

# CORMAC Solutions Limited

# Trefula House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Trefula is a care home that provides personal and nursing care for up to 44 people, all who are living with dementia, and / or have other mental health issues. At the time of the inspection 39 people lived at the service. The service primarily caters for people aged 65 and over, although at the time of the inspection some younger people were accommodated. The service was divided into two restricted units; 'St Mawes' / 'Restormel', and 'Pendennis' / 'Carn Brea'.

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

Although the building was clean, policies and procedures in relation to Covid 19 were not fully in place. The handwashing facility outside the building was untidy and the floor had not been cleaned. Signage on the first day was not clear or not readable as they had faded. No written procedures were available and staff were not aware of them. Despite us stating our concerns on the first day of inspection, procedures were still not fully in place by the third day of the inspection. Some staff told us they had not received appropriate Covid-19 training.

There were enough staff on duty, but there was a high reliance on agency staff. Staff were observed as attentive, kind and caring.

We were informed before this inspection that the Registered Manager was away from work. Interim management arrangements had been put in place. Systems to ensure compliance with regulations for example in regard to audit systems, and infection control, were not consistently applied, or effective to ensure the service was managed to a good standard.

People we spoke with were all happy with the service. For example, comments received included: "Staff treat me nice, the food is good and I have no complaints," and "Food is pretty good. Care is very good." Relatives told us "(My relative) seems well cared for," and "I feel (my relative) is well cared for, and "I am contacted (by the service) regularly." Visiting professionals told us: "Nursing staff are always polite (and) generally well informed," and "Communication is good."

Safeguarding procedures were satisfactory and suitable action was taken to minimise the risk of abuse.

Risk assessment procedures, in respect of the care of people were satisfactory. Documentation detailed risks and how they should be minimised. Environmental risks were generally well assessed. Risk assessment procedures in relation to Covid 19, as outlined, were poor.

Throughout the inspection there was a pleasant atmosphere, people were happy and relaxed, and routines were well organised and not rigid.

People were positive about the food, said they had enough to eat and were offered a choice. People could make a hot or cold drink when they wanted and this was apparent throughout the inspection.

Two activities workers were in post, so there were some activities six days a week. Activities currently provided included arts and crafts, singing, quizzes, bingo, and baking.

The team worked well together and had the shared goal of providing a good service to people who lived at the service. "Staff who work here are passionate about what they do and they stick together and provide the best care they can...we are like family."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 05/08/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

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 coronavirus and other infection outbreaks effectively.

#### Follow up

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

At this inspection we have identified breaches in relation to infection control and good governance. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. Please see the action we have told the provider to take at the end of this report.

## 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?

There service was not always Well Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Trefula House

## 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 one inspector.

#### Service and service type

Trefula 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 did not have a manager registered with the Care Quality Commission. On the first day of the inspection we were informed the registered manager had resigned. A registered manager 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.

#### 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 worked with the service. The provider was not asked to

complete a provider information return prior to the 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.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with ten members of staff including the manager, representatives from the registered provider, care and ancillary workers. We also contacted two external professionals after the inspection and spoke with four relatives of people who used the service.

We reviewed a range of records. This included five people's care records and medicine records. We looked at six 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. We spoke with two professionals who regularly visit the service.



# 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 for 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.

### Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. When we arrived at the service signage, facilities and verbal guidance given by staff was not satisfactory. Handwashing facilities did contain hand wash but were not always clean or well maintained. We also saw a senior member of staff enter the office via another entrance without being stopped, screened or checked by staff. Although procedures steadily improved by the third day of the inspection, they were still not compliant. For example, the inspector was able to walk through the building to the manager's office, before any questions were asked about any risks the inspector may present. A member of staff was also observed entering the building and taking their own temperature in the nurses' office before proceeding elsewhere in the building. No verification by another member of staff, or record was made of the reading.
- In respect to Covid19 related training, two members of staff said they were provided with an internet link to complete training. They said the link did not work, had reported this to management, but had not been provided with a working solution, and subsequently received no training. Another member of staff said they had not received Covid 19 training in a timely manner. Records showed this training had not been delivered to this person until May 2020, and general infection control training had not been delivered to them until October 2020. A third member of staff said in regard to Covid 19 related training that they, "were not sure if we were meant to have something...there were internet issues." Records provided showed the staff members had received infection control training, but not specific Covid 19 related training which we were informed had been delivered to all staff. Despite requesting it, we were not provided with comprehensive records at any stage that all staff had received the relevant training.
- We were not assured that staff were using personal protective equipment effectively and safely. Similarly we were not assured that the provider was meeting shielding and social distancing rules. For example we saw two care staff, during the three day inspection, not wearing surgical face masks appropriately. In both cases masks were not covering the staff members noses. In one case the member of staff was not maintaining physical distance guidelines with people they were working with. These concerns were reported to management so they could discuss the matter with the staff concerned.
- Although we requested copies of completed infection control audits, we were only provided with one dated 31 July 2020. This was detailed but there was no reference to Covid 19.
- Nursing staff, or management were not able to provide an up to date copy of the service's infection prevention and control policy during or after the inspection. The only infection control guidance nursing

staff were able to provide was titled 'Infection Control and Uniform Guidance' and was dated March 2018. We were provided with an 'Emergency Contingency Plan.' Neither documents had reference to Covid 19. On the second day of the inspection we were told the Covid 19 related policy had not been seen by the manager, and the administrator said it had not been "completely finished." After the inspection we were provided with a copy of a risk assessment relating to Covid-19 which was to a good standard but to date a comprehensive policy and procedure has not been provided. Overall we therefore were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

The failure of the provider to ensure satisfactory infection control procedures, and to always take suitable action to mitigate risks is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

#### Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work in the care sector. All recruitment records were satisfactory.
- On the days of the inspection there was satisfactory staffing at the service although due to issues recruiting staff and staff sickness it was necessary to use agency staff. This included nursing staff, care assistants, day activities staff, and ancillary staff such as cooks, cleaners and maintenance staff.
- Staff said there had been high rates of sickness and this caused significant anxiety for staff managing shifts on some days. Where possible management arranged agency staff to cover sickness. Management informed us they were implementing improved sickness management and staff attendance policies.
- External professionals raised concerns about high usage of agency staff and the potential risk of infection this brought. The manager told us the service tried to use the same external staff where possible. The manager said the service was also in the process of recruiting permanent staff which would reduce the dependence on agency staff
- Relatives and external professionals who we contacted did not express any concerns about staff attitudes, responsiveness or availability.

#### Systems and processes to safeguard people from the risk of abuse

- The provider was aware of multi-agency safeguarding procedures, and what action should be taken if they had a concern. We were provided with copies of safeguarding referrals the provider made to the local authority.
- The provider had a satisfactory safeguarding policy and procedure. Staff we spoke with had a good understanding of how to recognise abuse, and the action which must be taken if abuse was suspected. Records show the majority of staff had received safeguarding training.
- Staff said they thought people were safe. Staff had a good understanding of how to recognise abuse, and what to do if they had a concern. Staff said they had confidence in their colleagues' practise, and they felt people were well cared for.

#### Assessing risk, safety monitoring and management

- The service had a suitable risk assessment procedure in place. For example risks in regard to falls, nutrition, people's mental health were all recorded in people's care records.
- Risk assessments were regularly reviewed by nursing staff, and there were systems in place to ensure management oversaw the system to check it was working effectively.



- Suitable systems were in place to ensure the management of health and safety of the building was effective. The registered provider had identified a number of defects and problems with the building (for example the effectiveness of the heating). The registered provider was taking suitable remedial action to rectify these problems.
- Staff understood when people required support to reduce the risk of avoidable harm.
- Suitable systems were in place to minimise health and safety risks to people. For example checks, according to legal guidance, to the fire system, heating, the electrical system and appliances were carried out and documented.
- We observed staff working with people in a safe manner, for example, when assisting people to walk or transfer from a chair, while maximising people's opportunities to be independent. Where people needed help with moving and handling, we observed appropriate equipment and techniques being used.
- Staff said there had not been any significant problems assisting people who used the service to adhere to government guidance, for example regarding physical distancing, about Covid-19. Similarly, management informed us there had not been a problem assisting people with regular Covid-19 testing. At the time of the inspection two people were self-isolating due to Covid-19 symptoms, and they adhered to restrictions, while awaiting test results. People had also received their first vaccination against the virus. A general risk assessment had been completed to minimise any risks individuals were subjected to in respect of Covid 19 but these were not specific to the individuals concerned.
- Systems were in place to record and monitor accidents and incidents. The manager said she monitored these and worked with staff to ensure suitable action occurred to minimise future occurrences.

#### Using medicines safely

- Systems for administering, storage and monitoring medicines were safe.
- Medicines were regularly checked by senior staff to ensure no errors were being made.
- Medicines were kept securely in locked trolleys and cupboards. Stock levels were satisfactory and staff said there had been no supply problems throughout the period of the pandemic.
- Medicine records were fully completed and well organised.
- When medicines were prescribed for use 'when required' there was sufficient written guidance for staff to know when these medicines should be given.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- Where necessary there were body maps to indicate to staff where to apply creams and lotions.
- Where medicines needed to be stored with additional security, suitable storage facilities were in place, and appropriate records were kept.
- Staff received appropriate training to ensure they were able to administer medicines appropriately.
- We had received concerns there had been multiple medicine errors but have been informed that these have reduced "in the last couple of months."

#### Learning lessons when things go wrong

- We were assured there were regular discussions in the staff team, and management meetings regarding what improvements could be made particularly if there had been an incident or an error made.
- In respect of concerns raised above, the registered provider took suitable action to review current procedures, and assured us that changes had either been made, or plans were in place to ensure changes would occur.

# 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 Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider stated that their training record held away from the home showed that all Induction training had taken place.
- There was limited documentary evidence in the home recording one to one supervision, where the staff member had sat down with a supervisor to discuss their work, and any training and development needs. The provider told us that one to one supervision was provided 3 monthly and that their computer based record showed this.
- A nursing member of staff was on duty each shift, and managers worked at the service Monday to Friday, and an on call system was in operation. This ensured staff could seek advice if this was necessary.
- Records demonstrated staff had mostly completed all training required according to legal and industry standards. This included training regarding manual handling, fire awareness, safeguarding and first aid. However because of the manner in which records were kept it was difficult for us to ascertain if all staff had received relevant training. The nominated individual assured us the electronic based system would alert management if a specific staff member had not received training, or an update was required.
- Staff members we spoke with confirmed they had received "a lot of training which has been good." However, two staff said they had not received training specifically related to Covid 19.

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

- The manager said the service had links with the GP surgery, specialist nurse teams and other professionals. The manager was aware of the process to refer people to other services such as the speech and language therapy service and dietician.
- A concern was expressed to us from external professionals about the service not having satisfactory equipment such as pressure relieving equipment. This meant that the service was over relying on equipment loaned from other organisations rather than owning their own. A meeting was arranged between the service and external professionals to resolve this matter.
- External professionals raised concerns that when they visited, due to staff shortages, nursing staff were not always able to be present at the time of weekly whole service medical consultations. This made the reviews less effective as it was subsequently difficult for professionals to have the relevant information.

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

- Assessments of people's needs before admission to the service were detailed, expected outcomes were identified.
- The manager said, where possible, (currently limited due to Covid19 restrictions) they always went to

meet the person to complete an assessment before the person moved to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.

- The manager said the person and their representatives, outside current restrictions due to Covid 19, had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs. For example, the person's relatives could visit the service, have a look around and ask any questions about how the service operated.
- We were told that when people were admitted, they spent their time on the first floor of the service where people self-isolated before a Covid 19 negative test result was obtained. This assisted in minimising the risk of contagion if someone admitted was asymptomatic.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary arrangements could be made to change the texture of foods to reduce the risk of choking.
- People and their representatives were happy with the quality of the food. We were told food was to a good standard and enjoyable.
- The manager and people said there was a choice of meals, and the manager told us people could have what they liked if what was on the menu did not appeal.
- Where necessary, arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration.
- Where necessary people could receive suitable support to eat. For example, to have food cut up, or one to one support with eating. Some people were diabetics and there was evidence their dietary needs were catered for.
- During the inspection we observed people had their meals in the lounge and dining areas. Suitable support was provided. The meals we observed were unrushed occasions.

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

- The building was satisfactorily adapted to meet people's needs. For example, there were specialist baths, and showers accessible to people with physical disabilities.
- The building consisted of two floors connected by a shaft lift and a staircase.
- Carpets and furnishings looked clean and were of good quality. The standard of the building, furnishings and fittings had, where necessary, been renovated and upgraded after the service was registered in August 2019. The registered persons acknowledged there was further work to do. For example the problems with the heating which action was being taken.
- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions. People were happy with the facilities provided. People had their names on their bedroom doors, and a symbol (such as a car or animal) to assist them in identifying their room.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets.
- The service had appropriate relationships with health professionals such as dementia nurses, general practitioners, physiotherapists and so on.
- People were encouraged to walk around the building or go out in the garden so they could get some fresh air and / or exercise.

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. 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.

- The manager was aware of the requirements of the Act and the service's responsibilities under it. The manager said she had applied for DoLS on behalf of people where this was necessary. A record was kept of applications. Where authorisations had occurred a record was kept, and any conditions (outlining actions the provider was required to take) were recorded in people's files for example within care plans
- Where people did not have, or had limited capacity to make decisions, we observed them being appropriately supported to have maximum choice and control of their lives. For example staff supported them in the least restrictive way possible, and the service's policies and systems supported this practice.
- Care records included information about people's mental capacity, cognitive skills and behaviours as necessary.
- Records showed that staff had received training in the MCA, although due to the manner in how records were presented, it was not possible to verify all staff had received this training.

# 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 the service treated people with compassion, kindness, dignity and respect.

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

- People were treated with kindness and they were positive about staff attitudes. We observed staff spending time sitting with people and talking with them. Staff worked with people in a sensitive manner and with patience. People told us, "They are very nice" and "very caring." Relatives told us: "Staff are absolutely superb," and "Really good." None of the relatives expressed any concerns or complaints.
- We observed positive interactions between staff and people who used the service. Staff, when they assisted people, always asked them how they wanted assistance; where necessary, asking permission; and always acting in a professional, kind and friendly manner. A relative said, "Mum is very well looked after. The staff really value her as a person."
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.
- The service met the diverse needs of people living in the service. The service made suitable effort to ensure people were treated as individuals and their rights were respected.

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

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them. For example there had been an increased use of internet based communications during the current Covid 19 pandemic and subsequent restrictions.

# 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 Good. This meant the service was responsive to people's needs.

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

- Staff were knowledgeable about people and their needs. The staff we spoke with appeared very caring about the people who lived at the home, and keen to ensure they advocated for people's needs.
- Each person had a care plan. These were detailed and included suitable information to assist staff to provide people with appropriate care and support. Care plans were regularly reviewed. The format for care plans was comprehensive and contained sections which provided a holistic picture of people's needs, and what assistance the person required.
- Care plans inspected were fully completed and regularly reviewed. Daily records were also kept to a satisfactory standard.

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.

- Most people were cognitively impaired due to dementia. Some people had sensory impairments such as sight or hearing loss. We were told staff would read out, or verbally inform people, of relevant information where this was appropriate and / or necessary.
  - The service had several large clocks with a calendar around the building to assist people to know the time and the day. There was also a pictorial menu displayed. There was suitable signage around the service.
  - If people had sight loss the manager said, if people wished, audio books could be offered to people.
  - Sensory equipment was routinely used in the lounge to assist people to relax and reduce anxiety.
- Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- The service employed two activities organisers so there were some activities each day for six days a week. We observed one of the staff facilitating a baking session with four people. The staff member had an excellent rapport with people and facilitated a good conversation and people made scones which would be eaten at a forthcoming coffee morning.
  - A monthly activities calendar was developed. This included activities such as bingo, exercise sessions, flower arranging, singing, and arts and crafts. Before the Covid 19 pandemic external entertainers visited the service, but due to visiting restrictions this was not possible at the time of the inspection.
  - Staff also organised one to one activity with people who due to illness or disability spent the majority of their time in their bedrooms. This included one to one discussion, reading and pampering sessions.

#### Improving care quality in response to complaints or concerns

- The manager said there had not been any complaints made to the service. The service had a complaints procedure, and we were told if complaints were received these would be investigated and a record kept.
- People who we spoke with said they felt confident that if they did make a complaint it would be dealt with quickly.

#### End of life care and support

- People had end of life care plans so their wishes and preferences were considered in the last stages of their lives.
- The manager said people regarded the service as their home and if any person had a terminal illness, they would receive suitable support from the service and external professionals to remain at the service. Support from specialist nurses, GP's and other external professionals was sought.

# 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.

### Continuous learning and improving care

- The service had some audit systems in place for example in respect of care planning, maintenance, accidents and incidents, staff training and medicines. Some systems were not always effective, as outlined elsewhere in the report.
- We had significant concerns about infection control procedures as outlined earlier in the report. We were not provided with suitable evidence there was an up to date policy and procedure in place to minimise the risk of Covid-19; a lack of routine infection control audit, and no evidence the provider had sought suitable help to put appropriate procedures in place. It was of concern that by the third day of the inspection suitable procedures in respect of minimising the risk when visitors entered the building were still not robust.
- We were also concerned that systems, in operation, by the registered provider, were not effective in detecting any problems or omissions at the service as outlined throughout this report.

The failure of the provider to effectively assess, monitor and improve the quality of the service provided is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Where necessary and required by regulation relevant incidents were reported to the Care Quality Commission. As necessary other organisations such as the local authority (e.g. safeguarding) were also informed.
- The registered manager had resigned from the post. The registered provider had put in place suitable interim arrangements to ensure the service was appropriately managed. The current manager was seconded from the local authority. The manager was supported by a deputy manager, and an operations manager. Nursing staff led each shift.
- Staff had handovers between shifts. Thorough handovers helped ensure good communication between the team and consistency of care. Detailed handover sheets were kept.

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 manager of the service understood their responsibilities under Duty of Candour guidance.
- The manager said there had not been any incidents where the registered provider had to apologise for neglect or oversight.



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

- People who used the service, their representatives, and staff members were positive about the operation of the service. Relatives told us "(My relative) seems well cared for," and "I feel (my relative) is well cared for, and I am contacted (by the service) regularly." Visiting professionals told us: "Nursing staff are always polite (and) generally well informed," and "Communication is good."
- On the days of the inspection visit, we felt there was a comfortable, warm, friendly atmosphere throughout the service. Even when there were staff shortages, there was a calm atmosphere, and we did not see any cases where people's needs were neglected. Staff were observed as helpful and supportive in their communication and interaction with people who used the service.
- Staff said the team worked well together and they all enjoyed working at the service. Staff told us, "people are well cared for," "Staff who work here are passionate about what they do and they stick together and provide the best care they can...we are like family," and, "Carers are brilliant...generally the standard of care is very good."

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

- The service was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- In July 2020, the registered persons had completed a survey of staff and relatives about how they felt about the quality of service. The results of the survey were positive.

Working in partnership with others

- The service had positive links with statutory bodies such as health service and relevant local authority teams. GP's and specialist nurses regularly visited the service.
- People had opportunities to maintain positive links with their community, families and friends. Adjustments for example through the use of internet communication had been made so people could maintain friendships with friends and family, if they were unable to visit.

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	Infection control procedures were not satisfactory. This put people at risk of infection for example Covid 19 because of inadequate control measures in place

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	Quality assurance systems, and internal governance were not satisfactory. They did not ensure the service operated to satisfactory standards; for example in regard to ensuring appropriate infection control systems were in place and monitored