Jade Country Care Homes Limited

Five Gables Nursing Home

Inspection report

32 Denford Road
Ringstead
Kettering
Northamptonshire
NN14 4DF

Tel: 01933460414

Date of inspection visit:
01 June 2021

Date of publication:
26 July 2021

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
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
Five Gables Nursing Home is a care home registered to provide personal and nursing care for up to 43 older people. At the time of the inspection there were 28 people residing at the service.

People's experience of using this service and what we found
Quality systems were not effective in identifying when care and support was not up to standard.

Systems and processes to ensure oversight of the service required improvement. Audits had not been completed regularly and the issues found on inspection had not been previously identified by the provider. Risk assessments were not consistently in place. Mitigating strategies had not always been identified to ensure people were kept safe from harm.

Records of care tasks and health tasks had not been consistently completed. We could not be assured that people's holistic needs were being met.

Injuries were not always recorded. When a person had an unexplained injury, it had not always been investigated to identify a cause.

The environment was not always safe. We found a blocked fire exit, access to harmful substances, unclean areas and out of date food.

Medicine management was not always safe. Medicines were not always kept securely; medicine records were not consistently completed appropriately and not all documentation was in place.

Care plans did not always contain sufficient information to ensure safe care could be completed. Staff did not always have the required information available to them.

Peoples nutrition and hydration needs were not always adequately recorded.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were supported by sufficient staff, who had been safety recruited and had received training. People stated that staff were kind and respected their privacy.

People, staff and relative knew how to complain and felt any concerns would be listened to and resolved.

Feedback was sought from people, their relatives and staff. The last survey's completed in October 2020

were positive.

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 November 2020) and there were two breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations.

Why we inspected
We received concerns in relation to training, medicine management, safeguarding and oversight. As a result, we undertook a full comprehensive inspection.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.
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 safeguarding, consent, oversight, safe care and medicines at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service.

This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Inadequate**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-Led findings below.	**Inadequate**

Five Gables Nursing 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 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 completed by three inspectors. One inspector visited the service and two inspectors made calls to people's relatives and staff.

Service and service type
Five gables Nursing 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.

The service had a manager registered with the Care Quality Commission. However, the manager was no longer in post. The deputy manager was 'acting up' into the managers position until a replacement manager was employed. This means that 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. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection
We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with twelve members of staff including the acting manager, assistant manager, and care workers.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Inadequate

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 requires improvement. At this inspection this key question has now deteriorated to inadequate: This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management: Using medicines safely; Learning lessons when things go wrong
At our last inspection the provider had failed to ensure systems were robust enough to demonstrate safety was consistently effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People were at increased risk of pressure damage. For example, two people who required support with repositioning did not have this task recorded, therefore we found no evidence that this need had been met. Another person who required repositioning every two-three hours did not have this need met within the timescales. We observed three people who were at high risk of pressure damage had their pressure mattresses set at the wrong setting.
- People who were unable to use their call bell to summon support did not have any risk assessments or strategies recorded to ensure they were safe and could access staff as required. This put people at risk of harm.
- Not all risks to people had been assessed or mitigated. For example, people who had health conditions that meant they had increased risks, did not have this information recorded. One person with known risks had no risk assessments in place. This put people at risk of receiving unsafe care as staff did not have the information required to understand these health conditions.
- People who had sustained an injury did not always have the appropriate records in place to guide staff in the correct management of that injury. For example, we found that body maps had not always been completed when an injury was found. This meant there were no records of how or when an injury was healing, how often staff should monitor or if any medical support was required.
- People were at risk of fire. We observed a fire exit had been blocked by a hoist. This meant in the case of a fire people would not be able to use this fire exit.
- Medicine management required improvement. The storage of medicines put people at risk of harm. For example, prescribed eye drops, and thickener was easily accessible to people within the service. If a person had ingested either of these medicines serious harm could occur.
- Medicine administration records (MAR) were not always consistently or appropriately completed. For example, transcribing had not been completed in line with best practice and did not always contain the required information. Staff had used codes that had no meaning to record how or why a medicine had been administered to a person. This meant there were no assurances medicines were always given as prescribed.

● Staff did not always have protocols to follow for people's 'as required' [PRN] medicines; to understand why, how and when to give the medicine and the dosage required. When PRN medicines were administered staff had not always recorded to reason why. This meant the effectiveness of the PRN medicines could not be monitored.
● The system in place to monitor accidents and incidents to identify possible trends and patterns was not consistently followed. For example, we found no evidence of times or places of falls being analysed.

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks, and to ensure the safe administration of medicines had been completed. This was a continued breach of Regulation 12(2)(a)(b)(e) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● People were not consistently safeguarded from abuse. Unexplained injuries had not been investigated to establish a cause or reason for the injury.
● We found one person had three unexplained injuries recorded and another person had one unexplained injury. This put people at risk of abuse as no further investigation had been carried out into these injuries.
● People had been harmed. The safeguarding log file evidenced that when people had been harmed by other people living at the service, these incidents had not always been reported to the appropriate services, such as, safeguarding or the Care Quality Commission. Sufficient process were not in place or operated effectively to protect people from potential abuse.

The provider had failed to ensure that people were protected from abuse. This was a breach of Regulation 13(1)(2)(3) (Safeguarding service users from abuse and improper treatment), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
● Staffing levels appeared sufficient to meet people's needs. Most staff and people felt there were enough staff on each shift.

Preventing and controlling infection
● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found gaps in the cleaning schedules and found areas of the home had not been cleaned adequately.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
We have also signposted the provider to resources to develop their approach.

Inadequate

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff did not always have the required information to support people in line with their individual needs. Not all care plans held up to date relevant information in them. For example, two people who had health conditions did not have the required information recorded in their care plans relating to their diabetes and catheter. Staff told us, "The care plans are inaccurate" and , "Some of them (care plans) are up to date, some are not." This put people at risk of receiving inappropriate support.
- Staff did not always have the information they required to support people with epilepsy. One person did not have an epilepsy care plan in place to inform staff of the type of seizure, any pre cursers or what action to take in the event of an epileptic seizure. Staff also did not record the type or time of seizure they witnessed. This information would assist doctors or specialists in recognising patterns and changes in the person's condition and inform ongoing management and treatment. This put service users at risk of not receiving the correct support or healthcare.
- Staff did not always monitor and record people's observations to ensure people's health conditions were maintained at a safe level. For example, one person required their oxygen levels monitored four times a day. However, levels were only recorded on average one or two times daily. This put people at risk from deteriorating health conditions.
- People's care needs were assessed before they moved into the service, however, staff did not have information on how these needs would be met.
- People were at risk of dehydration. Records evidenced that when a person did not meet their fluid target there were no actions completed to ensure they received adequate fluid intake.
- People were at risk of malnutrition. Records had not been consistently completed regarding people's food intake. For example, one person's records showed they had not been offered or given food for seven meals in one week.
- We observed there were out of date foods in the fridge and one of the fridge/freezers in use, was dirty and leaking. This put people at risk from unsafe food.

The provider had failed to have systems in place or systems that were robust enough to demonstrate safety was consistently effectively managed. This was a continued breach of Regulation 12(2)(a)(b)(d) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People were at risk from accessing rooms which contained potentially harmful items. For example, we found an open room with paint and sealant on the floor, both sluice rooms were open and contained COSHH substances and the sluice rooms did not have any restrictions on the hot water temperature. This put people at risk of ingesting harmful materials or scalding.
● People were at risk from fire and intruders. We observed a fire exit was blocked by a hoist and the door did not act as an effective fire door as it did not close properly and had a gap allowing air in the top of the door. The door alarm was not working.

The provider had failed to ensure the environment and equipment was properly maintained and secure. This was a breach of Regulation 15 (1)(b) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● People's rooms were personalised to them. Rooms contained personal belongings and pictures of people's family and friends.

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.

● The provider was not following the principles of the MCA. Staff did not follow appropriate procedures to assess whether people could consent to their care and sign forms.
● Records evidenced that relatives had been asked to sign consent forms for people when they did not have the legal powers to do so. When relatives had been asked to sign consent forms, we found no mental capacity assessments or best interest decisions to evidence the person lacked the capacity to consent themselves.
● Staff shared personal information with others without the consent of the person. We found no evidence of consent to share agreements, mental capacity assessments or best interest decisions relating to this. This put service users right to privacy at risk.

The provider had failed to gain consent and act in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 (1) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● The provider had submitted DOLS applications appropriately.

Staff support: induction, training, skills and experience

● Staff completed online training, covering subjects such as manual handling, medicines, fire and infection control as well as practical training sessions for equipment, manual handling, medicines and first aid. However, we found not all staff had received training on people's specific needs such as epilepsy, diabetes and dementia and not all staff were up to date with their training.

● When staff started their employment at Five Gables, they received an induction which included training and shadow shifts.

● Staff received supervisions and annual appraisals in line with the providers policies. Staff told us; that supervision had started to improve.

Staff working with other agencies to provide consistent, effective, timely care

● Referrals were made to professionals as required. For example, to speech and language therapists, the falls team and dietitians.

Requires Improvement

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 rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were not always involved in decisions regarding their care. We saw limited evidence of people being involved in their care plans or risk assessments.
- People told us that although they had choices regarding food, if they had a drink kept in their room this was only water. During the inspection we observed people only had water in jugs in their room.
- Not all staff felt that people's independence was supported. For example, one staff member told us, "Some people want to walk around, however we have to bring them all into the lounge. One person likes to go into the garden but doesn't always have the opportunity."
- One person told us, how the bathroom next to their room had been "broken" for over a year, the person had to use a bathroom downstairs for any toileting or bathing needs.
- Within the dementia unit we observed during lunchtime both the TV and music were on. This did not promote a relaxed eating environment.
- We observed one person who was cared for in bed and was non-communicative, their TV was flickering, and the picture was not clear, this issue was seen in the morning during the inspection. Inspectors informed staff, however, at the end of the day it was still the same. Staff had not ensured the person could use their television and did not take into regard the possible emotional effect on the person of having a flickering screen in their room.
- Staff did not always communicate with people living with dementia effectively or with respect. For example, one person told us they felt staff talked to people living at Five Gables "like a child." They gave us examples of how staff sometimes interact negatively with people living with dementia.

The provider had failed to design care and treatment with the view to achieving people's preferences and ensuring their needs are met. This was a breach of Regulation 9 (3)(b) (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Most people were positive about the staff said they were treated with kindness. One person told us, "The staff are very good, they are kind." Another person said, "I know the staff and know me, that means they do want I need." Staff told us that if a person was able to do things for themselves such as personal hygiene or eating, they would ensure they encourage but don't 'take over'.
- People told us that staff respected their privacy and dignity. One person told us, "Staff always knock on my door before entering."

● People's care plans contained information about the person including their likes and dislikes, life history and religious beliefs. People had staff allocated to them as their keyworkers

● Staff could tell us how they would protect people's privacy and gave examples such as closing doors and curtains when assisting with personal care and knocking before entering a bedroom.

Requires Improvement

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 rated as good. At this inspection this key question has now deteriorated 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

● People did not always receive personalised care. Staff used a 'Bath Day' rota, which detailed which day a person had a bath/shower. This document evidenced people were only offered a bath/shower once a week. The acting manager told us people could request a bath/shower more often. However, people we spoke to were not aware of this so had only been supported to bath/shower once a week regardless of their preference. One person said, "I have to have my bath on a [set day], it must be this day as others have a bath on the other days."

● Records did not consistently evidence that people received person centred care. For example, we found no evidence that people had been asked if they had a gender preference regarding staff who supported them with personal care tasks. Four staff told us they didn't read people's care plans and other staff told us the care plans were not always up to date.

● When people required medicines to support them with continence issues the information on what was 'normal' for them had not been recorded within their care plans. This meant staff could not assess when people required their medicines.

● Records evidenced not all care tasks had been completed. For example, we found gaps in the recording of personal hygiene tasks, toileting charts and oral care records. One relative told us they had concerns and had to raise a complaint about their relatives' teeth not being cleaned.

The provider had failed to ensure care and treatment met people's needs and preferences. This was a breach of Regulation 9 (1)(b)(c) (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● People's religious and cultural needs were documented. When people had protected characterises these were acknowledged, and staff supported people with these needs. Staff received training on equality and diversity.

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.

● We saw no evidence of the accessible information standard being in place. The acting manager told us, they were able to format documents into large print, easy read or another language if required. The manager agreed to review people's needs and ensure the AIS was met.

● People's communication needs were documented within their care plans.

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 told us the activities were very limited. One person said, "Sometimes we don't do anything as [staff member] has to work in the kitchen instead." Another person said, "There is nothing to do, they don't offer me anything I want."

● People were supported to stay in contact with their families and significant people. A relative told us, "I try and go in every week, and if [person] wanted to call me, [person] would be able to." Another relatives told us, "They [provider] allowed me to have a phone line put into the bedroom. That is a God send to [person], and now we can chat away."

Improving care quality in response to complaints or concerns

● The acting manager was unable to evidence complaints had been responded to or if any actions had been implemented in response due to the complaints folder not being accessible. However, relatives and people told us they knew how to complain and when a complaint was made a suitable outcome was found. One person told us, "I have made two complaints, both are resolved and I'm happy with that." Another person said, "I haven't complained but I know how to, and I think they [management] would resolve it."

End of life care and support

● At the time of our inspection, no one using the service required end of life support.

● Care plans were in place for end of life care, however they required further information regarding people's preferences and wishes regarding care and support required leading up to end of life.

Inadequate

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● Systems and processes were not in place to ensure bruises or injuries were identified, recorded and investigated. Body maps and records of monitoring injuries had not always been completed. We found no audits to monitor and assess unexplained injuries or investigations completed.
●The provider did not have a suitable system in place to ensure the safety of the environment and equipment. People living at the home were at risk of accessing areas that were unsafe. For example, unlocked rooms with substances accessible and medicines being unsecured, which could cause them harm.

● The provider did not have sufficient systems in place to identify when support and care was not delivered in line with best practice. There were, gaps in recording of food and fluid intake, repositioning checks, oral care, personal care, oxygen levels and seizure records. This meant there was a risk of people not receiving their planned care and the risk of unsafe care would not be identified.
● People were at risk of not receiving safe care. The provider did not have systems in place to make sure all risks had been assessed, monitored and mitigated.
● Systems to ensure staff had all the required information were ineffective. Care plans and risk assessments did not always contain sufficient information regarding health conditions, or the support required to manage these health conditions. This meant staff did not have all the information they required to provide safe care.
● The provider did not have adequate systems in place to make sure people received person-centred care. People's care plans did not reflect all of their preferences, wishes and needs.
● Audits completed on medicines were not effective in identifying areas that required improvement. The issues found with medicines had not been identified by the provider prior to this inspection.
● Governance within the Five Gables had not been completed as per the providers procedure. For example,

monthly audits for medicines, care plans, supervision, complaints, agency files and call bells had not been completed since November 2020. The provider failed to maintain oversight of the management of the service.
● The provider failed to understand the legal framework of consent.

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 acting manager told us they understood, and would act on, their duty of candour responsibility.
● Relatives told us the acting manager informed them of any incidents that occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others
● People's relatives told us they were kept up to date of any changes with their relatives' condition. However, not all people or relatives felt they were involved in the care planning process.
● People and staff told us the acting manager was visible within the service and they could access them if needed. However, staff did not feel involved in the running of the service.
● Staff told us they attended regular team meetings. Within these meeting staff had an opportunity to raise any concerns or make suggestions. One staff member told us, "We have six team meetings a year. There is chance for us care staff to raise things. We asked for new slings, a few weeks later they arrived."
● People, relatives and staff had been sent surveys asking for their views about key aspects of the service. The responses received were positive.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure care and treatment met people's needs and preferences.

The enforcement action we took:

Notice of Proposal

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to gain consent and act in accordance with the requirements of the Mental Capacity Act 2005.

The enforcement action we took:

Notice of Proposal

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to have systems in place or systems that were robust enough to demonstrate safety was consistently effectively managed. The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. The provider had failed to ensure the safe administration of medicines had been completed.

The enforcement action we took:

Notice of Proposal

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 13 HSCA RA Regulations 2014

personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Safeguarding service users from abuse and improper treatment The provider had failed to ensure that people were protected from abuse.

The enforcement action we took:

Notice of Proposal

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the environment and equipment was properly maintained and secure.

The enforcement action we took:

Notice of Proposal

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.

The enforcement action we took:

Notice of Proposal