

Bcs Medical (Shackleton) Ltd

Shackleton Medical Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Shackleton Medical Centre is a care home that can provide accommodation and personal or nursing care for up to 26 people with both nursing and general care needs and end of life care. At the time of the inspection there were 16 people living at the care home.

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

Individual risks management plans had been developed for specific risks relating to people's health, wellbeing and care needs but these were not always in place for all identified risks. This meant that staff may not always have adequate information on how they could mitigate possible risks.

The provider had developed a number of quality assurance processes, but these did not always include checks on equipment.

People's wishes in relation to their end of life were not identified as part of their care plan. We have made a recommendation in relation to recording people's end of life care preferences.

The provider had processes to monitor and investigate safeguarding concerns, incidents and accidents. There were appropriate processes for the recruitment of staff. Medicines were managed and stored safely with people receiving their medicines as prescribed.

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. An assessment of a person's support needs was completed before they moved into the home. People were supported to access healthcare and other professionals to meet their care needs.

Staff provided support in a kind and caring way. Staff demonstrated a clear understanding of people's care needs. The care plans identified people's religious beliefs and cultural preferences with staff aware of how they could support the person in meeting these needs.

People's care plans identified how the person wanted their care provided. The provider responded to complaints in a timely manner. People receiving support and staff members felt the home was well run.

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 requires improvement (published 21 January 2020) and there were multiple breaches of regulation. Targeted inspections were carried out in August 2020 and December 2020 but the service was not rated following these inspections. At this inspection we found there had been improvements made in relation to medicines management, infection control and the need for consent so

the provider was no longer in breach in relation to these areas. The provider had not made adequate improvements in relation to risk management and good governance so was still in breach of these regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe, 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 the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Shackleton Medical 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a specialist advisor for nursing.

Service and service type

Shackleton Medical Centre 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.

At the time of the inspection the service had a manager in post. While they had initiated the process to be registered, they had not yet submitted their application to be registered with the Care Quality Commission. A registered manager similar to the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service. We spoke with nine members of staff including the manager, two nurses, care workers and two housekeepers.

We reviewed a range of records. This included seven people's care records and seven people's medicine administration records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Following the inspection, we reviewed the training records for staff, recruitment records and care plan audits.



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 not rated. The service was last rated following an inspection in November 2019 and at this time it was rated requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. In addition, the provider did not have an infection control system robust enough to show infection control was effectively managed. This placed people at risk of harm.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Even though improvements had been made further action was required and the provider was still in breach of regulation 12

- Risk management plans were not always developed to reflect possible risks associated with the care provided. The records for two people did not include risk management plans for a specific part of the care being provided. This meant care workers and nurses were not provided with guidance in relation to possible risks and actions which could be taken to reduce these risks.
- The records of checks on the settings of air pressure mattresses were completed daily, however we saw the records for one person indicated their pressure mattress had been set for a weight which was 38kg lower than the person's weight recorded in their care plan. This meant the mattress setting was not correct for the person. The staff had not identified the mattress setting was incorrect. This meant the person was at increased risk of developing pressure issues with their skin.
- There was a portable defibrillator at the home and the provider's policy required the defibrillator to be checked daily. We reviewed the records of the checks and we saw that the daily check had not always been carried out. In May 2021 the checks had not been recorded on 12 days. During April 2021 the records had not been completed on 13 occasions, on eight days in March 2021 and on seven days in February 2021. This meant that if the defibrillator had been needed in response to a medical emergency it may not have been checked to ensure it was working correctly which left people at risk.
- The care plan for one person identified they were living with a neurological condition but there was no risk management plan in place to provide care workers with guidance as to how they reduce possible risks when providing care.
- People had COVID-19 care plans in place which identified their medical conditions, but the risk management guidance was not specific to the person's characteristics and medical conditions. The risk management section of the care plan provided general guidance on what to do if a person displayed COVID-

19 symptoms, how to manage laundry from a person who was COVID-19 positive and how to use personal protective equipment and infection control procedures. This did not provide care workers with guidance in relation to the person's specific risks and how these could be managed.

- One person regularly went into the community and a risk management plan was not in place in relation to COVID-19.

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

- People had personal emergency evacuation plans (PEEP) in place which provided information on the support they required if they needed to evacuate in case of an emergency. The information in the PEEP included how many staff were required to support the person if they had to be moved to a place of safety as well as a photograph of the person to help them be identified.
- A range of risk management plans had been developed where a person had been identified as living with a specific health or wellbeing issue. These included risk management plans for epilepsy, stroke, diabetes and tracheostomy.
- Other risk assessments had also been completed including those in relation to people's ability to use the call bell, falls and moving and handling. The risk assessment included clear guidance on how risks could be mitigated.
- Wound care assessments were up to date and detailed with photographs and body maps for the progress of the wounds could be monitored. Wound measurements were always clear, for example, records for two people with wounds showed these were dressed according to their care plans and reviewed when dressings were changed.
- Personal protective equipment (PPE) was available around the home and regular checks were carried out to ensure staff could access PPE when required.
- There was a daily cleaning schedule completed which identified each bedroom and communal area, described what and how to clean each specific area and what cleaning products to use. The time each area was cleaned was recorded. There was also a schedule for cleaning of frequently touched areas such as door handles.

Using medicines safely

At our last inspection the provider did not ensure that medicines were always administered as prescribed and the competency of nurses to administer medicines was not always assessed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Medicines were managed and stored safely. People received their medicines from nurses that were trained to do so and who had regular assessments to ensure they remained competent to administer medicines.
- Medicines administration records (MARs) had been completed accurately. There were no unexplained gaps or omissions. Two nurses had signed they had checked medicines when they were delivered to the home. This helped nurses ensure the home had received the medicines prescribed for each person. The MAR included important information such as allergies and an up-to-date photograph of each person. We checked the medication of a person who had recently moved into the home against their MAR chart there

were no discrepancies found.

- The nurses asked people if they required pain relief which was prescribed to be administered when required (PRN) which meant people were not left in pain. Pain scales were used for people who were not able to express their level of pain.
- Any medicines that had a use by date had been signed and dated by the nurse who had first used it to ensure nurses were aware if it was going out of date. However, we checked the topical creams which were in use for four people and we identified that the date of opening was not recorded. All topical creams have a length of time they should be used by after opening to the manufacturer's guidelines, so the provider had failed to follow the guidelines. This was brought to the attention of the senior nurse on duty who took note of it.
- Medicines for disposal were logged in the destruction book and all entries had been countersigned. Any medicines that were not used and needed to be returned to the pharmacy were recorded and kept in a closed green bin for collection by the supplying pharmacy.
- There were no recent medicines errors on record and nurses said they were aware of the procedure for reporting errors.
- The temperature of the medicines room was checked daily as were the medicines fridges to ensure medicines were stored according to manufacturer's guidelines. Records showed that temperatures for the last three months were within safe limits.

Systems and processes to safeguard people from the risk of abuse

- The provider had a process to investigate and respond to any concerns raised relating the care provided. A summary sheet was completed with information on any safeguarding concern and the outcome so any trends could be identified, and appropriate action could be taken.
- We reviewed the records for one safeguarding concern which had been raised since the last inspection and these included notes from the investigation, information from the local authority and an appropriate outcome.
- Staff we spoke with demonstrated an understanding of what safeguarding meant when providing care.

Staffing and recruitment

- The provider had a recruitment process in place which they used to help ensure new staff had the appropriate skills and knowledge for their role.
- During the inspection we looked at the recruitment records for four new staff members who had been recently recruited. We saw each record included their employment history, a criminal record check, their right to work in the UK and two references which was in line with the provider's process.
- The provider had the profiles of agency staff who worked regularly at the home which included their training and skills so they could ensure they could meet people's care needs.
- Members of staff we spoke with confirmed they had completed an induction when they started working at the home.
- The manager confirmed that the number of staff on duty was based upon the number of people living at the home and their support needs.

Learning lessons when things go wrong

- The provider had a process for recording and investigating when an incident or accident happened which had been followed.
- During the inspection we reviewed four incident and accident records and we saw these included information about the action that had been taken immediately after the incident and the lessons had been learned. We saw that when a person had fallen their care plan and risk assessments had been updated to reflect any changes in support needs.

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 not rated. The service was last rated following an inspection in November 2019 and at this time it was rated requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider did not always follow the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) 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 11.

- The provider delivered care in line with the principles of the MCA and ensured the support was provided in the least restrictive way possible.
- People's care plans identified if a DoLS had been authorised for the person and if a relative or representative of the person had a Lasting Power of Attorney in place. This would enable them to support the person in decision making. A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people to help them make decisions or to make decisions on their behalf, should they lose capacity to do this for themselves.
- Mental capacity assessments had been carried out where a person had been identified as possibly not being able to consent to aspects of their care. Best interest decisions had been recorded in relation to areas of a person's care including personal care, administration of medicines and half hourly checks by staff. Best

interest decisions were also in place for COVID-19 testing and the administration of a COVID-19 vaccine.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider ensured rotas include staff with appropriate training to meet the support needs of people using the service. The provider had made improvements.

- During the inspection we reviewed the training records for all staff which indicated that the most staff were up to date with training that the provider had identified as mandatory. Members of staff we spoke with confirmed they had completed the mandatory training.
- Nurses we spoke with confirmed they had received appropriate training and had the skills they required to meet people's needs. We also saw nurses had completed training in relation to specific aspects of care such as tracheostomy care and PEG. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach through a thin tube that has been passed surgically through the skin and into the stomach. They also received support from specialist nurses for additional guidance when required.
- Staff had the appropriate training and skills to meet people's care needs.
- Care workers and nurses we spoke with confirmed they attended handover meetings when they worked at the home. Staff we spoke with confirmed they had regular communication from their manager, and they felt supported.

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

- People's care needs were assessed before they moved into the home. This meant the provider could ensure the person's identified needs could be met.
- When the manager received a referral from the local authority or from the NHS, the manager would meet with the person and their relatives/representatives to identify their health and care needs and how they wanted their support to be provided. Information would also be obtained from the person's current care provider, or if they were in hospital from their discharge plan, and all the information would be used to develop the care plan and risk assessments.

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

- People were encouraged to eat a healthy diet which included food and drink they enjoyed. People we spoke with gave both positive and negative feedback on the meals provided. They told us "Food is pretty average. If you ask them, they will provide something different for you. They do mac and cheese, but you wouldn't want them to cook anything complicated" and "The food is good. If there is something wonky [with the food] they take it away and bring something better [and] hot."
- People's care plans included a section about the person's dietary requirements which identified if they needed a specific diet such as soft or diabetic. There was also information on people's favourite food and drink as well as any religious or cultural preferences.
- A care worker told us, "We are working here every day, so we know what they like and what they don't like. We ask, "what would you like to eat for breakfast, lunch and supper." It depends on their choice. We have a meal menu sheet. Night staff give them for the morning breakfast and tick what they like or don't like."

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 professional and other related services to help them live a healthier life. The care plans identified the various specialist services involved in people's care which included dietitians, speech and language therapists, physiotherapists, opticians, podiatrist, dentists, and the community mental health team.

- The GP visited the home every two weeks and every week conducted video calls with people who required a medical review and emailed the outcomes of the consultations to the home. This information was included with the person's care plan and changes in support need were updated.
- Oral healthcare plans had been developed for all the people living at the home. This section of the care plan provided specific guidance for care workers on how they should support the person with their oral healthcare, if the person needed help with cleaning their teeth or if they had dentures.
- The care workers recorded how they supported the person with oral healthcare in the records of the care provided which were completed by the care workers.

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

- The provider had made further improvements to the environment which enabled people to be as independent as possible. The manager had created a lounge area on the second floor so people could meet together and watch sporting events on the television.
- People could access an activities room on the ground floor which could also be used as a dining room.
- People were supported to personalise their rooms and a visiting area had been developed in line with COVID-19 guidelines.

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 the last inspection this key question was not rated. The service was last rated following an inspection in November 2019 and at this time it was rated requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were happy with the care they received. One person told us "The staff are really nice and kind. They are lovely and they help me when I need help."
- During the inspection we saw care workers providing care and support in a kind and caring way. We saw they showed they knew about each person's wishes and preferences. We also saw care workers and nurses knew how to support people if they became upset or unhappy and worked with the person to resolve any issues.
- People's care plans identified their religious beliefs and cultural preferences. The care workers we spoke with demonstrated a clear understanding of how to support people in meeting these needs. They told us "When it comes to religion, no one is bias. We can talk to the family and they can explain what the patient desires. One person is Christian, and they have online meetings with the church, so we help arrange that for them. The person asks for religious songs on the tablet" and "Here we have a mixed culture. [Person's name] is Muslim, we have to make sure they get halal [food]. At Christmas we couldn't take people to church, so we put on the television and asked if they would like to pray or anything. We ask their families what they like. We know people quite well who have been a long time with us."

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

- People living at the home and their relatives were involved in the development of their care plans. We saw some of the initial needs assessment included information from the person and those people that were important to them.
- The manager confirmed that if a person did not have the capacity to make decisions about their care, relatives or representatives, including advocates, were involved in their care planning.
- Care workers confirmed they supported people to make choices about their care whenever possible. Their comments included "We talk to them to try to get how they like their care, how they like their food, for clothes and everything. Today I ask one person what clothes they like to wear, how they like to get washed, and would they like to have any special things", and "The care plans for two people say they have no capacity but we always ask them. Would you like tea? Are you ready for your wash today? What would you like? It's your choice. I show them two or three tops and we ask them what they would like. The night staff ask them what they would like for breakfast and the chef goes to their rooms to ask what they want for lunch."

Is the service responsive?

Our findings

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

At the last inspection this key question was not rated. The service was last rated following an inspection in November 2019 and at this time it was rated requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

End of life care and support

- People's care plans did not include information identifying their wishes in relation to how they wanted their care provided when receiving support at the end of their life.
- The care plans identified if a person wished to be resuscitated and if there was a do not attempt cardiopulmonary resuscitation (DNACPR) decision on file but not the person's preferences for their end of life care.
- One person's physical health care plan indicated that a DNACPR was in place but the person also wanted active treatment, but this was not recorded as part of the DNACPR. There was also no guidance provided as to what active treatment meant and how the person should be supported.
- The manager told us that end of life care plans would be developed for the new electronic care planning system which was being introduced.

We recommend the provider reviews good practice on supporting people to identify their end of life care wishes and the development of the information as part of their care plan.

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

At our last inspection the provider did not always ensure that care plans included up to date information on a person's care needs and that care was always provided to meet a person's needs and maintain their dignity. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans identified people's support needs and how they wanted their care provided. The manager explained an electronic care planning system was being implemented so there were two types of care plan on file for some of the people living at the home. There were paper based care plans and copies of the care plans being developed using the new system which were not as detailed.
- During the inspection we reviewed the care plans for seven people. The care plans included information on people's wishes in relation to how they wanted their personal care provided, the support the person required in relation to a range of care activities and the person's interests and preferences for what they would like to do during the day.

- Nurses we spoke with had a good working knowledge of people's individual needs and how to meet them in a person-centred way, for example, when discussing about two people's care plans the nurse on duty knew the individual needs and how to care for them.
- Care workers also demonstrated a good understanding of people support and care needs.
- Daily notes were detailed and indicated what care was provided each day. Reviews of most care plans were undertaken monthly and any changes in support were updated.

Meeting people's communication needs

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

- The person's communication support needs were identified in the initial needs assessment. The care plans identified if the person had any hearing or visual impairments.
- There was a communication section in the care plan which identified how the care workers could support the person for example one person's care plan stated that if the person became agitated the care workers should support the person to express their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships to reduce the risk of social isolation. The care plans included a life story section which identified who was important to the person and their personal history.
- Visiting plans for COVID-19 had been developed for each person identifying who their approved visitors were and where they could meet with their visitor. A visiting area had been put in place on the ground floor which met infection control guidance. If the visiting area was not suitable for the person to access, for example due to mobility, the visiting plan included guidance on how to facilitate visiting in a safe manner.

Improving care quality in response to complaints or concerns

- Complaints were responded to in an appropriate manner. People we spoke with told us they knew how to raise any concerns. One person said, "If you have a complaint you tell one of the staff and they tell [the manager]."
- We saw the record for one complaint which had been received since the last inspection. The record included information on the outcome of the review of the complaint and what actions had been taken.

Is the service well-led?

Our findings

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

At the last inspection this key question was not rated. The service was last rated following an inspection in November 2019 and at this time it was rated requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had not ensured the quality assurance processes were robust or effective enough to provide information on where improvements were required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement has been made but further action is required therefore the provider was still in breach of regulation 17.

- The manager had implemented a range of quality assurance checks and audits since the previous inspection, but the issues noted in this report had not been identified.
- The provider did not have systems in place to ensure that when regular checks of equipment were carried out they were monitored to ensure they had been completed and they were accurate. The checks on the portable defibrillator, hoist batteries and pressure mattresses had not been completed.
- A falls tracker record had been developed to monitor the number of falls but we saw it was not always completed which meant that when a fall occurred it was not always recorded. We saw the incident and accident records indicated a person had experienced a fall in May 2021 but the falls tracker had not been completed on that day. We found the tracker had not been completed on 13 days during April 2021 and on 12 days during May 2021. This meant the provider did not ensure the falls tracker was kept up to date to enable them to monitor and analyse the records for any trends in falls for an individual or across the home.
- During the inspection we reviewed the records for checks which were carried out on the recharging of the hoist battery. We saw the records at 3.15pm on the day of the inspection and found it had already been completed and initialled by a member of staff with the time of 7.30pm recorded confirming the battery was charged. This meant it was not clear if the hoist battery had been checked and it may not have been fully charged if used which could result in the hoist failing to work as required.
- The provider had still not ensured risks relating to people's health, wellbeing and care were always assessed, monitored and mitigated by developing a risk management plan to provide suitable information for staff on how risks could be mitigated.

We found no evidence that people had been harmed however, the provider had not ensured all the quality assurance processes that were in place were always robust or effective enough to ensure checks were monitored and risk were managed. This was a continued breach of regulation 17 (Good Governance) of the

- A regular audit was carried out for infection control which included a spot check on hand hygiene, infection control training and knowledge and environmental checks. There were comments recorded on the findings of the audit and an action plan had been developed.
- A care plan audit had been completed which reviewed if the front page of each section of the care plan was completed and when the care plan evaluation had been updated. Each audit had an action plan for any issues and the audit had been signed by the staff member who had completed it and the manager had reviewed the findings.
- Health and safety assessments were carried out which included identifying any identified hazards and how the risk is controlled. The assessments included legionella, food preparation, stairs and the lift.
- Monthly medication audits were up to date, and this means any discrepancies were picked up and dealt with in a timely manner. There was a signature list of all staff who gave medicines for management to help audit any errors.

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

- The provider had worked towards developing an open culture of care. People we spoke with felt happy with the care they received. One person said "They really look after you. They're helpful and help sort out any problems. Very good. Can't think of anything they could do better."
- The manager told us they had identified the people involved in supporting each person for example social workers, advocates and any legal representatives to ensure there were positive outcomes in relation to their care.
- Care workers and nurses confirmed they regularly read people's care plans to refresh their understanding of the person's support needs.

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 had a complaints process in place. People confirmed they knew how to raise any concerns and the provider ensured people were provided with guidance and support to raise any concerns they may have.
- The manager demonstrated a good understanding of their responsibility to inform all relevant organisations when an issue happens. For example, the local authority and the Care Quality Commission were informed if any issues occurred.
- The manager had introduced a range of policies and procedures which were reviewed regularly and included guidance as to when the provider should engage with people using the service for example when a complaint is being investigated.

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

- Staff at the home had clear roles and responsibilities. The manager explained they were working on revising the current role descriptions with the staff to ensure the description reflected their responsibilities.
- Staff we spoke with told us they were supported, and they felt the home was well run. Staff members comments included, "The manager is very good. Very supportive. If we don't know anything, she will help us. I'm happy to work here", and "The manger is very helpful. We can talk to them about all the concerns we have. They are really helpful to the staff and residents here. The communication is good between everyone. Everyone is really compassionate and friendly."

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

characteristics

- The provider ensured people's cultural characteristics were identified and the care described in their care plan reflected this.
- The manager explained they had devised new surveys to be used with people living at the home and with staff. The survey was being tested with staff members first and the results had not yet been analysed.
- Meetings for small groups of people were now being organised to gather feedback and suggestions. The manager said staff spoke with people daily to ensure they were happy with their care and the activities coordinator spent time with each person every day.

Working in partnership with others

- The provider worked in partnership with a number of organisations to support people's needs. The manager explained they had worked closely with the local authority and the public health team during the pandemic.
- The manager told us they identified local religious and voluntary organisations to provide people any additional support if identified.

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 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks. Regulation 12 (1) (2) |

| 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 | The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services. Regulation 17 (1)(2) |