

Pathways Care Group Limited

Greenways

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Greenways is a care home registered for a maximum of 17 adults, some of whom may have learning disabilities or mental health care needs. The home is a three storey, detached house close to shops and public transport. At the time of our visit, there were thirteen people living in the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to partially demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture. The service had consulted with people and gave them the opportunity to make suggestions for improving their care. Some people were able to confirm that this happened. However, more evidence of consultation and response to people's choices and preferences is needed.

Right support:

Model of care and setting maximises people's choice, control and independence

Right care:

Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

People's experience of using this service:

At the last inspection of 15 December 2020, we found no breaches of Regulations but we rated the service as requires improvement for safe and well-led. At this inspection we identified that the service had deteriorated and requirements have been made in this report.

People told us that care staff treated them with respect and dignity. We saw positive interaction between people and care staff.

Some activities had been organised for people, but these were not sufficiently stimulating and in accordance with some suggestions made. The service did not always provide people with therapeutic and stimulating activities. People had been assessed prior to coming to the home and care plans were in place which addressed people's needs. Reviews took place, but people's views about their care were not always recorded in the reviews.

There were significant deficiencies in the arrangements for the administration of medicines. These included

the lack of protocols for medicines, inaccurate recording of the controlled drugs, and gaps in a medicine administration chart. Storage temperatures were not always recorded. We have made a requirement in respect of this deficiency.

The service followed safe recruitment practices and records contained most of the required documentation. We were however, not assured that the deployment of staff and the staffing levels were adequate to ensure that people's care needs were attended to. We have made a recommendation that the staffing levels be reviewed.

Some areas of the premises were in need of repairs and redecoration. One window restrictor was not properly engaged but this was rectified promptly. The air vent in the first floor kitchen was dusty and the ground floor kitchen window fly screen was missing. The call bell cord in the staff toilet had been tied up so that they were not within the reach of someone who may have fallen to the floor.

The service was not well led. It had numerous deficiencies and this was prominent in the area of medicines administration, health and safety and care recording. The service had a quality assurance system for monitoring and improving the quality of care provided for people. However, more work was needed to ensure that deficiencies were promptly identified and responded to.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with dietary issues, medical conditions such as epilepsy and behaviour which challenged the service.

Fire safety arrangements including personal emergency and evacuation plans (PEEP) and weekly fire alarm checks were in place. Fire drills had been carried out.

Infection prevention and control measures and practices were in place to keep people safe and prevent the spread of Covid-19 and other infections. Staff had received appropriate training. They had access to sufficient stocks of personal protective equipment (PPE).

The service had a policy on ensuring equality and valuing diversity. Effort had been taken to respond to the diverse needs of people who used the service.

The home did not have a registered manager. Soon after our last inspection, the registered manager resigned and an interim manager took over management of the home. The interim manager was also involved in supporting other homes run by the company. This meant that there was a lack of senior management presence on site.

The deficiencies noted by us placed people at risk. Following the inspection and a meeting with the local safeguarding team, the home voluntarily imposed an embargo on new admissions and are taking action to rectify deficiencies noted.

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 requires improvement (published 17 March 2021) and there were no breaches of regulation. At this inspection we found that the service had deteriorated and there were three breaches of regulations.

Why we inspected:

We undertook this focused inspection as we had concerns regarding the service, and we wanted to check that people were well cared for. The inspection was prompted in part due to concerns received about medicines and the safety of people who used the service. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led. 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 remains as Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenways on our website at 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 coronavirus and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Details are in our safe 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 ●

Greenways

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 visit was carried out by two inspectors, a pharmacy specialist and an expert by experience. 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

Greenways is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The service did not have a manager registered with the Care Quality Commission. The area manager stated that they were in the process of recruiting a new manager. The registered manager (when in post) 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. Inspection activity started on 26 August 2021 and ended the same day.

What we did before the inspection

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 and information we had received about improvements made. We also reviewed information received from the local authority.

During the inspection

We visited the communal areas and with consent, some bedrooms. of people who used the service. We communicated with seven people using the service, the interim manager, four care staff, the quality monitoring manager and the GP of the home. We reviewed a range of care records and records related to the running of the service. These records included five people's care files, medicine administration records and five staff records. We also looked at policies and procedures, checks and audits carried out.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We communicated with the company's area manager, the local authority safeguarding manager, a social care professional and a healthcare professional.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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 managed safely. The service had some procedures for the administration of medicines to provide guidance for staff on how to safely administer medicines. However, protocols for medicines to be administered as required (PRN) were missing for some people. For example, there was no protocol for the applying a barrier cream for a person who needed it. Another person was prescribed Paracetamol PRN but there was no protocol.
- Some people were prescribed medicines with variable doses. However, there was no guidance to inform on when to administer a higher or lower dose.
- The provider could not assure us that medicines requiring refrigeration were stored at the required temperatures, due to the lack of temperature monitoring. The top floor fridge temperature was not being monitored although the temperature chart was stuck to the fridge. The fridge contained eye drops and insulin. Therefore, we could not be assured that these medicines were still viable.
- A person's medicine profile listed all their current medicines, but this did not match their current medicines prescribed on the MAR which included diabetic medicine.
- Another person's MAR starting 9 July 2021 had gaps for all medicine's administration on 15 July 2021. There was no indication on the MAR as to why administration was missed on that day.
- The glucose monitor was used infrequently. However, the control solution used to calibrate the monitor had expired in 2013. The provider could not assure us that the monitor was accurately measuring people's glucose levels.
- There had been communication difficulties between the home, GP and the dispensing pharmacy. This may have led to medication administration errors in the home when there had been a lack of medicines delivered.
- A person had been prescribed a patch with medicine to be applied to the skin. However, there was no guidance in the MAR or care plan regarding where the patch was to be applied. Another person had been prescribed eye drops. There was no guidance in the MAR or care plan on which eye they should be applied to.
- Another person was prescribed Liquid Paraffin 50%. There was no risk assessment carried out on the potential fire risk from it's use in line with The Medicines and Healthcare Products Regulatory Agency (MHRA) guidance for preventing risks of severe and fatal burns.
- Controlled drugs (CD) were not always managed in line with best practice. Care staff were not always recording correctly when CD's were received, administered, disposed of or carrying out a physical stock check. There was discrepancy in the amounts of a Controlled Drug (Lorazepam) left. These discrepancies related to three people who were prescribed the CD. For one person, we found there were 28 tablets left in

the CD cupboard. However, the CD register recorded 13 tablets in stock. For another person, we found no record of total balance in the CD Register. For a third person on 7 July 2021, Lorazepam was administered as recorded on the MAR. However, this was not recorded in the CD register.

- Care staff were not carrying out physical counts of CDs. Although staff told us they had received induction, training and had been competency assessed before administering medicines. We found staff were not aware of how to complete the CD register in line with good practice.
- A cream being used had a dirty cover and we noted that there were spare covers which could have been used instead. The interim manager stated that this would be checked weekly and replaced if necessary.
- A person's MAR chart of 16 August 2021, included ear drops. However, there were no ear drops in stock and these were not being administered. Care staff told us the person concerned did not need the ear drops, but there was no record of this on the MAR or care plan.
- The weekly stock checks were not dated and some care staff said they were not carrying out the weekly stock checks. Monthly audits had been carried out, but these did not identify the deficiencies we noted.

The deficiencies related to the administration of medicines were a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim manager informed us soon after the inspection that a system of daily checks and weekly audits had been started.

Assessing risk, safety monitoring and management

- We noted that there was a lack of vigilance in the area of health and safety. A window restrictor was not properly engaged on the third floor. This was rectified the same day. The air vent in the first floor kitchen was dusty and the ground floor kitchen window fly screen was missing. The interim manager stated that they were due to be repaired. The emergency pull cord in the staff toilet had been tied up so that they may be out of reach of people who had fallen to the ground. This was promptly untied during the day. The interim manager stated that they had weekly environmental checks.

We recommend that the service review their environmental and health and safety checks so that deficient areas can be promptly identified and rectified.

- Risks to people's safety, health and well-being were assessed and reviewed regularly. Risk assessments included risks of falls, medicines errors, choking, self-harm and other behaviour needs. Following this, strategies were prepared to keep people safe and reduce risk of harm. People had also received a COVID-19 risk assessment that identified any risks associated with having characteristics that put people more at risk of getting COVID-19.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The home had a fire risk assessment dated 2 June 2021. Action had been taken to rectify some deficiencies noted. Weekly fire alarm tests had been carried out. Fire drills had been carried out in 2021.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the portable electrical appliances, hoists, fire alarm, emergency lighting and electrical installations.
- Staff checked the hot water temperatures each week and prior to people having a shower. This ensured that people were protected from scalding.

Staffing and recruitment

- We were not assured that the deployment of staff and the staffing levels were adequate to ensure that people's care needs were attended to. This was because we noted a number of deficiencies related to the provision of activities and the administration of medicines. Some people told us there were times when there was insufficient staff on duty. Three out of the six people we spoke with told us there were times when there was insufficient staff to attend to their needs. On 7, 8 & 28 August we noted from the staff rota that there was no senior or management cover in the home. The interim manager stated that there were assigned experienced shift leaders. In addition she stated that at weekends and bank holiday management cover was corporate and shift leaders were management contact points. There was a 24 hour management cover on-call system. We further noted that on 8 August, only four care staff were on day duty. The interim manager stated that it was due to care staff not turning up for day duty. The interim manager told us that the number of day care staff needed was between five to six during the day shifts as agreed with service commissioners. The night staffing levels consisted of three care staff. The area manager informed us that if staffing levels needed to be increased, then they would need to access additional funding from the commissioning authorities.

We were not clear from the feedback received from the provider how they addressed the staffing issues. We therefore recommend that the staffing levels and the deployment of staff be reviewed with care staff, people and their representatives to ensure that the needs of people are met.

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.
- One care staff did not have references. The manager explained that this was because of their lack of permanent employment. A risk assessment had been carried out. A character reference was in the process of being obtained.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People told us that they were safe in the home. One person said, "I feel very safe here." Another person said, "They treat me well. Its easy going here. Everything is done with dignity."
- A small number of safeguarding concerns were reported to us, and the local authority safeguarding team. The home had co-operated with investigations carried out by the local authority and where needed, action had been taken to safeguard people.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance provided to staff for preventing re-occurrences.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using 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 and this

included risk assessment procedures for any clients or staff from black and minority ethnic communities who faced potentially higher risks from COVID-19 infections.

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated and is rated requires improvement. This meant that people's needs, wishes and preferences were not always reflected in their care plans. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service did not always provide people with therapeutic and stimulating activities. We saw no programme of planned activities for people.
- Two people spoke of wanting to have the opportunity to take part in more activities of their choice. One person told us they would like to go out more often, "just a cup of coffee in a café sitting outside would be nice." They told us that it would be nice to have regular days to do this. Another person spoke of the importance of religion in their life and that it would be nice to go to church and be involved in that community. They also said they would love to shop for clothes in the West End of London. We saw no documented evidence that these choices had been responded to since the last inspection. There were no personalised timetables regarding activities in people's care files.
- Activities were organised by care staff. The daily reports that we looked at recorded some activities. One person's activities from 18/8/21- 26/8/21 were listening to music, TV lounge, relaxing in lounge watching TV, relaxing in lounge listening to music. Another person's activities from 19/8/21-24/8/21 and on 11 and 12 August were watched TV, socialised with staff, music in lounge, watched tv in their room. Another person's activities from 14/8/21 to 26/6/21 were listed as listened to music, did some colouring, walked in garden, watched tv, music in lounge, walking in corridor. There was little indication that people were being supported to do the meaningful activities they wanted. Some people were seen just walking about and smoking in the garden. During the inspection the inspector was advised by a staff member that a trip had been planned that week based on feedback given by people in their monthly meeting.

- People's care plans recorded what they liked to do eg. X liked day trips, walks in the park and going to coffee shops. However, there was little evidence this happened.
- The service was only able to partially demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture. Although the service had consulted with people and gave them the opportunity to make suggestions, it did not actively follow-up on suggestions or arrange support and activities that people wanted to engage in.

We identified that the service was not providing person-centred care which met the needs of people in respect of providing appropriate social and therapeutic activities. This was a breach of Regulation 9 (1) (3) (Person Centred Care) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim manager stated that the service had an activity file which incorporated the activity schedules for people and was prepared following the monthly residents meeting. She stated that activities had been provided although she was also aware that recording needed to evidence activities more effectively. She also stated that effort had been made to understand the diverse and cultural needs of people. The home

had celebrated religious and cultural events such as Divali, Easter and Eid. The area manager informed us that in the past, the home had also arranged for people to attend special local and cultural events. In addition, local church members had been enabled to visit a person in the home.

- We observed that people appeared relaxed, comfortable and were cleanly dressed. A care professional told us, "My client appeared well cared for. My client looked comfortable and well kept."
- People told us that they made choices in their day to day lives. They told us that they chose what to eat and drink and what to wear. One person described the meals as "scrumptious".
- People's needs had been assessed before they moved into the home. Assessments of people's dependency, continence, ability to describe pain, nutritional needs, behaviour, skin integrity, healthcare needs and other needs had been carried out. This helped make sure that the service could meet the person's needs.
- People's care plans were developed from the initial assessments. They included some very detailed personalised information and guidance for care staff to follow so that they could deliver effective care and support. However, there was little in some of the care files about people's background. The interim manager stated that they had historical information about people but they did not attach them to specific care plans. One person had some information written by the local authority regarding their background. It did not say in the records who had written them and whether the person had been involved in this. The care plans did not include much of the person's voice in them. They were written in the third person.
- There was no evidence of people being provided with a summary of their care plans. There was also no indication that people were spoken with during reviews of their care plans. The interim manager explained that they were in the process of re-developing the care planning and review formats so that people's views were reflected in them. The interim manager stated that their review process with keyworkers will explore what is written and revise it together with people.
- People attended hospital health appointments and received care and treatment from a range of healthcare professionals including GPs, chiropodists, psychiatrists, community nurses and opticians when needed. They had personalised health action plans, and hospital passports in written and picture format.
- People's nutritional needs were assessed and recorded. Their weight was recorded monthly. We noted that in two people's records within the same month there were significant differences in weight recorded. On 6 June 2021 one person's weight had been recorded as 71.35kg and on 20 June 2021 their weight was recorded as 56.20 kg. Prior to and after these dates the person's weight had been stable. It was not evident from records that any action had been taken in acknowledging and responding to the discrepancy in the two records. The interim manager stated that there had been a reporting error and amends were made soon after the inspection. Such errors ought to have been picked up in checks or audits carried out and rectified promptly.

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 home had an attractive garden that was being used. One person told us they enjoyed being in the garden and that other people participated in gardening..
- We noted from records that one person had received a visit from a relative recently.
- We saw positive engagement between people using the service and care staff. Care staff interacted with people in a friendly and caring way.
- Two people talked about having travelled abroad before the pandemic. One of them said they enjoyed their trip.
- Although some effort had been made to provide activities and support people in developing relationships, more action is needed to encourage people in avoiding social isolation and pursue activities appropriate to them.

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 had very detailed personalised information in their care plan files about their individual communication needs. One person who did not communicate verbally had a very comprehensive communication care plan it detailed clearly how the person communicated using hand gestures, eye contact, facial expressions, signs and symbols. It also described the gestures the person made when he was happy or angry and included detailed guidance for care staff to follow to help them not only understand what the person was communicating but also how to respond to it.
- One person's communication plan included a word which had negative connotations i.e. person has a "wide vocabulary but tends to be lazy when she speaks". Such descriptions are negative and stigmatising. We discussed this with the interim manager who agreed to reword the section concerned.

Improving care quality in response to complaints or concerns

- One person told us that they would speak with the manager if they had a complaint. They said that they had complained in the past and that it had been resolved.
- People knew how to complain. The complaints procedure was displayed in the home in pictorial and written format. The deputy manager said that everyone had received a copy of it.

End of life care and support

- No one was receiving end of life care at the time of this inspection. Care plans included detailed information about end of life needs and wishes.

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 our last inspection this key question was rated as requires improvement. At this inspection this key question remains as requires improvement. This meant the service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- At our last inspection the provider had taken some action for monitoring and improving the quality of the service provided for people. However, further action was needed to improve the quality of care provided. At this inspection we noted numerous deficiencies and the domain remains as requires improvement.
- The service had not been well run as there was a lack of oversight and effective monitoring. This meant that shortcomings were not always noted and prompt action taken to improve the service.
- The service had a system of checks and audits carried out by the interim manager and senior managers of the company. These audits included areas such as complaints, accidents, care documentation, health and safety and staffing arrangements. The checks and audits however, did not identify some of the deficiencies we noted. The interim manager told us that the regional director conducted monthly audits. We examined the audit of 27 July 2021 and noted that some action had been taken in response to deficiencies previously identified. The audit also mentioned that some internal audits had not been completed on time. We also noted that the audit still had the name of the previous registered manager as the manager of the home. This is inaccurate as the registered manager resigned last December.
- Although we noted some improvement in the morale of care staff and positive feedback about staff and management from people who used the service, there were several important deficient areas. These included shortcomings in the administration of medicines, a window restrictor not engaged, the kitchen windows being dirty and the lack of activities for people. There were also recording errors for weights for two people.

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

- Effort had been taken to promote a positive and inclusive culture within the home. Monthly meetings had been held for people to express their views. Minutes of monthly meetings indicated that staff had consulted with people and obtained their views regarding the management of the home. The feedback from people was mostly positive and indicated that they found management to be approachable and responsive to their concerns.
- Monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people. Care staff told us that morale was good and they had confidence in the management of the home. They stated that they were well treated and there was good teamwork.
- One care professional said, "During the year, they celebrated the client's birthday and the care home have organised a party for my client and presents. At my next visit the client showed me the gifts they received

and they were very pleased with them."."

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 interim manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed to report notifiable incidents to us and to the local authority.
- Care documentation and records related to the care of people were well maintained.

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

- People had opportunities to feedback about the management of the home. The minutes of a recent meeting indicated that people were mostly satisfied with the services provided. Care staff organised one to one discussion sessions with people
- An annual survey had been carried out in 2020. The analysis of completed feedback forms indicated that both people who used the service and their relatives were mostly satisfied with services and care provided. The interim manager stated that the 2021 survey would be started in October 2021.
- People's diverse and individual needs had been assessed and care plans prepared although there was a lack of documented evidence that some of people's preferred activities had been responded to such as outings and visits to places of interest. The interim manager stated that action had been taken but these were not always recorded. Meals served were based on people's wishes which were noted in monthly meetings. The service had a file containing evidence of cultural and religious celebrations.

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

- The service did not have a registered manager. The interim manager was supported by a deputy manager, an area manager, directors of the company and a quality assurance manager.
- Care staff felt well supported. They told us the interim manager was approachable and listened to them.
- Staff meetings and supervision sessions were used to obtain the views of staff and share information about people and the service. Staff told us that morale among them was good.
- We saw that care staff went about their duties in a calm and orderly manner. They were friendly, responsive and communicative with people.
- We noted that the interim manager also provided support for other care services of the company. This meant that care staff may not always have access to senior management support.

Working in partnership with others

- Staff worked in partnership with others to ensure people received the support and care needed. The interim manager had attended forums and meetings with staff from the local authority and local healthcare professionals.
- There was documented evidence that the service had accessed the services of local healthcare professionals and advocacy services to ensure that people's special needs were met.

The deficiencies noted by us placed people at risk. Following the inspection and a meeting with the local safeguarding team, the home voluntarily imposed an embargo on new admissions and are taking action to rectify deficiencies noted.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The service was not providing person-centred care which met the needs of people in respect of providing appropriate social and therapeutic activities.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not have a safe and proper arrangements for the administration of medicines.</p>