Prime Healthcare (Bury) Limited

Abbeydale Residential Care Home - Bury

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Abbeydale Residential Care Home is a residential care home providing accommodation and personal care up to 32 people. The service provides support to older people some of whom may be living with dementia and/or physical disability. At the time of our inspection there were 30 people using the service.

People's experience of using this service:
Medicines were not always managed safely across the home. Robust systems were not in place to prevent and minimise the spread of infections. We found staff had not always been recruited safely.

Care plans did not always contain sufficient information regarding people's health needs. Improvements were needed around fire drills, to ensure staff understood what to do in an emergency, as these had not taken place in over 12 months.

Staff had not completed essential training to perform their roles effectively. People were not supported to have maximum choice and control of their lives and were not being supported in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Quality assurance systems were not robust to identify the shortfalls we found during the inspection. There were no systems in place for quality monitoring to ensure feedback was sought from people about the home. Statutory notifications were not always submitted when required. The registered provider and manager lacked an understanding around their regulatory requirements.

Opinions on the culture within the service varied. One relative told us the home didn't respond to complaints and felt staff were defensive in their attitude when concerns were raised.

We have made a recommendation the provider reviews dementia friendly environments.

We have made a recommendation about the home's approach to end of life care.

We have made a recommendation about that care plans are more personalised.

There were enough staff to meet people's needs and there was a core staff team who knew people well. Staff spoke fondly and knowledgeably about the people they cared for.

Since our inspection the provider has engaged well and shared their action plan on how they propose to improve the service going forward.

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

Rating at last inspection
The last rating for this service was good (published March 2018).

Why we inspected
The inspection was prompted in part due to concerns received about the management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements.

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 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 monitor the service and will take further action if needed.

We have identified breaches in relation to medicines, safe recruitment, risk management, infection control, need for consent, training, staff support, responding to complaints and good governance. You can see what action we have asked the provider to take at the end of this full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Abbeydale Residential Care Home - Bury

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team
The inspection was carried out by one inspector, a medicines inspector and an expert by experience. An Expert by Experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Abbeydale Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post. A manager was in post since

November 2021, but shortly resigned after our inspection.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed relevant information that we had about the service. We looked at notifications that we received about the home. We also contacted professionals involved with the service for information. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with six people and three visiting relatives. We also spoke with the nominated individual, the manager, and five staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed four care plans, which included risk assessments, and one staff file, which included pre-employment checks. We looked at other documents such as medicine and quality assurance records.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at supervision records and policies.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- People did not always receive their medicines safely and practice was not carried out in accordance with the homes medication policy. Medicines administration records (MAR) were not checked for accuracy and we saw errors and discrepancies in the recording of information.
- People's allergy status was not always recorded which meant there was a risk they could receive something they were allergic to.
- There were duplicated records for one person and missing records for others. One person's record stated they had received more antibiotics than the prescribed amount. Staff did not record when time critical medicines were administered so we were not sure if they had been given properly.
- Guidance to help staff give 'when required' medicines properly lacked person-centred detail. There were no guides for staff to administer medicines covertly for the people who needed them.
- When a medicines patch was applied, staff did not record the site of application, so people were at risk of skin irritation from repeated application.
- Thickener powder for people with swallowing difficulties was not managed safely.
- Controlled drugs were not managed in accordance with current legislation. There were inconsistencies in controlled drug records and information was crossed out. Quantities of controlled drugs did not reconcile with records.
- Medicines were not always stored safely. Medicine trolley keys were not kept safe, we found the fridge unlocked and topical preparations were found in an unlocked bathroom and bedroom. Fridge temperatures were not recorded properly so we could not be sure that medicines were safe to use.
- We were not assured that all staff were competent to administer medicines. Annual competency checks had been done for some staff, however we were not assured that they were assessed competently and senior staff lacked an understanding of medicines management.
- We saw evidence that the manager undertook monthly medicines audits, however, these had not been effective as no errors had previously been noted including the errors found during the inspection.

The registered provider had not ensured the proper and safe management of medicines. 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.

The provider responded immediately during and after the inspection. They confirmed an external pharmacist, a registered nurse and care consultancy group would support the management team to ensure the medicines systems at the home were improved and made safe.

Assessing risk, safety monitoring and management

● There was a lack of risk assessments in place to ensure people were safe at all times.

● Care plans did not always hold appropriate information regarding people's health needs. We identified these were not always adequately described, or risk assessed for staff to be aware of.

● Examples of this included people living with conditions such as Parkinson's disease, dementia or other physical needs. There was little or no information in a person's care file about these conditions, how they impacted their day to day life, or how it impacted on the support they required.

● Records of supporting people to reposition to reduce the risks of pressure ulcers developing did not evidence people were supported in line with their care plans. These were in the process of being improved but were not yet fully implemented to show people were receiving support safely and consistently.

● On day one of our inspection, we found some aspects of the environment were unsafe and placed people at risk of harm. During the tour of the home we identified several potential safety hazards. A room on the first-floor stored multiple cleaning products, however we found the lock on the door could be easily be opened. On the ground floor we found the laundry room and cleaning store cupboard needed locks to be installed, as there was a potential the outside bolt locks could be opened. New locks were installed shortly after.

● There were some measures in place to help manage risks relating to legionella. This included an annual bacterial analysis, which showed no legionella bacteria had been detected. However, the risk assessment, which had been completed was basic and did not demonstrate that all relevant factors had been considered as outlined in the Health and Safety Executive's approved code of practice. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease. Legionnaire's disease can be dangerous, particularly to more vulnerable people such as older adults.

● Fire drills at the service had not been undertaken in over 12 months. Staff could not recall the last fire drill they took part in. One staff member said it was over a year ago. Staff were not able to describe the home's emergency procedure and how to use the evacuation equipment available. We advised the manager and provider of our findings who confirmed drills would soon take place.

There was a failure to ensure appropriate processes were in place to assess, monitor and mitigate risks to people's health safety and wellbeing. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Premises safety checks had been carried out to ensure the service was safe. Checks had been completed on electric, passenger lift, gas, fire safety and portable appliance by qualified professionals.

Preventing and controlling infection

● Robust systems were not in place to reduce the risk and spread of infection.

● We were not assured that the provider was using PPE effectively and safely. On the first day of inspection no staff, including the manager were wearing PPE (personal protective equipment) such as face masks in accordance with government guidance. This put people at risk of cross infection.

● Staff were not accessing regular testing in line with current guidance. In discussion with the home manager we were not assured they were fully aware of the latest government COVID-19 guidance to prevent further spread across the home.

● We were not assured the provider was preventing visitors from catching and spreading infections. We were not asked on the first day, to provide evidence of a recent COVID-19 test result and were not asked any health-based questions prior to entering the service. We also observed visitors to enter the service without encouragement from staff to wear face masks.

We found no evidence that people had been harmed however, the registered provider had not done all that

was reasonably practicable in assessing the risk of, and preventing the spread of infections. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The provider was supporting visiting in line with current government guidance. Relatives visited the service regularly and could see their loved ones inside or outside in the garden.

Staffing and recruitment
● Staff were not always safely recruited by the provider.
● The manager had brought in a family member to work as senior care worker without undertaking Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Furthermore, there was a failure to obtain references or complete an application for this member of staff.

There was a failure to ensure new staff received the appropriate employment checks before working at the service. This was a breach of Regulation 19(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were appropriate numbers of staff to support people safely. Staff had a positive approach to supporting people and we observed staff responded to people's needs in a timely manner when required.
● We checked the staff rota and found there were appropriate numbers of staff on duty to support people. We observed call bells were answered promptly.

Systems and processes to safeguard people from the risk of abuse
● Systems and processes to protect people from the risk of abuse were not operating effectively.
● The manager and provider had not notified the CQC of any safeguarding incidents since our August 2020. We spoke with the safeguarding team and were informed there had been 15 safeguarding incidents in the last six months, we found many of these were notifiable events.
● Shortly after the inspection we made a safeguarding referral to the local authority. This was in relation to the concerns found with people's medicines.
● Staff understood their responsibilities to protect people's safety and were aware of what abuse was and who to report abuse to, internally and externally, such as the management team.

Learning lessons when things go wrong
● Incidents and accidents were recorded and action was taken to ensure a person's safety. However, information was not always reviewed to assess if there were any trends, or if actions could be taken to reduce the risk of reoccurrence. A new electronic system had been introduced, but this had not been fully embedded. Assurances were provided the system would be reviewed and improved.

Requires Improvement

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 our last inspection this key question was rated good. At this inspection the rating has changed to 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
- Some staff had not been supported or trained in essential areas to perform their role effectively.
- Records showed some staff had not completed training on safeguarding, first aid, mental capacity act, dementia, moving and handling and fire safety.
- We received mixed feedback about staff being supported. A staff member told us, "[Manager's name] is doing their best, but many of the staff will have a different opinion on this." However, another staff member told us, "I don't think we are supported, the manager is not here very often."
- Records relating to supervision were disorganised and it was not possible to obtain an effective overview of which staff had and had not been supported in this way. The manager explained they planned to implement a more structured and organised approach shortly after our inspection.

The provider failed to ensure the staff team were skilled, knowledgeable, experienced and sufficiently trained to support those in their care. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The provider responded immediately during and after the inspection. They confirmed an external trainer was implementing new training for staff and a training plan was also introduced to ensure staff received the appropriate level of training.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider did not have effective systems in place to monitor and review people's capacity.
- There was no system in place to monitor, review and reapply for any DoLS. We found two DoLS had expired and the manager reapplied a month later.

● Records relating to DoLS were in disarray and the manager was unable to provide accurate information on the status of people's DoLS.
● Staff lacked knowledge of the MCA, DoLS and consent and had not received any recent training on this topic.

This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Supporting people to live healthier lives, access healthcare services and support
● People were supported with their heath needs and had access to a range of health care professionals. Care records showed these included GPs, dieticians, psychiatrists, speech and language therapists (SALT) and community nurses.
● Staff supported people to access the services they needed to meet their healthcare needs. However, we received mixed feedback from a relative about the communication around health appointments. The relative commented, "Communication has been a problem. We arrived to take [person's name] to an appointment but the staff gave us the wrong time. Some staff are lovely, but others don't know what they are doing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care and support needs and choices were regularly reviewed and documented in their care plans. However, given the issues identified with mental capacity processes we could not be assured this information was always accurate or reliable for people who lacked capacity.
● One person at the home had been at the home for just one week following a hospital discharge. At the time of our inspection a care plan had not been formalised. Shortly after the inspection assurances were provided this care plan had been started.

Supporting people to eat and drink enough to maintain a balanced diet
● People were offered choices for their meals and liked the food. A person told us, "The meals are plentiful, we have 3 meals and 2 snacks." A relative told us, "I am not often here at mealtimes. They [kitchen staff] always keep a meal if [person's name] is out."
●The mealtime experiences were mixed with some good practice and interactions between staff and people. There were relaxed and varied atmospheres in dining areas with staff chatting with people whilst they supported them to eat and drink. However, some people had inconsistent support from staff, as we observed staff standing over people while eating and often shouting messages across the dining room.
● People with complex needs received support to eat and drink in a way which met their personal preferences as far as possible.
● The chef kept a record of people's dietary requirements and we observed the kitchen area was kept clean and tidy.

Adapting service, design, decoration to meet people's needs
● People's bedroom doors had their names, and in some cases identifying pictures on. This helped people to find their own rooms.
● People's bedrooms were personalised with photos, pictures and belongings that mattered to them and reflected their tastes.
● The manager told us most people living at the service had a diagnosis of dementia. We did not see many features that could make life for people living dementia more comfortable, reassuring and calm. There was limited signage to help people orientate themselves within the home. Decorations and pictures to provide stimulus were absent. This could impact on people's independence and confidence.

We recommend the provider considers current guidance and best practice about creating an environment to better suit the needs of people living with dementia.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
- People were not always treated with dignity.
- We did not observe people receiving care and support that may have impacted on their dignity. However, we observed care staff talking in front of people about other people's personal care needs. This could impact people's dignity and did not protect people's personal information.
- Two bedrooms within the home were shared rooms. We found there was no privacy screen within the home to protects people's dignity. During the tour of the home we identified the ground floor toilet facing the lounge did not have a lock and the door faced the communal lounge. The provider had not considered the risk of a person's privacy being compromised. Shortly after the inspection we were informed privacy screens had been purchased and a lock was installed to the toilet door.

Ensuring people are well treated and supported; equality and diversity
- Relationships between staff and people were friendly and positive. Staff spoke with people in a kind manner and their approach was positive.
- The provider had equality and diversity policies and staff training in this area was available. However, we found several staff were still yet to complete this training.
- People and relatives told us staff were caring. A person told us, "They [care staff] are all nice and polite both male and female staff. They seem happy that they are doing something for you." A relative told us, "They [care staff] are very friendly, easy to talk to."

Supporting people to express their views and be involved in making decisions about their care
- We saw people were involved in their day to day care needs.
- Some people were being involved with elements of their care planning. One person told us, "I've not discussed or seen my care plan; I didn't know there was one." A relative commented, "Yes I have been involved with the care planning process. I wrote out detail of what [person's name] needed before they came in."

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider did not operate an effective accessible system for identifying, receiving, recording, handling and responding to complaints.
- The complaint file we viewed was disorganised. It contained historic complaints. We shared our concerns with the manager and by the second day of the inspection they had attempted to reorganise the complaints file.
- One relative expressed their concerns about the home to us. They informed us they had raised a complaint with the provider; however, we found this complaint had not been recorded.
- Although some complaints were responded to, we were not assured the provider used complaints and concerns as an opportunity to improve the service without leaving people and their relatives feeling their concern was ignored.

This was a breach of Regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always supported to engage in meaningful activities. During the inspection we found there was little social stimulation for people. People sat passively for a large part of the inspection, without input from staff. On the second day an activities coordinator played bingo, which appeared popular with a small group of people. The manager agreed the homes activities needed to improve and had already appointed a new activities co-ordinator who was due to start at the home soon.
- Some people told us the activities in the home had declined. Comments from people included, "[Previous activities coordinators name] used to do the activities and she did it all the time, but now she works in the kitchen and on care, so I don't know what's happening. I miss the activities especially the bingo" and "There's not a great deal to do. We don't go out."
- The home manager confirmed people would be supported to access the community more often going forward. On the second day of inspection a small group of people were supported to a community event. This appeared to have been organised in advance.

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

- The provider had not ensured people's care plans fully reflected their personal preferences. We found inconsistencies in the level of detail recorded in people's care plans. Important information such as, people's family relationships, significant life events, previous occupations, hobbies and their likes and

dislikes had not always been recorded.
● The provider used an electronic care planning system and all care plans, risk assessments, monitoring charts and daily notes had been transferred to the electronic system. The level of information captured within care plans varied

We recommend the provider reviews the latest guidance on developing people's care plans to ensure they are person-centred.

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.

● People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. Information was available in easy read formats with the use of pictures. Staff knew people well and communicated with them respectfully, while meeting their communication needs.

End of Life care and support
● No one currently using the service required end of life care and support.
● People's preferences regarding end of life care arrangements had not been discussed and recorded in their care plans.

We recommend the registered provider review their care planning process to ensure that people's preferences and choices for their end of life care are clearly recorded, regularly reviewed and upheld.

Requires Improvement

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 good. At this inspection this key question has changed to 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

- There was not an effective quality assurance system in place to identify shortfalls and act on them to ensure people were safe.
- Some audits had been carried out on medicine management, infection control systems and health and safety. However, these audits were ineffective at identifying the shortfalls we found.
- The provider had failed through their governance systems to identify the widespread shortfalls in relation to several areas such as with medicines, risk assessments, training, mental capacity, recruitment and complaints.
- There was a lack of accountability and unclear responsibilities within the staff team which led to inconsistent and inaccurate record keeping.
- Systems were not in place to ensure staff were supported and trained to perform their roles effectively in essential areas, and provide people with safe and high quality care.
- Following our inspection, there was a change in management. The provider fast tracked their recruitment process and were able to recruit an experienced manager who soon joined the service.
- By law the commission must be notified of certain events in the care home. During the inspection it was identified the service had failed to follow due process and notify the commission of the events noted in the safe key question. This is being followed up outside of the inspection process.

We found no evidence people had been harmed however, the above issues show the home failed to ensure robust auditing systems were in place to identify shortfalls and act on them to ensure people were safe at all times. This is a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The provider responded immediately after the inspection. The provider confirmed additional senior management support had been put in place to provide oversight, monitoring and support to the manager, to make the required improvements at the service. The service would also be supported by an external care consultancy group and a pharmacist to assist with the improvements at the home. A service improvement plan was devised shortly after the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider needed to improve the involvement of people and those important to them.

● Surveys had been completed historically to obtain feedback from people, relatives and staff members. However, there was no evidence of this being undertaken for some time.
● The manager explained that a residents meeting was scheduled for December 2021 but this was cancelled. The manager told us they would be arranging a residents meeting soon and look to invite people and their relatives for individual meetings.
● People's cultural and religious beliefs were recorded and staff were aware of how to support people considering their equality characteristics.
● Staff meetings were held. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team, to ensure people received high quality care.
● There was no continuous learning and improving care at the home. Information and data collected by the manager was not analysed for any trends and patterns so actions could be taken to improve the service. We found no records to show whether incidents in April and May 2022 had been recorded on the electronic system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There was mixed feedback from people and relatives about the culture within the service.
● Some people and relatives thought there was an open culture and were comfortable to raise concerns. However, one relative told us, they had raised concerns about the standard of care their relative received, and these had not been well received. A relative told us, "I have complained loads of times but had no response. It's not well led, it's a crying shame." Another relative was positive about the service, they told us, "We have solved everything by talking. No problems with visiting I can come anytime; I have been here 'till midnight. The manager is very nice."
● Staff spoke negatively about their experience of working in the service. Staff continually told us communication between staff and the manager was a concern. One staff member told us, "Really good staff have left recently, the manager sometimes doesn't help themselves in the way they speak to staff."
● Staff were clear about their roles, but we received mixed feedback about the management of the service. We fed this back to the provider and manager.
● Shortly after our last inspection we found the nominated individual had taken seriously the areas of concern noted during the inspection. They had examined their processes and had started to already take action where the improvements were required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider worked cooperatively throughout the inspection and provided information promptly upon request.
● The provider had fulfilled their legal obligations in relation to notifying CQC of important events, and action they had taken to resolve or improve things. The provider had displayed their inspection rating clearly in the entrance to the service.

Working in partnership with others
● Staff worked in partnership with professionals to ensure people were in good health.
● The provider told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health. Records confirmed this.

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 11 HSCA RA Regulations 2014 Need for consent People's liberty was potentially being deprived without following a lawful process.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured the proper and safe management of medicines. There was a failure to ensure appropriate processes were in place to assess, monitor and mitigate risks to people's health safety and wellbeing. The provider failed to provide the proper and safe management of risks and failed to ensure they were following robust infection control processes to minimise risks of infection outbreaks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not operate an effective accessible system for identifying, receiving, recording, handling and responding to complaints.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There was a failure to ensure new staff received the appropriate employment checks before working at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider did not ensure staff were supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity.

The enforcement action we took:

Warning notice.