

Meera Nursing Home Limited

# Meera House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Meera House Nursing Home is a care home with nursing. It is registered to provide accommodation with personal and nursing care for 59 older people who may also live with dementia. At the time of this inspection, there were 39 people using the service.

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

We found that communication with people living in the home could be improved. Some people did not feel listened to and supported to be involved in their care and other areas of the service.

We found that medicines were not managed safely.

Care plans were not always personalised and in place for people's specific medical conditions. So, we could not be assured that people's needs were fully met by the service.

There were a significant number of maintenance issues that needed addressing in the home, some of which impacted on people's well-being.

Some people told us there was not enough for them to do.

The internal environment did not support people's orientation within the premises. There was a lack of signage, and the décor and lighting in some areas could be improved.

There were some audits that had not been carried out and others had not been completed within the provider's timescales. This had not been identified or addressed by the provider.

Some people were not satisfied with the variety and quality of the meals.

Arrangements were in place to protect people from abuse. Staff had received training on how to safeguard people from abuse and were aware of the procedure to follow if they suspected that people were subject to abuse.

Staff told us they received the support and training they needed to undertake their roles and responsibilities. People told us that staff were kind.

Staff recruitment records showed that the provider ensured that workers employed by the service were suitable for the work they were undertaking. People's religious, cultural and other needs and preferences were supported. The service had recruited staff members who were able to communicate with people using their preferred language.

Staff told us that although they were busy at times, there were suitable numbers of staff to ensure people received the care and support they needed.

The care home was clean. Suitable infection prevention and control measures and practices were in place to keep people safe and prevent people, staff and visitors catching and spreading infection including COVID-19.

The manager was approachable and provided staff with leadership and direction. They were responsive to our feedback during and following the inspection.

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

The last rating for this service was good (published 15 December 2020).

#### Why we inspected

We received concerns in relation to incidents, fire safety, staff supervision, data protection and quality assurance. Following a meeting with the host local authority, the provider agreed to a temporary suspension of admissions to the home, whilst the provider made necessary improvements. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meera House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We have identified three breaches in relation to safe care and treatment, person centred care, and good governance.

#### 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Meera House Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of two inspectors, a pharmacist inspector and an Expert by Experience who spoke with people's relatives by telephone. 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

Meera House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection

At the time of the inspection the service did not have a manager registered with the CQC. This meant that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. Following the inspection, the manager's registration with us had been completed.

#### Notice of inspection

The first day of the inspection was unannounced. We announced the second day of the inspection because we needed to be sure the provider or manager would be available to support the inspection.

#### What we did before the inspection

We looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections. We reviewed the last inspection report. We also reviewed information about the service that we had received from the host local authority.

In May 2021 the provider told us that due to an interim manager having just started working in the home, they needed to focus on managing the service, so were not able to complete a Provider Information Return (PIR) at that time. 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. Due to the pandemic it was at this time not mandatory for providers to complete PIRs. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We completed a tour of the premises, visited the communal areas and some people's bedrooms. We spoke with the manager, two directors, service manager, one administrator, one nurse, ten people, four care staff, the chef, laundry staff and two housekeepers.

We reviewed a range of care records and information related to the running of the service. These records included 10 people's care files, 10 medicine administration records and five staff recruitment records. We also looked at policies and procedures, and records of checks and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records, an audit of the premises, one manager's monthly report, staff meeting and relatives' meeting minutes and details of lessons learnt following three incidents. Five care staff provided us with written feedback about their experience of working in the home. We also spoke with two care staff, one nurse, and six people's relatives by telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

### Using medicines safely

- Medicines were not always managed and administered safely. Some people were administered medicines covertly (medicines administered in a disguised format). However, the provider had not carried out an assessment of the capacity of the person to make a decision regarding their medicine. When a decision about administering medicines covertly needed to be made in a person's best interests, there was no record of people's family member or advocate being involved in the decision-making. Decisions to administer medicines covertly were taken prior to receiving and reviewing information from pharmacists about how to administer medicines covertly. Therefore, we were not assured that the processes and systems in place to manage people on covert medicines were safe.
- Some people were on time specific medicines, however staff told us that they did not always administer these medicines at the prescribed times recorded on the medicines administration record (MAR). Staff told us they maintained the appropriate intervals between each dose to ensure people received the therapeutic effectiveness of the medicine. However, this was not recorded on the MAR, therefore we could not be assured that all staff were administering time specific medicines safely.
- People had one or more medicines prescribed on their MAR to be administered when required (PRN). We found not all PRN medicines had protocols in place that gave staff directions about how to administer them, and not all protocols were personalised. Therefore, we were not assured that staff would consistently assess people's need for 'when required' medicine administration.
- A few people were prescribed medicines with variable doses. However, there was no guidance in place for staff to refer to, to know when to administer a higher or lower dose.
- Some people were prescribed eye drops. The directions on the MAR were "to the affected eye/s" and the service had not sought clarification as to which eye or eyes to administer the eye drops in. Therefore, we were not assured that these eye drops were appropriately administered.
- Some people were prescribed emollient creams containing paraffin. However, the fire risks associated with the build-up of residue on peoples' clothing and bedding were not assessed in line with drug safety alerts so we could not be assured that people were safe.

This demonstrates a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Learning lessons when things go wrong

- Incident records showed that one person had been found on admission to have a significant number of bruises. There were no details that showed that the provider's safeguarding policy and relevant legislation had been followed with regard to reporting the bruising to the host local authority safeguarding team and

us. There were also no written details about any action taken by management staff including investigation of the cause and any lessons learnt.

- Before the inspection we had been informed of three significant incidents. During the inspection we asked the provider to show us records that confirmed the incidents had been investigated, and lessons learnt. The information was not available at that time. It was provided to us after the inspection after having been completed by the manager.
- Accidents and incidents were recorded. However, we could not be assured that the provider consistently took appropriate action to reduce the risks of incidents reoccurring. For example, records showed that a person was found by staff on the floor of their bedroom. There was no information to show that any action had been taken prevent a similar incident happening again.

This demonstrates a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding adults training. A care worker told us, "I have received safeguarding training, which is compulsory for everyone."
- Care staff knew how to respond to and report abuse. They told us, "I am aware of what to do if I notice or witness abuse. I have access to a safeguarding procedure", "I will raise any safeguarding concern and report to the manager or a senior staff member If I suspect or witness abuse."
- Staff knew about whistleblowing procedures. They told us that they felt listened to and would not hesitate to raise any concerns they had about the care provided to people. Care staff told us, "I am confident and can raise concerns to the manager. There is openness and no cover ups" and "I am able to raise the concerns and report when things go wrong. We are always encouraged to raise the concerns."
- People told us that staff were kind to them, and people's relatives had no concerns about the way people were cared for and treated in the care home. Relatives told us, "I have not seen anything that has worried me about the staff" and "I always ask [person] if [they] are okay and whether anyone has done anything to [them]" and [Person] always says [they] are fine".

Assessing risk, safety monitoring and management

- People told us they felt safe living in the home and would report any concerns about their safety to the manager. People's relatives told us, "I do feel [person] is safe there" , "I have no qualms about [person's] safety" and "My [relative] is quite safe in a good environment."
- People's care records included personalised risk assessments. These included, risk of falls, developing a pressure ulcer, and risks associated with moving and handling such as transferring from the bed to a chair. Risk assessments were regularly reviewed and included details of measures to minimise the risk of people being harmed.
- Fire safety arrangements were in place. These included regular fire alarm checks, a fire risk assessment and fire drills. People had individual personalised emergency evacuation plans. These detailed the level of support they required to evacuate from the home safely in the event of an emergency.
- Health and safety checks including window restrictor checks, lifts, and mobility equipment had been carried out. Servicing and safety inspections of electrical, gas and water systems were completed as required.

Staffing and recruitment

- Staff records indicated an appropriate staff recruitment protocol was being followed so that only suitable staff were employed to care for people.
- People had no concerns about the staffing numbers and told us they received the care and support they

needed. They told us that they mostly had their call bells answered promptly. One relative told us, "There seems to be sufficient staff but it is difficult to say." Care staff told us that there were sufficient staff, but there were times when they were busy and difficult to complete all the tasks.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. People and relatives told us they found the home to be clean.
- 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 personal protective equipment (PPE) effectively and safely.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

At the time of the inspection the manager attempted to locate risk assessments (completed by a previous manager) for staff who had characteristics that put them more at risk from COVID-19 but could not find them. Following the inspection, we were provided with information that showed risk assessments for staff with underlying conditions had been completed. The manager told us that she was in the process of ensuring all staff had completed a personalised COVID-19 risk assessment which included assessment of all high-risk characteristics.

# Is the service effective?

## Our findings

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

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

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

- People had care plans that detailed the care and support they needed. These included, communication, personal care, skin integrity and mobility needs. However, some people had specific medical and/or mental health conditions that included Parkinson's, asthma, partially sighted, and schizophrenia. There were not personalised care plans in place to ensure these needs and people's preferences were understood by staff and met.
- Care plans we looked at did not include personalised detailed guidance about people's oral care needs. People's diabetes (condition that causes a person's blood sugar level to become too high) care plans were also not personalised. Although they included detailed general information about the symptoms of diabetes, they lacked specific personalised detail about how the condition impacted on the person's care and treatment.
- Some people we spoke with were not aware of their care plan, and records did not show that people had participated in the monthly care plan reviews. One person told us, "They [staff] don't talk about my care with me."
- People's care plans lacked information about their background and life experiences. Taking time to find out about people's personal history could help staff gain insight into their likes and dislikes and help in providing people with care and support that respects their individual wishes, needs and preferences.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us that their religious needs were being met. Staff understood people's cultural needs and spoke a range of languages spoken by people living in the home. Relatives told us, "[Person] doesn't speak English, she speaks Nepalese and they have Nepalese carers there so they can translate for her. It is really helpful" and "They speak [person's] language and that has really helped. It has also helped [person] remember some of her prayers."
- Staff had a good understanding of equality and diversity and respecting people's differences. A care staff told us, "At Meera House we celebrate diversity. We take part in different festivals including Diwali, Christmas and Eid. We serve different types of food according to residents' culture and wishes. Everyone is treated equally" "We have a dedicated area for prayers" and "We provide food on special days when residents are fasting."

Staff support: induction, training, skills and experience

- Staff told us they had received an induction that prepared them well for carrying out their role and responsibilities. A member of staff told us, "I had a good induction, I did observation for one to two weeks and worked with staff so that I knew what to do."
- Records showed that staff received a range of appropriate training and assessment of their competency to do certain tasks including administration of people's medicines. Staff were positive about the training they received. They told us, "A trainer comes to the home, we have to attend the training" , "We get regular training" , "I have received medication training and was also assessed for my competence" and "Staff are well trained to support people's needs even during busy times."
- Relatives mostly spoke highly of the staff. They told us, "From talking to the staff I get the impression that they know what they are doing" and "The staff have been really good in looking after [person] and keeping us advised on whether she is having a good or bad day." However, one relative told us they felt that some staff "particularly the new ones" didn't "know enough."
- Staff told us that they received the support they needed and felt well supported by the manager and staff team. They told us they could approach the manager at any time for advice and support. Care staff told us, "I have supervision every two months. I do have opportunities to raise concern or ideas for developing and improving care" and "We work as a team." Records indicated that some staff had not received recent one to one supervision. Following the inspection, the manager informed us that staff supervision meetings were now up to date.

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

- People were not always satisfied with the meals and the menu was not accessible to everyone. The manager told us that there were plans to improve the accessibility of the menu by including pictures and other formats.
- People had mixed views about the meals. One person told us that they "really enjoyed the food." However, others told us they were not aware of what was on the menu and made some negative comments about the meals. These included, "There is too much potato in the meals" and "We have to eat what they give us" and "Not many fresh vegetables, we get spinach from a tin, no special dishes, the rice is dry."
- We spoke with the chef, who told us that she received feedback via staff about people's views of the meals. There were no records to show that people had regularly been asked for their feedback nor details of action that had been taken in response to any criticism about the meals.
- Staff monitored people's diet and fluid intake if they were identified as being at risk of malnutrition or dehydration. Action was taken if any concerns were highlighted. A relative told us, "They [staff] do weigh [person] and give [person] fortified drinks."
- Where people needed help with their meals, we saw that they were assisted in a sensitive, unhurried way. A relative told us, "They help [person] with eating and drinking. [Person's] appetite is a bit down, but I think [person] gets enough."

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

- The lay out of the home was not very favourable to promoting people's orientation. Corridors were mostly painted white or cream, and lighting in some areas was not good. There was picture signage on some doors such as communal bathrooms and written signs included information in Gujarati, but signage throughout the home could be better in helping people and visitors to find their way around.
- Improvements to the décor such as displaying objects and pictures that could help trigger memories and encourage conversations could benefit people's well-being. One person told us that they would like to spend more time out in the garden if the seating was better. One relative told us, "I think it [Meera House] could be made more homely. The environment seems a bit cold to me."
- At the time of the inspection there were a significant number of maintenance issues. These included some bathrooms being out of action due to needing repairs. One person told us they were having to use another

room to shower as the flooring in their shower room needed repair. Another person told us that their shower "had been leaking." An area of carpet on the 2nd floor was stained, and in the garden area there was a wobbly railing and a broken fence. A bucket was situated in the communal lounge/dining area due to a leak from the ceiling. One person told us that the locks to their ensuite bathroom door and their bedroom were broken, which they said had an impact on their privacy. The manager told us and records showed that action was being taken to address the maintenance issues. Some repairs were completed during the inspection.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people were unable to consent to their care and treatment in the home appropriate applications to the local authority for DoLS authorisations had been made and progress monitored. The manager told us and records showed that she was in the process of reviewing people's DoLS and would ensure that we were notified of all authorisations.
- Where there were concerns about people's capacity, assessments had been carried out in line with the MCA. However, as noted in Safe, we found the provider had not carried out an assessment of the capacity of the person to make a decision regarding their covert medicines.
- Staff received training in the MCA principles and DoLS. One care staff told us, "The mental capacity act allows people to express their preference for care and treatment, and to appoint a trusted person to make a decision on their behalf for their best interest."
- People told us that choices they made were respected by staff. One person told us, "Consent is important, I can do what I choose to do." Relatives told us, "I have seen the staff ask permission and they do seem to give [person] time to decide" and "I have seen them ask [person] permission before assisting [them]."

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

- People told us and records showed that they had access to healthcare services and support. One person told us they had been supported to attend a specialist clinic and had received chiropody treatment.
- Relatives told us, "If [person] was ill at the home they would get the doctor I am sure" and "There seems to be doctor allocated to the home and they will let us know if [person] needs to see someone."

# Is the service well-led?

## Our findings

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

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

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

- People told us that communication and engagement with them could be better. Some people spoke about their experience of feeling they were not always listened to. One person commented, "I have complained but nothing happens." Records indicated that the last residents meeting took place in October 2020. Several topics had been discussed, but it was not evident that any action had been taken in response to peoples' feedback during that meeting. Following the inspection, the manager informed us they had carried out a residents' meeting and had an action plan in response to people's feedback.
- The keyworker (member of the staff who has particular role in providing personalised support for a person using the service) system was not effective. People did not know if they had a key worker and therefore were unable to establish a relationship with a specific care worker and/or nurse who could support them with day to day aspects of their lives and with any concerns they may have. The manager told us the keyworker system would be developed and improved. One relative told us, "It would be nice if certain staff were allocated to [people]. I would know who to contact and [person] would be able to build a relationship better."
- When people's care plans were reviewed, records did not show their care had been discussed with them and/or their relatives. Relatives told us, "I never get any updates from [staff] regarding how they are looking after [person]. I don't know what they do for [person] on a daily basis. I really need more feedback" and "I feel a bit numb not knowing enough information about [person's] care, especially as I looked after [person] for so long."
- Relatives had not had the opportunity to take part in regular meetings with staff. The last recorded relatives' meeting took place in February 2021.
- We noted that when staff discussed people, they were often referred to by their room numbers rather than their name. This did not promote personalised care and could be considered disrespectful. Following the inspection, the manager told us that they had spoken with staff and that this practice had ceased.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since a long-term registered manager left their post in early 2020, there had been several different managers managing the nursing home. The current manager had been in post since late July 2021. The manager had been working in the home with support from the directors but without other management support. They acknowledged that improvements to the service are needed and have been working hard to

address the shortfalls we found. Following the inspection the manager told us that recent appointments of a compliance manager and deputy managers (one of whom will be a clinical lead) would be beneficial and effective in improving and managing the service.

- People's relatives spoke positively about the new manager, "I have had a meeting with the new manager and she was helpful. She has been supportive and has been helping to chase the GP on an issue we have."
- Records showed that since being in post the manager had carried out a range of checks and audits. These included checks of medicines, wounds, handwashing, fire safety and health and safety, pressure ulcers and people's weight. Records showed that out of hours care visit checks had also taken place by the previous manager. However, some audits including mattresses, safeguarding and First aid and activities had not been completed in accordance with the provider's timescales. For example, in the audit file we found no records that showed activities audits had taken place despite there being written directions that they should take place quarterly.
- The complaints log did not show that there had been any complaints since March 2021 despite one person telling us that they had made several complaints about the service.
- We asked to be provided with two monthly manager's reports which include information about admissions, safeguarding issues, accidents, complaints and other information to do with the service. Following the inspection, we received one recently partially completed report.
- There were no records that showed that patterns and trends were looked for during audits of incidents, accidents and complaints, so that improvements to the service could be made where needed.
- Records did not show that the provider had ensured that there was suitable oversight of the service and systems by carrying out regular comprehensive recorded checks of the service.
- We asked the provider to provide us with records of staff, relatives and residents' feedback surveys and action plans. These had not been received at the time of completing this inspection report. Relatives told us they had not been asked for feedback about the service. One relative told us, "I haven't been asked for any feedback by the home."

This demonstrates a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The provider had followed current government guidance to support people's friends and relatives to have contact with them during the pandemic. Visits were currently taking place.
- Some people told us that there was not enough to do. One person told us they would like to have the opportunity to go shopping and on the occasional day trip.
- Staff told us that they were better informed about issues to do with the service since the manager started. They spoke highly about the manager. Comments from staff included, "[Manager] is more than a manager she is like a friend" and "Manager] works on the floor, we see her about and we can talk to her at any time she is approachable no one is afraid of her they all go to her directly."
- Relatives told us that the changes in management had not supported good communication. Comments included, "The changes of management have not helped at all" "We didn't really know what was going on as they had so many changes" "The only issue I have is with the management changing so much. You wonder why and it is not good for the continuity of care" , "We were told when the first manager changed that they would move to an electronic system for updating records and the families would have access to this. It hasn't happened for us" and "lots of things changed before lockdown but some of the communication is lacking. They don't always let the families know what is happening and why. We don't know what the overall strategy is for the home, what they are aiming to improve, what standard to reach."

### Working in partnership with others

- The service worked with organisations including local authorities that commissioned the service and other health and social care professionals to ensure people received the care, treatment and support they needed.
- The manager told us that they would be taking part in a quality programme run by the host local authority.

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 understood their responsibility under the duty of candour and knew the importance of being open, honest, taking responsibility when things went wrong and notifying CQC of significant events at the service. However, we have identified an incident the provider failed to notify us about and we are considering what regulatory action we may need to take. This occurred before the current manager was in post.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not ensure that people received person-centred care that met their needs and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected against the risks associated with unsafe management and administration of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not operate effective systems to assess, monitor and improve the quality of service provided to people who used the service.