

The Grange (Chertsey) 2002 Ltd

The Grange Retirement 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

The Grange Retirement Home is a residential care home over three floors that provides accommodation, nursing and/or personal care for up to 62 people, some of whom receive end of life care, have physical disabilities, a learning disability and some who are living with dementia. At the time of this inspection, 53 people were living at the service.

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

There were not always sufficient staff deployed at the service which left people at risk. Risks associated with people's care was not always being managed in a safe way. Incidents and accidents were not always followed up on to avoid the risk of reoccurrence. Incidents of safeguarding were not always being reported to the local authority where appropriate.

Staff had not always received training and supervision to ensure best practice within the service. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

People had access to health care professionals to support them with their care however staff did not always follow the advice provided which impacted on people.

Quality assurance was not always effective. Where shortfalls in care had been identified with staff this had not been addressed robustly. The leadership of the service needed to be more effective in ensuring staff were delivering appropriate care. We have made a recommendation relating to improvements needed to the environment for people living with dementia.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting did not always maximise people's choice, control and Independence

Right care:

- Care was not always person-centred and did not always promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using services lead confident, inclusive and empowered live.

People received their medicines and the management of medicines was undertaken in a safe way.

Rating at last inspection

The last rating for this service was Good (published 27 September 2019).

Why we inspected

The inspection was prompted in part by the notification of a specific incident which we are looking into. We also received concerns from the local authority relating to unsafe care at the service.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions of Caring and Responsive. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions 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.

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.

We have found evidence that the provider needs to make improvements in relation to staffing levels, training and supervision, risks associated with people's care, assessing people's capacity to make decisions and lack of robust quality assurance. Please see the Safe, Effective and Well Led sections of this full report. 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 The Grange Retirement Home on our website at www.cqc.org.uk.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to consent; safe care and treatment, safeguarding, staffing and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will 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 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



The Grange Retirement 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.

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

Our inspection was completed by three inspectors.

Service and service type

The Grange Retirement 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.

The service did not have a manager registered with the Care Quality Commission. This means the Provider is legally responsible for how the service is run and for the quality and safety of the care provided. On the day of our inspection, we were supported by the deputy manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection

During the inspection-

We spoke with eight people who used the service about their experience of the care provided and two relatives. We also observed care and interactions between people and staff. We spoke with eight members of staff including the deputy manager (who was the manager in charge of day to day running of the service in the absence of a registered manager), the provider's consultant, nursing staff and care staff. Throughout the report the deputy manager will be referred to as the, "Manager."

We reviewed a range of records including five care plans, multiple medication records, safeguarding records and incident and accidents. We reviewed a variety of records relating to the management of the service including staff recruitment files and training and supervision records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies, quality assurance and audits. We received feedback from four health and social care professionals.

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 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.

Staffing and recruitment

- People we spoke with told us there were not enough staff to support them. Comments from people included, "There are times when I press the call bell when it takes time for it be answered. Staff press off the bell and say, 'I will be back in so many minutes', I get desperate", "They turn the bell off and then come back. It makes me feel neglected" and "Staff move at speed and are nervous to stop and talk to you. They do the task and then they are off." A relative told us, "There is such a turnover of staff. There never seem to be enough."
- "We observed there were sufficient staff to support people on the ground and first floor, including one to one support for four people. However, how staff were deployed on the top floor was not always safe for people." Throughout the inspection, the calls bells on the top floor were constantly ringing. One health care professional told us, "Staffing levels are ok, but it can be short." People we spoke with told us they were having to wait long periods of time before they were supported with their continence needs, and we observed this on the day.
- There was a mixed response from staff about the staffing levels. Whilst staff said there were no concerns with the ground and first floor, they told us more staff were needed on the top floor. Comments included, "There are not enough staff. One more person would be comfortable. We take too long before we can come and change them" and "It's difficult, there often isn't enough staff. It's a real challenge. We get all the essential bits done, but we could definitely do with more time to actually spend talking to people and supporting them emotionally."
- The manager told us the dependencies of people were assessed to determine the numbers of staff required. They also told us that they and a team leader would also support on the top floor but due to our inspection visit they were unable to assist as much. We checked the staff rota and they were not rostered to work on the floor. The feedback from people, relatives and staff was that the concern with staff levels was not only on the day of the inspection.
- We saw from the August 2021 call bell audit that frequently call bells were taking more than the providers requirement of five minutes to be answered. It stated on the call bell audit that staff levels and people's dependencies were recommended to be reviewed. We saw no evidence the dependencies had been reviewed as a result of this audit. After the inspection we asked the provider about this, they told us, "The dependency assessment, reflects that there is adequate staffing on the top floor and each unit as this is based on client dependencies."

Feedback from people, relatives, professionals and staff, records seen and our observations showed that the provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff which was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people. We saw that nurse's professional registrations were in date.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

- Risks associated with people's care was not always managed in a safe way. One person was at risk of developing pressure ulcers and was being supported with a pressure relieving mattress. However, the person told us the bed was uncomfortable for them and we noted the setting for the pressure of the mattress was on the highest setting. The manager told us this should have been set at medium based on the person's weight. An overly firm mattress can put excess strain on a person's pressure points and increase their risk of skin breakdown.
- Another person had been assessed by a Speech and Language Therapist (SLT) as being at risk of choking. The advice in the person's care plan from the SLT was that they needed to be, "Alert and upright for all oral intake." However, the person told us that staff did not always ensure they were upright, and we observed this on the day of the inspection. After the inspection the provider told us the person was no longer at risk of choking but was still required to be supported to be upright for all oral intake.
- The person told us, "Sometimes they don't put me up. They tell me it hurts their backs." They confirmed to us that staff did not always use a hoist to raise them up the bed but used a 'drag lift'. This is where the carer(s) place a hand or arm under the person's armpit. Use of this lift can result to injury to the person and to staff. There was clear guidance in the person's care plan around how the person should be safely moved including the use of a hoist. Based on the person's feedback this was not always taking place. Another person told us that when they were hoisted, "We crash against the furniture."
- There were people at the service that had epilepsy, with one person recently being admitted to hospital as a result of a seizure. The epilepsy risk assessment for this person was not detailed with sufficient guidance for staff on what they needed to do in the event of further seizures. Their care plan stated the nurse had to give a specific medicine but included no detail about how much time needed to pass after the seizure started to give the medicine. Clear guidance for staff was important as the nursing staff were often agency and may not be aware of how care for the person if they had a seizure. After the inspection, the manager told us they had addressed this.
- Accidents and incidents did not always have detailed information recorded on the actions taken to reduce further occurrence. For example, according to an incident report a person had gone into another person's room and lay in bed with them. There was no clear documented action as to what had been done to prevent this from occurring again. On another occasion a person sustained a significant skin tear however there was no detail on what actions had been taken to reduce further risks of this. After the inspection the provider confirmed additional training has been organised for staff relating to the completion of accident and incidents form. They also confirmed that accidents and incidents are discussed at daily meetings with staff.
- We observed a broken mirror in the communal area on the middle floor which the manager told us had been broken by a person living at the service. The mirror had a sharp jagged edge which had been left for at least two weeks based on staff feedback to us. This had also not been recorded by staff on an incident or behaviour form. This posed a risk to people using the service that accessed this area. We raised this with the manager who took steps to make the area safe before we left the inspection.

The failure to not always manage risks associated with people's care in a safe way was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities)

- Where clinical risks were identified, appropriate management plans were developed to reduce the likelihood of them occurring including around wound care, diabetes care and other health care concerns. Where wounds had been identified regular photos were taken of the wound to track the progress.
- There were Personal Evacuation Plans (PEEPS) in place for people with details around how they needed to be supported in the event of an emergency. There was a 'Business continuity plan' that detailed what staff needed to do in the event of an emergency such as a flood or a fire.
- Where people had behaviours that may challenge, staff were completing behaviour charts and reviewing these to review any themes that may trigger these behaviours. This information was also shared with the local community mental health teams.

Systems and processes to safeguard people from the risk of abuse

- The provider had failed to understand their responsibility to report safeguarding concerns to the local authority. For example, on the day of this inspection, one person advised us of an incident where staff had a verbal and physical altercation whilst they were in the person's room which left the person feeling anxious. The person told us, "It was really upsetting." This had not been recorded on an incident form or reported to the local authority. Despite the provider's safeguarding policy stating, "The care home ensures that all details associated with allegations of abuse/harm are recorded clearly and accurately." The manager told us however that both staff members employment at the service was ended. We spoke to the provider about this who has since reported this to the local authority.
- There were two other occasions where a reportable incident had not been notified to the local authority where required. This included a large unexplained bruise on one person's abdomen and a large skin tear on another person's shin. The provider audited incidents and had recorded that both incidents needed to have been notified to the local authority by 19 September 2021 however this had still not been done at the time of our inspection. We spoke with the Local Authority who confirmed this. After the inspection the provider sent in retrospective safeguarding notifications to the local authority and to the Care Quality Commission.
- Despite this, the majority of people we spoke with were not concerned about staff behaviour. Comments included, "I am well looked after", "The staff keep me safe and I have never felt unsafe" and "The staff here are nice enough and they keep me safe."
- There was a mixture of responses from staff about whether they would know how to raise a safeguarding concern or how they would access the whistleblowing policy or report concerns to the local authority. One member of staff told us, "I'm not sure exactly, but I know I would make sure I did everything in my power to make sure the person was safe." Another told us, "I would report it to the manager." However, when asked if they knew how to report a concern through the whistleblowing process, they told us, "I'm not sure how I would do that." A third told us, "I'm not sure how to whistle blow to be honest."
- After the inspection the manager sent us photos of the information that was available on the notice boards of the service with descriptions of what a whistle-blower is. However, there was no information on what staff needed to do if they wanted to raise a concern. The manager told us they would remind staff of this in meetings.

As the provider failed to report safeguarding incidents where appropriate to safeguard people from the risk of abuse and improper treatment this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People told us they received their medicines with one person saying, "They are good at reminding me about my medicines."

- There were systems in place to ensure the safe administration of medicines. People's medicines were recorded in all the medication administration records (MAR) with a dated picture of the person and details of allergies, and other appropriate information for example if the person had swallowing difficulties.
- There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use. We saw that staff checked people's blood sugar levels where the person had diabetes.
- The medicine audit was undertaken regularly, and all the nurses had been competency assessed to ensure that they had the skills required to administer medicines.
- We raised with the manager that there was no formal recording of temperatures in the room where the medicine trolleys were stored. We also identified that people's expired medicines that were being disposed of did not have people's identifiable information removed from the labels. The manager confirmed with us after the inspection that all of this had now been addressed.

Preventing and controlling infections

- We 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 admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment 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 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.

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.

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.

- We observed people being asked for consent during the inspection. However, where decisions were being made for people there was no evidence that their capacity had been assessed. For example, one person, who was living with advanced dementia, had a bed rail. There was no assessment of the person's capacity to agree to the bed rails or evidence of the discussion to determine that this was in the person's best interest or whether less restrictive measures had been considered.
- There was CCTV being used in all communal areas of the service that had been installed since 2017. There were people with capacity that had signed consent forms for the use of CCTV. There were no assessments undertaken for people who had lived there prior to the cameras being installed, that lacked capacity to consent and no evidence of any discussions to determine whether the use of CCTV was in the person's best interest.
- Another person's 'do not resuscitate' (DNACPR) form had not been reviewed since 2017 however guidance relating to DNACPR requires this to be reviewed regularly in the event that people's wishes may change. After the inspection the provider confirmed this had been reviewed again in 2019. We will review this at the next inspection.
- Where DoLS applications had been submitted to the local authority a decision specific capacity assessment had not always taken place. For example, one person required constant supervision from a member of staff. Although a DoLS application had been submitted there was no evidence of the capacity assessment specific to this.

As the requirements of MCA and consent to care and treatment were not followed this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- Although training was provided to staff this was not effective in ensuring that staff understood what they needed to do around specific aspects of care. During the inspection we found shortfalls in practices around MCA, safeguarding and moving and handling. A member of staff told us, "We should have spot checks more regularly. I think that would help the home. It would help to make sure we are on top of things."
- The provider told us that all staff, regardless of their role were required to complete the provider's mandatory training. We reviewed the training matrix and found out of 36 staff, 13 had not received basic life support training or dementia awareness training. 34 out of 36 staff had not had epilepsy awareness training despite there being people using the service who had epilepsy. This meant that staff may not be able to provide the most appropriate care if required.
- The manager told us that approximately half of the staff team were regular agency staff and that all staff including agency had one to one supervision. We reviewed the matrix of supervisions at the service and noted that no agency staff were listed. One agency staff member told us, "It would be useful (to have supervisions) to make us feel more part of the company." Other agency staff told us they had group supervisions but not a one to one with a senior member of staff.

As staff were not appropriately trained and supervised in their role this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Nurses were provided with updated clinical training including blood taking, end of life care and catheter care. A nurse told us they had regular supervisions with the clinical lead. They told us, "I find these really useful."
- Staff were provided with training to ensure staff understood how to support people that had behaviours that may be challenging.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We found staff were not always providing the appropriate care to people which had an impact on people's health. We were made aware by the local authority people's dental hygiene was not always provided appropriately by staff that resulted in people's teeth decaying. The dentist had fed back to the service that this was as a direct result of poor oral hygiene. We found a lack of information in people's care plan around how staff needed to support people with the dental hygiene. One health care professional fed back to the service and the local authority, "I found that there were no oral care plans in place and this is needed so that oral hygiene is maintained as part of their (the person's) personal care."
- One person fed back that they were supposed to be supported by staff to have exercises twice a day to help improve their mobility but said this was not happening. We checked the person's care plan and saw the visiting physiotherapist had recommended this on 19 July 2021. We asked the manager why this was not happening, and they told us staff had fed back to them they did not have time as there were not enough staff. Not all staff were spoke with were aware this was needed for the person. Another health care professional fed back when they have provided advice to the service, "Sometimes it has come to light months later that something may not have
- A person did feedback however they were able to access external healthcare. They told us, "They are very good at knowing what I need. I saw the doctor yesterday and I have now got a blood test booked for tomorrow."

As people were not always supported with their health care needs this is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information about people's needs had been assessed before they moved in. This was to ensure that they knew the service could meet their needs. Assessments included information about communication, behaviours, medical background, weight, dietary needs, mobility, memory and cognition.

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

- There were no sensory items or areas of interest for people on the middle floor particularly for those that walked with purpose. There was also little space for people to walk particularly on the middle floor where four people received one to one support from staff. One member of staff told us, "(Person) gets frustrated as there is no room to wander." Another told us, "There is a lot of traffic (referring to people passing each other all the time)." They told us that two people did not like each other and there was not a lot of space to keep them apart and we observed this.
- Other areas of the service were suitable for the needs of people. There were various lounge areas for people to sit and enjoy more quiet areas if this was their preference.
- The garden was well maintained and had a ramp for wheelchair users. A relative fed back to us, "Mum loves it in here and she used to love gardening so she can look out over the lovely gardens."
- There were signs on communal doors including the bathroom and toilets to help orientate people.

We recommend the provider reviews the environment, and seek a reputable source of guidance, to ensure that it suits the needs of people living at the service.

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

- People told us they liked the food at the service. One person said, "I am eating well." Another said, "Food is good, I like it and I can always have seconds, which is nice. I'd never go hungry here."
- Throughout the day people were offered snacks and drinks. Staff actively encouraged people to drink. During lunch the tables were laid nicely, and people were asked what drinks they wanted. There were choices of meals and if a person did not like what was on the menu an alternative was offered. Where people required support to eat their meal this was given.
- Staff were aware of people that were nutritionally at risk and took steps to address this. For example, people were on a food and fluid charts, higher calorie snacks were provided, and guidance was sought from health care professionals. One member of staff told us, "Encouraging people to eat and drink as much as possible to keep their strength up."

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 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.

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

- Since the last inspection the registered manager had left the service on 1 August 2021 and a new manager had been recruited who was due to start working at the service. There had been a period of time where there had been no permanent manager at the service. This left the deputy manager temporarily managing the service with support from the providers regional team. However, this was having an impact on the leadership and oversight of care.
- Although audits were taking place, they were not always effective in identifying shortfalls at the service. For example, we identified that decision specific capacity assessments were lacking and the environment for people living with dementia was not appropriate to people's needs. Neither of these shortfalls had been identified through audits completed by the provider at the service.
- Where audits had identified a shortfall, sufficient action had not always been taken to address this. For example, where call bells audits had taken place it had been recommended that staffing levels were to be reviewed. There was not sufficient evidence this had been addressed and we continued to find concerns with staffing levels.
- There was a mixed response from people and relatives about the leadership at the service. Comments included, "The management team is very good, I would be happy to go to them if I had any problems", "(Manager) is very good when I can pin them down" and "You don't often see the managers." They all acknowledged that there had been recent changes to the management and that things would improve when the new manager started.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had not always informed the CQC of significant events including incidents and safeguarding concerns. Since the inspection they have sent us retrospective notifications.

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

- People and relatives told us they were not asked for feedback about care. Comments included, "I have not been asked for feedback, would be nice to be asked", "I haven't been asked for any feedback for a long time" and "If I were asked for feedback, I would give it."
- We asked the provider to send us evidence of resident and relatives' meetings and action plans from the most recent surveys. However, these have not been provided and there was no additional evidence that any

formal feedback was sought.

- Staff had mixed views about whether they felt supported and valued at the service. One member of staff told us, "I would like the communication to improve." Another told us, "We need more management that listens to our concerns." A third said, "If you see something is not going well, you can tell them. They do listen."

As there were ineffective audits to identify and address shortfalls, ineffective engagement and communication with people to give feedback on the service and to engage staff with the service this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection a provider's representative contacted us. They confirmed they had identified there had been a lack of leadership with appropriate oversight and analysis of incidents at the service. They told us they had a new manager starting whose aim was to prioritise these shortfalls.
- Staff were complimentary of the current manager who had stepped up into the role temporarily. Comments included, "(Manager) is a fantastic person. You can talk to her, anything you want to talk about" and "(Manager) is very good and (team leader) is good as well. You can go to 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; Working in partnership with others

- Health care professionals were complimentary about the joint working they undertook with the service. A health care professional told us, "Action is taken where needed. They also let me know when there are any problems."
- We saw from the records that relatives had been contacted where there had been an incident with their family member.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care |
| Diagnostic and screening procedures | The provider had failed to ensure that people's care and treatment was planned appropriately. |
| Treatment of disease, disorder or injury | |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent |
| Diagnostic and screening procedures | The provider had failed to ensure that appropriate consent was sought from people in relation to their care. |
| Treatment of disease, disorder or injury | |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | The provider had failed to ensure that risks associated with people's care was always managed in a safe way. |
| Treatment of disease, disorder or injury | |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment |
| Diagnostic and screening procedures | The provider had failed to ensure that people were always protected from the risk of abuse and neglect. |
| Treatment of disease, disorder or injury | |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or | Regulation 18 HSCA RA Regulations 2014 Staffing |

personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

The provider had failed to ensure that there were sufficient numbers of appropriate trained and supervised staff deployed at the service.

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 |
| Diagnostic and screening procedures | The provider had failed to ensure robust oversight of the quality of care. |
| Treatment of disease, disorder or injury | |

The enforcement action we took:

We have issued the provider a warning notice in relation to this breach.