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Greenways 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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Greenways Care Home is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. There were 13 people living there during our inspection. People were living with a range of needs associated with the frailties of old age and some people were living with diabetes, and dementia.

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

Following the previous inspection in December 2019, the provider sent us an action plan. This included information about the steps they had taken to make improvements at the home. However, due to COVID-19 and the subsequent lockdown on visitors, the progression of their improvements to the environment and access to specific training and support had been delayed. The impact of COVID-19 on the service meant that some improvements will need further time to be fully introduced and embedded into everyday practice. Urgent actions such as hot water outlets had been completed.

The provider, who is also the registered manager, and staff worked hard to ensure appropriate infection control procedures for the pandemic were in place to keep people safe. This included monitoring temperatures of people, staff and essential visitors daily, increased cleaning and ensuring adequate supplies of PPE were available. Staff completed training in relation to COVID-19.

The provider and staff team had worked hard to address the areas for improvement following the last inspection. Progress was seen but further time however was needed, to fully embed these changes into day to day practice.

Quality assurance systems had been introduced and were continuing to be developed and improved. This included audits of medicines, falls and essential maintenance to the environment. Changes had been made to their record keeping, such as care planning and risk assessments and we were informed this was ongoing.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were effective system to identify, report and investigate potential abuse. All staff had received training in the protection of vulnerable people. There were enough suitably qualified and supervised staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service.

Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks to their health and well-being. People received their medicines safely, when they needed them, supported by individual care plans and risk assessments.

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

The last rating for this service was Inadequate (published 13 February 2020). There were multiple breaches of regulation. We served a warning notices in relation to the governance of the home and told the provider to make these improvements. At this inspection we found improvements had been made and the warning notice was met.

This service has been in Special Measures since 13 February 2020. The provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 and 5 December 2019. Breaches of legal requirements were found. We issued a warning notice to the provider about good governance. The provider had completed an action plan after the last inspection to show what actions they had completed in respect of the legal requirement notices, and timescales for the improvements they needed to do.

We undertook this focused inspection to check whether the warning notice we previously served in relation to Regulation 17 and requirements 12, 15, 19, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met. Therefore, this report only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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 ●

Greenways 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. This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also looked to check if breaches of regulation 12, 13, 15, 18 and 19 had been met.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection prevention and control in care homes.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Greenways Care Home 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.

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the home was displaying any symptoms of the virus and needed to know about the provider's infection control procedures.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we had two phone calls with the provider. We discussed how we would safely manage the inspection. We also wanted to clarify the provider's infection control procedures to make sure we worked in line with their guidance.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We

sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

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 asked the provider about the improvements that had been made since the last inspection. We also asked the provider to send some records for us to review to reduce the time we spent on site. This included a variety of records relating to the management of the service, audits, training and supervision records and staffing rotas. We also received four people's care plans specifically those for people who lived with diabetes and had falls.

During the inspection

We spoke with six people during the visit. We spoke with five members of staff including the provider, who was also the registered manager. Whilst we were in the home, we ensured social distancing and discretely toured the building. This allowed us to safely look at areas of the home that had previously been identified as a concern. It also gave us an opportunity to observe staff interactions with people.

We reviewed a range of records. This included four people's care records, medicine records, one staff file in relation to recruitment and further records relating to the quality assurance of the service, including feedback surveys and accident and incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included further environmental risk assessments and some minor issues that needed immediate attention. We received feedback from one health professional.

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 Inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service whilst improved, needed further time to be fully embedded into everyday practice to ensure people received consistent safe care.

Assessing risk, safety monitoring and management

At the last inspection in December 2019 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection risks were not always assessed, and people were not always protected from avoidable harm. The provider had not always identified and mitigated environmental risks as people were at risk of scalds as hot water from taps exceeded the recommended safe temperature and there was no evidence of regular testing. People were also at risk of burns from uncovered radiators that exceeded the safe surface temperature of 43 degrees.
- At this inspection improvements had been made. However, there were still some issues with radiator covers as some were not stable and needed further work. This was attended to during the inspection. All water outlets had been checked and were delivering hot water at a safe temperature. Temperatures were checked and recorded.
- This inspection found improvements had been made to how risks associated with people's personal safety was ensured. People who were at risk from leaving the building on their own had a care plan and risk assessment to keep them safe. Staff were able to discuss individual people and how they assessed risk on a day to day basis. Risk to people leaving the home unattended had been mitigated and there had been no further incidents since October 2019.

Using medicines safely

- Since the last inspection, arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely.
- All staff who administered medicines had received relevant training and competency checks that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- We viewed people's medicine administration records (MAR) and saw that they had been given their medicines as prescribed. Some people had 'as required' medicines (PRN,) such as painkillers. There were

detailed PRN protocols that advised of maximum dosage, how the person demonstrated they needed the medicine and when to seek further medical advice. They had also created medicine care plans and risk assessments for each individual person which had been regularly reviewed.

- The registered manager had introduced a range of audits which had improved the management of medicines, such as daily checks to ensure that people received their medicines safely.

Preventing and controlling infection

- At the last inspection we told the provider to make improvements to ensure appropriate infection prevention measures were in place. At this inspection, we found the provider had made improvements to ensure people and staff were protected from the risks of infection.
- Previously we found there were a number of infection control risks associated with ensuite bathrooms, in respect of mould, unsealed flooring, and missing tiles. These issues have been actioned.
- Radiator covers were still in the process of being actioned as the pandemic had impacted on the timing. However, we were assured that this will be actioned as soon as possible.
- The leaking pipe in the laundry had been actioned as had the flooring and this had mitigated the risk of cross infection.
- The last inspection found that people were not suitably protected from the risks from cross infection. This was mainly due to poor quality of flooring, specifically ensuite bathrooms. We saw that progress had been made but there were still some carpets to be replaced. This had temporarily been put on hold due to the pandemic and lockdown. However, the provider had invested in a industrial new carpet cleaner, which the housekeeper told us had made a difference. We saw that progress had been made but there were still some carpets to be replaced. This had temporarily been put on hold due to the pandemic and lockdown. However, the provider had invested in a industrial new carpet cleaner, which the housekeeper told us had made a difference.
- Infection control audits and cleaning schedules had been fundamental in improving the standard of cleanliness. They had also raised staff awareness of what good cleaning looked like. The cleaning schedules had been developed further due to the pandemic, and included the cleaning of hard surfaces, door handles, and light switches. All cleaning solutions followed the Covid 19 guidance and all cleaning products and utensils were colour coded for different areas. All staff had received training in Covid 19 infection control and updates were cascaded to all staff. Staff spoken with were confident in the use of personal protective equipment (PPE).
- The provider had introduced appropriate protocols in response to the COVID-19 pandemic. This included the use of appropriate personal protective equipment (PPE) and visitors to the home had just been re-introduced with a booking system. All visitors were greeted at the door and asked health questions and had their temperature taken and recorded. They were then asked to wear PPE and use hand gel before being escorted to the designated area for visiting. During the inspection we saw staff wearing PPE appropriately, washing their hands and PPE supplies for staff were available throughout the service.

Staffing and recruitment

At the last inspection the provider had not ensured staff recruited were of good character and suitable for their role. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At this inspection we found that the shortfalls of the recruitment process previously found had been

- addressed. Written references had been sought and gaps in employment explored and reasons recorded.
- The staff files were well organised and each staff member had a full employment history, this included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
 - The provider sent us copies of the rotas which showed there was a consistent number of staff working each day. In case of staff absence, staff would cover each other and work extra shifts.
 - The provider told us in case of an outbreak of COVID-19 a number of staff had volunteered to live at the home to reduce the risk of transmission to other people and staff. Agency staff were not used.
 - The provider used a basic dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed, as peoples' needs changed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to operate an effective system to identify, report and investigate abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us, "I feel safe here, the staff are very kind and caring," "I would tell the staff, if I had any worries," and "Very safe, they are very conscientious." People also told us that staff supported them to go out if they should wish to. One person said, "I can go out with staff, but to be honest, I feel safe here, I don't want to go out."
- Staff had received safeguarding training and updates. They were able to tell us what steps they would take if they believed people were at risk of harm. This included reporting it to the most senior person on duty or to the local authority safeguarding team.
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- A staff member said, "We get regular training, we all do our best to keep people safe, without stopping them do what they want to do."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Learning lessons when things go wrong

- The registered manager had introduced an accident and incident log and demonstrated a good oversight of accidents and incidents. Accidents and incidents were analysed to learn lessons and prevent them re-occurring. The learning from this has still to be cross referenced back into care plans and risk assessments to ensure that all staff follow the same guidance.
- Incidents were reviewed monthly by the registered manager and any themes or trends were identified. Actions were then taken to reduce risks and improve people's wellbeing.
- One person had recently experienced three falls in quick succession. Staff had sought support from health

professionals. Staff were aware of the risk of falls for this person and monitored them closely without impacting on their independence which was very important to them.

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 inadequate. At this inspection this key question has improved to requires improvement.

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

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

At the last inspection the provider had not ensured the premises were properly maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection found that some improvements had been made, but there were still areas that needed action, some such as flooring was due to the impact of the pandemic. This meant that not enough improvement had been made to fully meet the breach of regulation. We have requested an action plan with outstanding actions with realistic timescales going forward. This had not been received at the time of writing this report.

- Replacement flooring had started and then stopped in March 2020 due to the pandemic lockdown, but work was recommencing in the near future. Discussion took place regarding the conservatory and the need for blinds especially in the hot weather, this was actioned following the inspection visit. Radiator covers were on-going.
- The provider confirmed that a new maintenance person had started work to assist in taking the next steps with the environment.
- We identified some minor environmental issues such as a cold water not working in a bathroom, a rotten step from the laundry and a broken cistern. These were all attended to immediately.
- The provider showed us areas of decoration and refurbishment that had been undertaken. This included peoples enuites, mould had been removed and repainted, flooring resealed and extractor fans fixed. The bath and showers had been repaired and there were plans for a wet room on the lower floor.

Whilst work had commenced, there were still areas of essential maintenance and repair to be actioned. This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.
- People's bedrooms were personalised and individually decorated to their preferences. People said they

were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Bedrooms reflected people's personal interests.

- The first floor was accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.

Staff support: induction, training, skills and experience

At the last inspection the provider had not ensured staff were supervised effectively and had completed all the necessary mandatory training to provide safe and effective care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- The provider had ensured that staff had the skills, knowledge and experience to deliver effective care and support. The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety. Training for specific health conditions has been planned but put on hold due to the pandemic. However, information in respect of dementia and diabetes had been sourced online and added to care plans to guide staff in the meantime.

- Staff told us that the training programme was 'interesting', 'helpful' and 'lots of it'.

- Staff were supported through supervisions and the records in the service confirmed this. Records showed staff had received supervisions as well as appraisals. The registered manager told us that the format of supervisions had changed during lockdown and now included checks on staff wellbeing at this time. Staff told us, "I feel we are supported well," and "Very supportive."

- Staff received an induction on starting at the service. Records showed this was signed off when completed.

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).

- Staff had received training in the principles of the MCA and understood their role and responsibility in upholding those principles.

- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was central to how care was provided. We saw people making choices about who supported them, how they spent their time, and meals and drinks.

- There was a file kept by the manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors. We saw that the conditions of the DoLS had been met. For

example, each person's care plan reflected how the decision had been made and what actions staff needed to take. All care plans had a mini mental capacity assessment that was regularly reviewed.

- The manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the community diabetic team to ensure people received the care they needed.
- Peoples needs were consistently reviewed and when peoples' needs changed, a review was held to ensure that Greenways was still able to meet their needs safely. If the person required nursing care, or specialist care, the appropriate referrals were made.
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person said, "I was asked if I wanted a male or female care to do my personal care, they have always ensured that I get a female carer."

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 healthcare professionals. One person was able to confirm that they had spoken to the GP since moving in to the home. The pandemic had stopped GP visits but they support the service by telephone and emails.
- People were seen by the district nurse where needed, this had not changed during the pandemic.
- People had oral care plans in place which described any assistance they needed. A senior member of staff told us they had been working on improving oral health care. They are still trying to source a domiciliary dentist to support the home.

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

- People told us they enjoyed the food. Comments included, "The food is good, tasty, we get a menu each day, a choice, snacks in-between, a lovely big biscuit tin," and "In my opinion the food is very acceptable."
- Staff knew people's preferences, which were recorded in care plans. Discussion with the staff team confirmed they were knowledgeable about people's personal preferences and dietetic requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. The food prepared was presented well and met people's individual needs.
- Staff offered people drinks throughout the day and staff supported them appropriately.
- Food offered and taken by people was recorded in their care records and an overview of peoples' weights were kept by the manager. People were weighed regularly and the records we viewed showed people maintained a consistent weight. Actions were taken if concerns arose. Such as referral to the GP or dietician. Evidence in care records supported this.

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 in December 2019 this key question was rated as Inadequate. At this inspection this key question has now improved to Require Improvement.

This meant that whilst there had been improvements the service management and leadership needed further time to complete action plans and to embed changes into everyday practice.

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 the provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. The provider had not maintained an accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 -Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice and told the provider to make improvements by 24 April 2020.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of the regulation 17 and the warning notice had been met.

- At the last inspection systems and processes had failed to ensure the environment was safe and in good condition. Progress has been made, all thermostats for hot water outlets had been checked, and were now checked daily to ensure they were of the correct temperature. Ensuite bathrooms all had working extractor fans, had been redecorated, floors sealed and repaired, and mould removed.
- However, there were areas of improvement that had been delayed due to the Covid 19 Pandemic. A new action plan has been requested with realistic timeframes for work to be completed. This includes, replacement carpets and blinds in the conservatory and the completion of radiator covers.
- At the last inspection, care plans for specific conditions such as diabetes, mental health illnesses and Korsokoff disease did not give any detail of how staff should support people safely. This inspection found significant improvements had been made to the care plans and risk assessments. These now provided detailed guidance for how staff should support people. A staff member said, "The care plans now really tell us of how to look after our residents."
- Improvements had been made to the provider's oversight of the care provided and records. There was now a quality assurance system in place, and this included a number of audits and checks for ensuring the safety and wellbeing of people and staff. For example, at the last inspection the monthly medicine audit had failed to identify that medicines records were not accurate to ensure the safe management of medicines. There were now daily, weekly and monthly audits that had reduced errors. Medicine care plans and risk assessments had also been introduced.
- Further audits had been introduced since the last inspection, this included infection control, environment,

care plans, training and supervision. These showed where shortfalls were found, the action taken, and date completed.

- The provider and staff were aware of the areas for development and improvement that were needed. They told us about the positive impact the improvements so far had on the home. This included the changes to the environment, new cleaning equipment and improved flooring. The housekeeper said, "I am being listened to."
- At the last inspection not all staff had received essential training and supervision. The training matrix evidenced that all staff were up to date with training. There were two exceptions but there were genuine reasons for this shortfall.
- Since the last inspection, the provider had introduced a system to record and learn from incidents. For example, one person had a series of falls. Staff had looked at the circumstances, introduced safety measures that did not take away the person's independence and had sought advice from the falls team.

Working in partnership with others

- The provider was working with external professionals from health and social care to improve and develop the service. This included the falls team and the medicines optimisation for care homes team to make and embed improvements in the home. Due to the lockdown these professionals were not currently visiting the home but were providing remote support and guidance.

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 provider understood duty of candour, working openly and honestly with people when things went wrong.
- We saw incidents/accidents were responded to by updating people's risk assessments and informing families. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.
- The rating awarded at the last inspection was on display at the service entrance.

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

- The culture of the service was positive. Although we only spent a short time in the home, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people they supported with compassion. They told us of the importance of keeping people safe and well-looked after especially during the pandemic.
- The provider spoke of the possibility of becoming a closed culture during the pandemic and the difficulties of being a single provider. The senior team had joined manager forums and had reached out to other homes during the pandemic to exchange ideas and share good and bad experiences. This will continue as it has been beneficial and empowering.
- Staff told us they worked well as a team and felt supported by senior staff. One staff member said, "In a strange way the last six months has been good for us, we needed to change things." Other comments included, "I like working here,"
- Surveys for people and relatives had been postponed due to the pandemic, but due to regular updates and telephone calls, communication has been good. People told us that they were content and well looked after by kind staff.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured the premises were properly maintained. Improvements had been made, but not sufficient to meet the regulation. This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.