

Stable Steps LTD

Stable Steps Care Centre

Inspection report

47 Adswood Lane West
Cale Green
Stockport
SK3 8HZ

Tel: 01617111781
Website: www.stablesteps.co.uk

Date of inspection visit:
15 June 2022
16 June 2022
24 June 2022

Date of publication:
04 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Stable Steps Care Centre is a residential care home providing personal and nursing care to up to 50 people. The service provides support to older and younger adults and people living with dementia. At the time of our inspection there were 48 people using the service.

Stable Steps Care Centre is situated in Cale Green, close to the centre of Stockport. The home provides care across two floors, with nursing care being provided primarily on the ground floor and dementia care on the first floor. Most bedrooms are single occupancy but facilities for shared occupancy were available. There were a variety of communal areas including lounge and dining areas, shared adapted bathrooms and the provider was in the process of landscaping a secure outside area.

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

Systems of governance were not always robust enough to ensure risks were quickly identified and addressed. The registered manager had identified some areas for improvement prior to the inspection but work in these areas, such as developing care plans, was ongoing and needed to be embedded. The registered manager and team were very responsive to feedback and keen to improve the service and took immediate action to address any shortfalls identified.

Risk to people, such as furniture being unsecured, was not always identified and mitigated. However, any shortfalls identified were addressed immediately. Medicines were suitably stored and records of administration maintained. However, we found that medicines which were being crushed or given covertly did not always have the relevant assessments and care plans in place, to ensure they were being safely given. The registered manager took steps to immediately address this with the relevant local healthcare services. Staff were not always suitably deployed and recruitment records did not always demonstrate that robust recruitment processes had been completed. The systems in place to ensure lessons were effectively learnt needed to be more robust.

Staff completed a variety of training. Training was ongoing and staff felt well supported in their roles. Work to improve the premises was ongoing. There were mixed views about the food. The registered manager was in the process of making improvements to the mealtime experience. Staff worked with healthcare professionals to meet the needs of people. However, some work was needed to improve how information and care plans were developed to reflect advice and guidance given by health care professionals.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service had not been embedded to support good practice. People were not always encouraged to make choices around daily lives and records did not always demonstrate how best interest decisions and least restrictive approaches were being taken.

Work to improve the quality and care plans to ensure they were detailed and person-centred was ongoing.

At the time of the inspection further work was required. People were supported to maintain relationships with friends and family and activities were available for people both in groups and on an individual basis. People felt able to raise concerns. We noted some improvements to how people were supported as they reached the end of life was required. The registered manager had arranged for additional training for staff in this area prior to the inspection.

People generally spoke positively about staff and we observed some kind and caring interactions between people. However, we also noted some shortfalls in how people were supported on the first day of inspection. This had improved on subsequent visits.

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

Rating at last inspection

This service was registered with us on 15 March 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of this newly registered service under the current provider registration.

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.

Enforcement and Recommendations

We have identified breaches in relation to how people are provided with person-centred care; how risk to people are mitigated; how medicines are safely managed; how staff are safely recruited; and the oversight of the service 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 from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Stable Steps Care Centre

Detailed findings

Background to this inspection

The inspection

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

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, a nurse specialist advisor and an Expert by Experience. A further member of the inspection team observed the inspection process on the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stable Steps Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stable Steps Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

Notice of inspection

This inspection was unannounced on the first day of inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service and reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with nine people who use the service, four relatives and family friends, and 16 members of staff including the registered manager, compliance officer, clinical lead, nurses, care workers, kitchen, laundry, activity workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to four health care professionals.

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

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk and safety was not always robustly managed.
- On the first day of inspection we noted one instance where hot water was overly hot and instances where large furniture was not suitably secured to the wall. This was discussed with the registered manager who took immediate action and these were remedied by the final day of inspection. However, the systems for checks were completed as a random sample, meaning that areas of shortfall may not be identified in a timely way. The registered manager took steps to ensure a more robust approach to these checks.
- People had individual risk assessments. However, there was not a consistent approach to the assessment and management of risk. People had different types and quality of risk assessment in place, which did not always cover all areas of potential risk for that person. The registered manager and management team were working on improving the electronic care planning systems and recognised there were still areas for improvement. The management team assured us that the specific examples of shortfalls fed back by the inspection team during the inspection would be addressed.
- A number of people had bed rails in place to reduce the risk of falls from bed. However, we saw instances where bed rails were in place but without covers, and care records did not demonstrate that the risk of entrapment had been fully assessed. The registered manager took immediate action and everyone in the home was reassessed in this area.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People were receiving the medicines as needed. The home had an electronic medicines administration record and staff were using these systems appropriately.
- Medicines were being suitably stored and records of checks completed, such as temperature, and clinic rooms were clean and tidy. We found that fluid thickeners were not always being securely stored on the first day of inspection. We discussed this with the registered manager who took immediate action to remedy this.
- People who required their medicines to be modified, due to swallowing difficulties or a decision to have their medicines covertly, hidden in food or drink, did not have the required assessments and detailed care plans in their records in line with the provider's policies. We could not be certain that these medicines were being safely administered. This was discussed with the registered manager who took immediate action to address these shortfalls, working with the prescribing GP and community pharmacist.

Systems were not effective in ensuring people had the correct assessments and administration in line with how their medicines were being prescribed. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were not always visible or suitably deployed across the home to meet the needs of people.
- People, families and staff had mixed views about staffing levels. We noted that staff were very busy, call bells were frequently being sounded and staff did not consistently respond to people's request for support. One relative commented, "The staff can take ages to answer the buzzer and they are always going off. I feel there isn't enough staff on duty."
- The provider was reviewing staffing levels regularly and had introduced additional hours for busy times of the day, such as morning and twilight shifts. However, further work is needed to ensure staff are appropriately deployed at busy times of the day and the senior staff, such as nurses and senior carers are able to complete their additional tasks.
- Staff were not always recruited in line with the provider's policy. Records were not robust to evidence the interview process covered areas such as gaps in employment, reasons for leaving previous roles, or any discrepancies in application information. The provider clarified any shortfalls found from our review and provided assurance that robust recruitment, in line with policy, would be followed.
- Checks of references and with previous employers or character references were being completed alongside checks with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. However, where staff had additional experience in care this was not always being followed up in line with the provider's recruitment policy.

Systems were not robust enough to demonstrate that staff had been safely recruited. This placed people at risk of harm. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people and most people told us they felt safe at the home.
- We observed some shortfalls in how people were cared for on the first day of inspection and asked the registered manager to raise two safeguarding alerts during our visit. When we returned to the home these concerns had been addressed by the registered manager and management team.

Preventing and controlling infection

- We were partially assured that the provider was preventing visitors from catching and spreading infections. We noted that staff did not always check health care professionals testing status, where the guidance in place at the time indicated regular testing should still be completed. The registered manager took immediate action to address this.
- 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. The registered manager had identified that staff were not always doffing PPE immediately following supporting a person with personal care, and work in this area was ongoing.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

The registered manager was in the process of reviewing and amending the homes approach to people visiting the home. The home had been requesting visitors pre-book visits but, in line with the guidance at the time, were reviewing how they could more freely manage people visiting safely. We saw people received visitors over the course of the inspection. One family member told us, "I have to book a slot, they are flexible though." Another family member said, "I visit every day. We don't have any restrictions and I have taken [family member] out, they love visiting the park."

Learning lessons when things go wrong

- Systems were in place to learn lessons when things went wrong and the registered manager and management team were responsive to feedback and keen to drive improvement.
- The registered manager reviewed accidents and incidents. However, it was not always clear that areas of risk were mitigated. For example, where people had fallen but not been injured, it was not always clear that care plans had been reviewed or the accident's analysed to ensure all possible steps to mitigate future risk had been considered. Incidents were recorded but incidents between people who may have been emotionally distressed did not always lead to a consistent response to care planning and risk assessments. The registered manager told us they were working closely with specialist services to ensure people had the most appropriate specialist support.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff spoke positively about the induction, training and support they received in their roles.
- Staff told us they completed a variety of training. One staff member commented, "The support and training has been good. I've never had so much training in my life." During the inspection staff completed training around oral care and the registered manager had arranged for additional training regarding end of life care.
- On the first day of inspection we noted some shortfalls in delivery of care which we discussed with the registered manager and management team. Following this, the management team completed additional supervisions, support and competency assessments with staff. By the final day of inspection the shortfalls had been remedied.
- Feedback regarding staff knowledge and skills from families and health care professionals varied. One health care professional commented, "The staff are lovely but they don't always recognise when things have deteriorated. They will respond if you ask them to do something."

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

- People did not always readily have access to drinks, and meal times could be busy and noisy experiences which did not always encourage people to have a good diet.
- On the first day of inspection we noted a number of people did not have access to a drink during the night and some people had to wait some time for a drink and breakfast to be offered once they had got up, as staff were busy. One visitor commented, "Last week there was a drink in the room but not anywhere near of reaching distance. It is frustrating about the drinks as we have raised it several times."
- The mealtime experience varied considerably for people, depending on the day and area they ate in. We observed times when people did not get the encouragement or observation they needed to eat safely, had to wait for meals or were not supported to eat in a dignified way. However, in other observations mealtimes were calm and sociable experiences. The registered manager had identified the need to improve the mealtime experience and work was ongoing in this area. We will review this at our next inspection.
- People had mixed views about the quality of food. Comments included, "The grub is great and you get choice." and, "The food is excellent especially the puddings." However, another person commented, "The food isn't good."

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

- The provider had a number of plans to adapt and improve the service and premises to ensure it met people's needs. However, not all these were in place at the time of inspection.

- Adapted bathrooms and some dementia friendly signage was in place. The registered manager told us they had plans to update and improve the home, which included developing feature areas such as a post office and sweet shop.
- The provider had arranged for an outside secure area to be landscaped and accessible to people. This was not in place at the time of inspection, but evidence of progress was provided following inspection. We will review this at our next inspection.

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

- Staff worked closely with other health care professionals such as doctors, district nurses and specialist services, including mental health services, to meet people's needs.
- The registered manager had worked closely with the local doctor's practice to get consistency and a weekly ward round was completed for everyone living at the home.
- Referrals were made for specialist input when needed. However, records including care plans did not always demonstrate or reflect people's current needs. For example, wound care plans did not always provide sufficient detail about what support people needed. One health care professional commented, "Staff are pretty good at following the instructions we give them. For example, we do see the wounds start to improve."

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

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

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

- People's capacity and best interests were being considered. Where people lacked capacity and were subject to restrictions, appropriate referrals to DoLS were being made.
- Records did not always demonstrate how the least restrictive option had been made in a person's best interest. For example, with regard to the use of covert medicines and the use of lap strap for a person at risk of falls. This was discussed with the registered manager who took steps to improve record keeping and ensure they were working within their policies, and government and best practice guidance.
- People were not always being supported to make decisions about their daily life. Care plans were in place and referred to supporting people to make choice. However, it was not always evident that staff did this, for example when offering people snacks such as biscuits during the day.

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

- People's needs were assessed and the registered manager took steps to ensure the home could meet people's needs before accepting the admission.
- Feedback from health care professionals was generally positive about how people were supported. One health care professional commented, "I don't know how they do it but I see real changes and improvements for people with very complex needs."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People generally felt well cared for and supported. However, the systems for oversight to ensure everyone was well treated was not always effective.
- On the first day of inspection we noted some shortfall in the care some people were receiving. We discussed this with the registered manager who took action and reviewed the arrangements for deployment of staff and skills mix for each care shift to ensure this was appropriate.

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

- Most people felt able to express their views, although it was not always evident how people had been involved in decisions about their care.
- People told us they could do things they wanted. Comments included, "You get choice. You can wander round and go where you want to." and, "I can choose where I want to go."
- Care records did not always record how people had been involved in decision making. Their views and the views of significant others or advocates were not always captured. This is discussed further in other key questions.
- We observed that people were not always consistently supported to make choices. For example, people were not asked what they wanted to have as a snack, on the first day of inspection. This had been addressed on subsequent visits to the home.

Respecting and promoting people's privacy, dignity and independence

- People generally felt respected and treated with dignity. We saw staff would knock before entering people's bedrooms and were generally discrete when supporting people with personal care.
- We observed positive interaction between staff and people. The shortfalls noted on the first day of inspection had been addressed by the registered manager on our subsequent visits to the home.
- Some people's care plans referred to what people could do for themselves and what they needed support with. Work to improve care plans was in progress. We noted that further work to ensure people could remain independent was needed. For example, by having items they needed, such as drinks, call bells and their meals consistently placed in reach. However, this had been addressed following the first day if inspection.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care records did not always demonstrate that care was person centred.
- Care plans did not always contain enough detail on how people wanted to be supported or their likes and dislikes. At the time of the inspection the service had requested that families complete a 'This is me' document, to enable staff to have a better understanding of people's life story and build rapport. This had not yet been fully completed.
- We observed a number of occasions where people were not having their care met in a person centred way. For example, with regard to promotion of choice and responses to requests for help.
- Daily records were not always being completed in a timely way and sometimes lacked the detail needed to demonstrate people had received care and support as they wanted. The registered manager told us they had ordered a different device for staff to use for daily records which was smaller. They hoped this would improve the accuracy and quality of record keeping. These devices were in place by the final day of inspection and the registered manager told us they had noted some improvements and received positive feedback from staff.

People were not receiving care that was consistently person centred and met their needs and preferences. This placed people at risk of harm. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- The registered manager understood how to support people in line with the accessible information standards. They told us they made arrangement for translators to support assessments and reviews as needed and could adapt resources to meet people's needs.
- One person had specific challenges around communication, but it was not evident that these were being fully met by all staff. We noted some staff were more able to effectively communicate with this person than others and some staff were attempting to learn their preferred method of communication. However, care plans did not demonstrate other tools to aid communication had been considered, although the registered manager told us they used communication cards with other people in the home.

- People had equipment in place such as hearing aids and glasses. , it was not always evident that staff were supporting people to maintain these effectively. We noted one person's hearing aids were very dirty which we brought to the attention of the registered manager who took immediate action to address this. A family member commented, "Hearing-aid batteries are always disappearing. We brought three packs last week and they are all gone."

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 spoke positively about the activities. One person said, "I enjoy the quizzes the best. The entertainment lady is good." Another person told us, "The activity coordinators are great. They spend an hour a week with me and we do quizzes."
- Care records did not clearly evidence that a range of person centred activities were being offered to people, especially those cared for in bed. We spoke to the activity coordinators who demonstrated a good understanding of meeting people's social and cultural interests. They told us they were in the process of developing links in the local community and were receiving visits from a local school. We saw that people thoroughly enjoyed having the children visit the home. Work to develop links with local religious provisions was in progress.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns. However, records did not always evidence the steps taken to address people's concerns and ensure these were not repeated.
- One family member commented, "The staff are very approachable and I have no complaints." Another said, "The staff are very pleasant and are very apologetic whenever we have had to raise anything."

End of life care and support

- Health care professionals spoke positively about the care provided by the home for people at end of life, although on the first day of inspection we noted some shortfalls in how a person needing this type of care was being supported by staff. We raised this with the management team who took immediate action to address this issue and raise a safeguarding concern as we had requested.
- The registered manager worked closely with the local doctor and hospital services to ensure people had access to the care and support they needed. This included anticipatory medicines in order to keep people comfortable and pain free as their health declined.
- The registered manager had arranged for staff to attend further training on how to provide good quality end of life care, and was committed to developing and improving this area of support for people.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and staff were clear about their roles but systems to ensure the quality of the service were not robust enough to quickly identify shortfalls.
- Health and safety checks were completed but did not cover all areas of the home on a regular basis, and consequently had not identified some of the issues we identified regarding water temperatures and furniture. This was discussed with the registered manager who took immediate action to ensure these checks were completed. Any action required in this area had been completed by the end of the inspection.
- The provider recognised the need for improvement and work was ongoing in this area. We found that care plans were not always person centred, did not always contain sufficient detail and lacked consistency in how they were formulated to guide staff on meeting individual's needs.

Systems were not robust and effective to assess, monitor and mitigate for people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Work to ensure a positive and person centred approach was ongoing and there were areas for improvement. Care plans and care delivery did not always lead to good outcomes for people.
- Feedback from people's families and health care professionals was mixed. Some people and families spoke very positively about the care. One relative told us, "The home is far better than the last one and I feel very lucky. The staff are approachable and I have no complaints." A health care professional told us, "It is organised and people are settled. I have positive feedback from families and there is progress with people. I see them becoming more mobile and independent." However, another health care professional noted, "Staff are doing the best they can but sometimes things slip by the wayside."

Continuous learning and improving care

- The provider, registered manager and management team were keen to improve the service but the systems in place were not always effectively used to ensure learning.
- The registered manager monitored accidents and incidents but not all areas of potential risk were picked up and formulated into care plans. Any shortfalls we identified were fed back to the registered manager who took immediate action.

- The service was not always following the policies in place. For example, recruitment and the administration of covert medicines were not always being undertaken in line with the provider policies.

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 registered manager and management team were responsive to feedback. They acknowledged where things had not always gone well and took immediate steps to address any concerns during the inspection.
- People, families and staff generally all felt able to raise concerns. One staff member told us, "The registered manager is lovely and easy to speak with. If something isn't right they will look into it. They are very responsive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked with other health care services to meet people's needs and was in the process of building links with the community.
- The provider had completed surveys with staff, people, relatives and other professionals to obtain views. The feedback they received was mixed. Where possible the service had considered action they could take to address any concerns and make improvements.
- The provider held regular meetings. Staff meetings were completed to share updates and information with staff. Following the inspection visits the registered manager held a meeting with staff to feedback our findings and discuss any areas for improvement. Relatives told us they had also attended meetings, some of which had been held remotely, during the course of the pandemic.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People were not consistently having their needs met in a person centred way.

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	System of checks of the environment were not sufficiently robust to ensure shortfalls were addressed and remedied in a timely way. People who required their medicines to be administered in a specific way, either crushed or administered covertly, did not have records to demonstrate this had been fully assessed or detail for staff on how to administer these medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems for oversight of the safety and quality of the service were not robust to ensure improvement were made and risk was mitigated as much as possible.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Recruitment processes were not being

completed in a sufficiently robust way to demonstrate that staff were safely recruited.