GP had been consulted. Records did not demonstrate that the service was effectively monitoring the bowel movements of this person. This put them at risk of further incidents of constipation and complications from an issue which the service had identified but not managed appropriately. A member of the provider's senior staff confirmed there was no procedure in place to monitor people's bowel movements.

- Care plans were not always up to date and were not reflective of people's up to date needs. For example, for one person their pressure ulcer risk assessment had not been reviewed since 29 November 2022. Their last moving and handling assessment was documented as 13 July 2022. This person's mobility had been declining and they had been assessed as needing to use a on 21 February 2023. The moving and handling assessment had not been updated with this information. We observed the person sitting with a walking frame next to them. They told us they were not using a stand aid.

Risks to people's health and safety were not always assessed and mitigated effectively. This was a breach of regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents were analysed, and actions put in place to address any identified risks. However, actions were not always recorded appropriately. For example, a person had had a fall and suffered an injury. We observed they had a pressure mat in place to alert staff when they moved. However, there was no falls risk assessment in their care plan.

- Environmental safety checks were carried out to ensure the safety of the premises. We noted that the sluice door and an external door to the waste bins were unlocked, which posed a risk of unauthorised access to the service and people living in the service accessing unsafe areas.

- There were systems in place to analyse accidents and incidents for trends across the service.

- Personal emergency evacuation plans were in place outlining the support each person would need to evacuate the building in an emergency.

Staffing and recruitment

- People and care staff told us that there were not always sufficient staff available to meet people's needs. A member of care staff told us, "Some days there is not sufficient staffing. Domestic is always running low on staff, pretty much every day. Care staff regularly have to make adjustments due to staffing levels making all of our work compromised." A relative said, "Some days they are very short staffed. There will be lots of bells ringing and you can hear people calling out. It can be quite distressing."

- To meet assessed minimum staffing levels the service used agency staff which impacted on the quality of care people received. A relative said, "The care staff are providing the best care that they can, under the circumstances of being under pressure of time restrictions. Many of the staff are supplied by agencies and, as such, do not always have a comprehensive knowledge of the residents." A visiting professional told us, "They do try at weekends to follow our guidance such as getting people up to improve mobility, but it depends who is on duty, agency staff do have a real impact."

- The registered manager told us that, due to an incident at another one of the provider's services, 9 people from that service were living temporarily at All Hallows Nursing Home. They told us that a dedicated staff supported these people who were accommodated across the service. The assessed staffing level also included adjustments due to the layout of the service. The deployment of staff in this way, with some staff allocated to a small group of people may have impacted on the ability of staff to provide timely care and support.

Staff were not deployed effectively. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely with checks carried out to ensure they were suitable to work in the care sector. This included Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place for whistleblowing and safeguarding adults from abuse. However, during the inspection we had to prompt the registered manager to report a safeguarding incident in accordance with procedures. We are aware that the service is working closely with the local safeguarding team.
- Training records demonstrated that only 68 percent of staff had up to date safeguarding training. A member of staff commented, "I have [been trained] however this isn't regularly available to re-train or look over any documents on the procedure."
- People told us they felt safe living at All Hallows Nursing Home. A relative said, ""From what I've seen, I feel reassured that [relative] is safe. The staff are always kind and polite."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service had recently been inspected by an Infection Prevention and Control Specialist East Coast Community Healthcare CIC. This had identified some minor concerns which had been addressed.

Visiting in care homes

- There were no restrictions on visiting at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People and relatives told us that most staff supported them well. However, one person said, "Some are brilliant and have the patience. Some have just been plucked off the street and not trained enough. When changing [relative] pad, some are gentle, but others can be rough. Some talk to [relative] and make [relative] feel like a person instead of someone who needs attention. They don't understand [relative] is frail. Sometimes there are language difficulties and combined with [relative] deafness and mouths being covered with masks, it's difficult to understand them."
- Staff completion of the service training was varied. For example, records showed that, 70 percent of staff had completed equality and diversity training, 50 percent had completed fire safety and evacuation, and 52 per cent had completed manual handling training. The registered manager told us that this was, in part, due to a change in the training provider.
- 60 percent of staff had completed 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 sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Some staff told us they had not received regular 1:1 supervision meetings. Supervision meetings provide staff with the opportunity to discuss their work, receive feedback and identify any training needs. The registered manager told us that these were now taking place. This was confirmed when a member of staff told us, "Up until yesterday I have had no meetings or individual meetings for a very long time."

Staff were not trained or supported effectively. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Everybody living in the service had an assessment of their needs and care plans in place. Assessments used nationally recognised procedures such as Waterlow to assess the risk of pressure areas. The service was in the process of moving from paper records to an electronic care planning system.
- Some care plans had not been reviewed in accordance with the provider's policy, which meant they may not fully reflect people's changing needs.
- Care plans contained a section entitled 'All about me'. This was person centred and demonstrated a good understanding of the personal and social history of the person.

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

- The majority of feedback we received about the quality of the food was negative. On the day we visited 1

person returned the lamb meal they had chosen and opted for the alternative. Another returned their main meal, stating the lamb was not nice and asked for beans on toast instead. A third person described the lamb as "disgusting and inedible". All alternative meal requirements were dealt with promptly by staff.

- 2 relatives told us that they took food in to their relative. When asked about the quality of the food a relative said, ""The food is terrible. I have to take food in. [Relative] had omelettes or baked potatoes 3 days in a row. Nice food would be something to look forward to, and she can't even do that."
- Tables in the dining room were laid with cutlery, condiments and napkins, but only 3 people came into the dining room for lunch. 1 person was assisted to eat by their relative in the dining room and both enjoyed sharing a meal together. The other person in the dining room said they ate there because the chair was more comfortable and gave them a better position for eating and digestion, and they liked the change of scenery.
- People who required assistance were supported by staff to eat and drink. People were supported to eat at their own pace and with dignity.
- Where people had been identified as being at risk of malnutrition or dehydration care plans demonstrated how this was managed with regular weight monitoring and fortified drinks. People who were prescribed thickeners received these in their drinks.
- Cold drinks, biscuits and packets of crisps were freely available in the dining room on the ground floor.

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

- People's health needs were being met. The service worked with a range of health and social care professionals, including, district nurses, physiotherapists, and GPs.
- A visiting health care professional told us that staff knew the person they were visiting well and were able to give them the information they required to carry out an assessment. They also said that staff were alert to people's changing health needs and made appropriate referrals to other services.
- There was a weekly multi-disciplinary team ward round where residents were discussed with the GP and other community staff. Actions from these meetings are documented and as well as any change in care plans. One family requested a face-to-face visit from the GP and this was arranged by the staff.

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

- All Hallows Nursing home is accommodated in 1 purpose-built building. The building had become shabby. We observed nails on the wall with no pictures, and damage and marks on walls which had not been repaired, for example, where there had previously been a call bell this had not been repaired. A member of the provider team told us that an amount of money had been allocated to improve the appearance of the service.
- People's rooms were personalised, with people having their own personal items, pictures and photographs.
- There were communal areas for people to sit and spend time with friends and family. These were not well used during our visit, most people stayed in their rooms throughout the day.

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 saw evidence that people were supported with day to day decisions relevant to the activities of daily living.
- Staff understood the importance of gaining consent from people and what actions to take if consent was not given. We observed people being asked how they wish to be supported. When people refused care, staff were respectful of their choice and offered an alternative or came back later to check if the person was ready.
- People were supported to understand the consequences of unwise decisions, for example, a person chose not to follow their prescribed diet, staff regularly reminded them of healthy options. They monitored the person's health and supported them to understand how what they ate impacted on their health.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and those acting on their behalf told us existing staffing levels and the high use of agency staff impacted on the quality of the care people received.
- People were complimentary regarding the care provided by some permanent staff but less positive about the care and support provided by agency staff. A relative said, "I have nothing but good to say about them (care staff)."
- The providers systems and process did not always ensure people were treated well. For example, poor staffing levels and lack of improvement to the medicines administration impacted on the quality of the care provided.
- Interactions between staff and people were predominantly task led.
- Peoples religious cultural and spiritual needs were recorded in their care plan. People said they felt comfortable following their faith within the service. 1 person maintained their religious routines with the support of staff. There was a visiting church minister who hosted services in the homes purpose-built chapel. Another person accessed online church services.
- A person whose first language was not English accessed television programmes in their mother tongue.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The processes within the provider organisation meant people were not always supported and involved with planning and making decisions about their care. However, people were supported by staff to make decisions about the care being provided on an individual level. We observed staff throughout the inspection giving choices and asking people questions about how they wanted to be supported.
- People said they "Could not fault the staff", "They know me very well." The person indicated their tea which had been made just the way they liked it, "See they know what I like."
- During the inspection we observed people's privacy being respected. Staff knocked on people's doors before entering, while people were addressed and spoken to with respect.
- People looked comfortable in the company of staff and we observed positive relationships between staff and residents.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Each person had a care plan in place. The service was in the process of transferring to an electronic care planning system and information on the papers system was being transferred to the electronic system.
- Not everybody was aware they had a care plan and did not remember being involved with writing it. A person told us they did not know if they had a care plan. They also said, "They come and write things down but what they write I don't know."
- A person who had been admitted for rehabilitation did not know how long they would be staying, or if there was a specific goal they were working towards which would dictate how soon they may return home. They told us, 'I have no idea what they are doing with me.' This person has some short term memory problems but there was nothing in their room which prompted them to retain any information they may have been given.
- Most relatives were not familiar with people's care plans and had not, where appropriate, been involved in the care planning process. One person described difficulties in viewing their family member's care plan since it had been transferred to the electronic system.
- Staff recorded interactions with people on the 'timeline' of the electronic care record. These entries were often task focused and did not routinely describe people's wellbeing and social engagement. Staff told us they usually record only where they are concerned about someone's mood or behaviour.
- Care plans detailed how to recognise deterioration in people's health, for example the care plan for a person who used a catheter details signs and symptoms that staff should look out for that may indicate a deterioration in health or problems with the catheter and steps to take to support the person.

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.

- Staff adapted their communication to the needs of the resident. Where people had sensory impairments, staff used a range of communication strategies to support effective communication.
- People's sensory needs were supported with regular health checks and ensuring that people had the hearing and vision aids they needed.

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

- The registered manager told us that there were dedicated activities staff who provided activities throughout the week. However, a relative said, "[Relative] is bed bound but there have been no attempts to occupy [relative]. A man came in with a dog once. There's nothing to do in the room – they put the TV on and just leave [relative]." Another relative said, "They have an activities sheet but I'm not sure how much of it is genuine."
- There was a dedicated activities room, but we did not see it in use on the day of our inspection. The registered manager told us that activities staff visited people in their rooms and provided 1:1 activity.
- On the day of our inspection visit we saw that a few people chose to watch television in the communal areas but most chose to stay in their rooms. We observed lunch was served with only 2 people and a visitor using the dining room, most people ate lunch in their room. Spending the majority of time in their room meant people may become socially isolated. It also meant people may become less mobile.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. We saw examples of where this had been followed.
- Feedback from people who had made a complaint demonstrated varied outcomes. Some people were happy with the outcome and things had been change to their satisfaction. Others did not feel their complaint had been dealt with well. One person said, "I talk to them and have had several meetings with the complaints lady, but because I'm not qualified, they don't take me too seriously. I'm banging my head against a brick wall."

End of life care and support

- At the time of our inspection visit the service was not supporting anybody with end of life care.
- Some care plans did not record people's end of life wishes.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had been rated good at our previous inspection in February 2022. Before that inspection there had been concerns about the quality of the service and the provider had put in support from the wider organisation which had resulted in the good rating. This support had been withdrawn after our 2022 inspection. A member of the provider team told us this was because of other needs within the business.
- At this inspection, as demonstrated in the previous sections this improvement has not been maintained.
- Representatives of the provider told us that they had recognised some of the issues we found, and these were being addressed. There were action plans in place to address shortfalls. However, as demonstrated by the lack of improvement in the administration of medicines, despite multiple resources being deployed over a period of time, these action plans were not always effective.
- There were multiple systems in place to support with the day to day running and management of the service. Some systems duplicated work. For example, information was handed over between shifts by verbal communication, a handover sheet for each unit and a handover on the electronic care plan system.
- Systems were not always used effectively. The providers representative told us that the provider maintained oversight of service audits using the nourish care planning system. However, we found that these audits had not been completed since November 2022. The registered manager showed us monthly audits they completed for a monthly meeting with East Coast Community Healthcare, but these were separate to the audits on the nourish system. We were not assured that the provider was maintaining effective oversight of the service.
- The majority of people ate in their room. This had been identified in the preceding 2 months mealtime audits, but no action had been taken to identify why people chose not to use the dining room and make the meal an enjoyable social experience.
- Care staff were not always clear about their roles and responsibilities in the day to day provision of care. A member of care staff said, "There is no real structure to the job. People are not really aware of what is their job to do and what isn't."

Systems had not been established to ensure the quality of care was assessed, monitored and improved. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We are aware that the provider has taken the decision to apply to CQC to remove the registered activity of Treatment for Disease, Disorder or Injury from their registration which will mean they will no longer be provide nursing care at the service

- Staff told us, and we observed during our inspection members of the provider support team in the service supporting staff and management.

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

- Relatives had very mixed views on how the service was managed. When asked if they thought the service was well led most people mostly felt that it was, although many did not know who the manager was. Many went on to describe individual concerns. A relative said, "The manager is not a visible presence. They do not lead from the front. On the few occasions I have asked to speak to them, they have not been available, and I have had to speak to a carer or nurse instead. The manager rarely responds to emails."
- Care staff told us they did not always feel listened to by the management team. A member of care staff said, "The service is not managed or staff supported as much as they should be. Complaints get put in and nothing unfortunately gets dealt with." Staff gave us examples of concerns they had raised which they did not feel had been dealt with effectively by the management team.
- The service did not promote a person centred inclusive culture. Staff spoken with did not understand the risk to people's health of spending long periods alone in their room. Meaningful activity is fundamental to people's health and wellbeing.
- Including people and their relatives in their care planning had not been seen as a priority. Moving care plans to the electronic system had been viewed as a task to be completed rather than an opportunity to involve people in their care planning.

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

- Relatives did not feel that the service communicated well with them although some said this was improving. We received examples of information regarding people's changing health needs that had not been communicated to relatives. Relatives also gave us examples of poor communication during a Covid-19 outbreak at the service.
- Staff told us they had not had recent 1:1 meetings or supervisions with their manager to discuss their performance or training needs. We received assurances that this was being addressed.

Working in partnership with others

- The manager and staff worked in partnership with external healthcare professionals and shared information to benefit people who lived at the service. Staff were aware of the importance of working with other agencies and sought advice and their input when required.
- We received mainly positive feedback from visiting healthcare professionals. However, one professional service raised concerns regarding how the service had recently communicated a change in the support they needed from them.

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 service had a Duty of Candour policy which the registered manager followed.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to ensure people received their medicines as prescribed. Risks to people's health and safety were not always assessed and mitigated effectively.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been established to ensure the quality of care was assessed, monitored and improved.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not deployed, trained or supported effectively.