

West Berkshire Council

# Birchwood Care Home

## Inspection report

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Date of inspection visit:  
11 July 2022  
12 July 2022

Date of publication:  
25 August 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Birchwood Care Home is a residential care home providing personal and nursing care to 43 people aged 65 and over at the time of the inspection. The service can support up to 60 people. Some people at the care home are living with dementia, physical disabilities or sensory impairments.

The care home is located in a residential area. There are five separate units, set across three floors. Each person has their own bedroom and en-suite bathroom facilities. There are communal areas such as lounge rooms and dining rooms. There is a large garden to the rear and side of the building.

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

The provider's systems and processes for monitoring and improving quality and safety in the service had not been used effectively to fully address the shortfalls in service delivery.

The provider had not effectively assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users or effectively sought and acted on feedback from people using the service to drive improvements.

Risk assessments lacked sufficiently clear guidance to help staff mitigate risks for people. Some staff had either not completed or not renewed their safeguarding training. Although medicines audits had been put in place there were a significant number of medicines errors. Recruitment files did not contain all of the required information.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Assessments of people's Mental capacity and documents regarding decisions made in people's best interests had not been updated or reviewed.

People's dignity was not always upheld. People were not always involved in planning their care and support. People's needs and wishes for the support they wished to receive at the end of their lives were not always effectively assessed and documented.

There were enough staff to provide safe care. Safeguarding concerns were reported appropriately to the local authority and to CQC. Infection prevention and control practices were in place to protect people from the spread of infection.

People were supported to maintain a healthy dietary intake. Staff worked cooperatively with professionals from health and social care to promote their health and wellbeing.

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 and update

The last rating for this service was rated requires improvement (published 21 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

### Why we inspected

We undertook this inspection to follow up on action we told the provider to take at the last inspection. We also 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. Please see all the sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

### 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 monitor the service and will take further action if needed.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Birchwood Care 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 Health and Social Care Act 2008.

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

This inspection was carried out by one inspector 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

Birchwood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Birchwood Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we held and had received about the service since the last inspection. We contacted the local authority safeguarding team. 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 of this information to plan our inspection.

### During the inspection

We spoke with three people who used the service and 10 relatives about their experience of the care provided. We spoke with the manager, clinical lead, and three care staff. We also spoke with a visiting healthcare professional. We received feedback from the local authority. We reviewed a range of records. This included five people's care records and multiple medicines administration records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested and received quality assurance records and were provided with additional evidence for consideration.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider ensured they kept up to date records of staff training in safeguarding. Not enough improvement had been made and the provider was now in breach of regulation 17.

- Staff safeguarding training was not up to date. The staff training matrix showed 40 out of 47 staff had either not completed their safeguarding training or not renewed it.

The registered person had failed to use their auditing and governance systems effectively to ensure staff safeguarding training was up to date. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were confident with the actions they would take if they thought people were at risk of harm or abuse.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider ensured all risk assessments were kept up to date and regular reviews of risk assessments were scheduled and completed.

Not enough improvement had been made and the provider was now in breach of regulation 12.

- Risk assessments did not contain sufficiently clear guidance to help staff manage risks to people.
- In one person's risk assessment for "Abnormal breathing", staff had written, "If staff are worried about [person] and how breathless [person] is then they are to report their concerns to the [senior staff member]". The risk assessment did not contain sufficiently clear or detailed guidance for staff on what the signs of abnormal breathing were, or any guidance on ways to help the person manage the risk and any distress they might experience.
- In another person's care plan there was a risk assessment for the risk of the person developing urine infections. Staff had written, "[Person] is at risk of UTIs [urinary tract infection] if [their] pad isn't checked and changed regularly...[person] needs staff to report to a senior member...if [their] urine is strong smelling and dark coloured". The risk assessment did not contain any guidance for staff about preventing the person acquiring a urine infection, or sufficient guidance about how to manage treatment such as seeking medical

advice or how to manage the person's symptoms such as offering pain relief or offering additional fluids.

- In the same person's pain risk assessment staff had written, "[Person] is at risk of suffering with unmanaged pain. [Person] does not tend to complain or request paracetamol. Staff to be proactive if the resident show signs of pain or discomfort." There was no specific guidance for staff about signs of pain to be aware of or actions to take if staff observed the person was in pain.

The registered person had failed to ensure risk assessments contained sufficiently detailed plans for managing risks for people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In a third person's risk assessment for skin damage staff had written, "[Person's] pressure areas are intact but [person] has scattered bruises over [their] skin where [person] has most likely bumped into something. [Person] has a high Waterlow score indicates high risk of pressure and skin damage". There was no explanation in the person's care plan for the bruising and no specific and detailed guidance for staff to help them manage the risk to the person.
- We asked the provider to send us evidence of actions taken to prevent this person sustaining any further injuries and any updates to the person's risk assessment to enable staff to mitigate the risk the person would sustain further skin damage.
- The provider sent evidence the person's risk assessment had been reviewed and updated to accurately reflect the level of risk to the person, as well as detailed guidance and the actions staff should take to prevent the person experiencing further skin damage.

#### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (7) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 12.

- Protocols for 'when required' or medicines to provide instruction to staff on giving these medicines safely, were not always in place. One person had been prescribed 'when required' medicines to help manage pain, anxiety and discomfort whilst they were unwell. These medicines could cause significant side effects if not administered appropriately. The manager told us the medicines had been prescribed in December 2021 and stopped in June 2022. During this period staff had failed to put protocols in place to provide guidance to staff to support the person to take these medicines and to help staff monitor the person's condition and any side effects.
- Another person had been prescribed medicines to help manage pain and discomfort at the end of their life. For each of the five medicines the "Other medicines being taken to be aware of" sections had been left blank. In four of the five protocols the "Special instructions and additional information" sections had been left blank. This placed people at risk of harm as staff did not have full and complete guidance to support people to take 'when required' medicines safely.

The registered person had failed to ensure the proper and safe management of medicines. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment



- Staff recruitment files did not contain all the information required by law.
- We reviewed five staff files. All five of the files were missing some of the required information including a complete education history and full explanations for gaps in employment. None of the files contained evidence of the results of checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- After the inspection the provider sent us evidence of explanations for gaps in employment and complete education histories. However, they were not able to evidence all of the information from the DBS checks for the five staff members had been recorded and retained.

The registered person had failed to establish and operate recruitment procedures effectively to ensure the required information was included in staff's recruitment files. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the registered person had not ensured suitably qualified staff were effectively deployed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the registered person was no longer in breach of regulation 18

- People and their relatives told us there were enough staff to provide care and meet people's needs.
- Since the last inspection the manager had introduced a dependency tool to calculate safe staffing levels in relation to people's needs. The tool was updated weekly to ensure it accurately reflected the number of hours of care needed to meet people's needs.

#### 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 admitting people safely to the service.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider used an incident reporting system to document accidents and incidents such as falls. The home manager reviewed incidents through their overall audits to identify themes and trends in order to make improvements to quality and safety in the service.
- Incidents and accidents were reviewed with all staff members to identify contributory factors and prevent recurrences.

# Is the service effective?

## Our findings

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

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

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Assessments of people's capacity to make decisions about their care and support did not contain sufficient information to demonstrate a thorough assessment had been completed. In addition, these assessments had not been regularly reviewed.
- We reviewed mental capacity assessments and best interest decision documents for four people. In one person's mental capacity assessment staff had written the specific decision to be made was, "[Person] is able to make non risk-based decisions or choices." This was not clear and did not detail the area of care and support staff were completing the assessment for. In addition, there was no evidence the person's relatives or anyone acting lawfully on the person's behalf had been consulted during the assessment which had not been reviewed since 2nd May 2020.
- In another person's mental capacity assessment staff had written the person was unable to use the call bell. This assessment had not been signed and had not been reviewed since 27th July 2020.
- In a third person's mental capacity assessment for consent to receive support with oral and personal hygiene, there was no record of the person's relative or someone acting lawfully on their behalf having been consulted during the assessment. In addition, the assessment had not been reviewed since 24th February 2020, despite staff stating within the assessment it should be reviewed monthly.

The registered person had failed to keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had not completed the required training to enable them provide effective support to people.
- The provider's staff training matrix showed 39 out of 47 staff were not up to date with the provider's mandatory training. In addition, for every staff member there were several training courses with no dates recorded. We were not assured staff had completed these courses.

The registered person had failed to ensure staff received such appropriate training and professional development necessary to enable them to carry out their roles effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff completed an induction period which included a period of shadowing their 'buddy' to ensure they were confident and competent before working unsupervised.
- The manager had implemented a supervision and appraisal programme for staff provide staff support and guidance. At the time of the inspection the manager told us staff had not been previously received regular supervisions and appraisals and that they had completed 80% of staff appraisals. The manager had also ensured staff were aware of impartial support they could access outside the service.
- The manager delegated responsibility for different aspects of service delivery to the deputy manager and clinical lead for example. The manager held regular meetings with the senior team to identify actions to be taken by staff to meet people's health and wellbeing needs.
- Staff told us they felt the manager and senior team were supportive and approachable. One staff member said, "They've been brilliant. In the time I've known them they've been fantastic...when I was off...[manager] rang me up to make sure I was alright". Another staff member told us, "It has dramatically improved".

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

- There was a lack of evidence to show people had been consulted in the care planning process.
- The results of the 'Resident's survey' from May 2022 showed three out of seven people surveyed felt they were not involved in decisions about their care and support, and two out of seven people did not know. Two out of seven people felt they were not involved in reviews of their care and two out of seven people did not know if they were.

We recommend the registered person ensures people, and where appropriate, their relatives and legally appointed representatives are involved in the care planning process.

- People's needs and choices were assessed by staff and documented in their care plans.
- We observed staff asking people what the preferences were before providing care and support.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People were offered a choice of meals from a varied menu as well as high calorie drinks and snacks if they were at risk of malnutrition.
- Previously people had made their meal choices the day before. The manager explained people were now asked for the preferences on the day and that they could ask for an alternative meal if they did not want to eat what was on the menu.
- The manager had purchased menu picture cards to help people living with cognitive or sensory

impairments to choose meals.

- The manager had identified a number of people had unexplained weight loss. Staff then made dietician referrals for each person and staff followed dietician guidance in offering high calorie snacks and drinks to people.
- The manager completed a daily fluid check on each person to ensure they were getting enough fluids. In the recent heatwave the manager and staff ensured additional fluids and ice lollies were given to people to help keep them well hydrated.

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

- People were referred to health and social care professionals appropriately and as needed by staff.
- Staff worked with professionals from the 'rapid response team' as well as dieticians to monitor and support people's health, safety and wellbeing.
- The service's allocated GP completed a weekly ward round to review people's health and medical needs and staff referred concerns to them appropriately.
- The manager held daily clinical meetings with the senior team to review people's health and wellbeing needs. These meetings were used to identify any referrals needed to professionals from health and social care and any additional support which needed to be put in place by staff to promote people's health and wellbeing.

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

- The home had been adapted to suit the needs of the people living there.
- Floors and walls had been decorated to support those living with dementia to help them move about the home. In addition, signage with pictures had been placed at chest height on bathroom doors to help people living with dementia to use the facilities.
- Corridors were wide enough for wheelchair access, had 'grab' rails and were well lit. Each person's room was decorated with their personal belongings and had en-suite bathrooms.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always upheld.
- We observed that whilst a person was being supported to use the toilet the staff member had left the bathroom door open and the person had begun to use the toilet. The person was clearly visible to people walking past. We alerted the deputy manager and asked them to address this immediately.

The provider failed to ensure people's privacy and dignity was protected. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider maintained secure records relating to people's care and support. Care plans and documents were password protected on the provider's electronic system and could only be accessed by staff.
- When staff held confidential meetings and discussions regarding people and their care and support, they ensured conversations could not be overheard and that doors were closed.

Supporting people to express their views and be involved in making decisions about their care; ensuring people are well treated and supported; respecting equality and diversity;

- People commented they had not been involved in reviews of their care and support.
- People's care plans did not contain evidence they had been consulted about their wishes for the type of care and support they wished to receive.

We recommend the provider ensures they support people to express their views and be involved in making decisions about their care.

- People told us they had positive relationships with staff. One person said, "We have a laugh". Another person told us, "I get on very well with the night staff."
- This was confirmed by people's relatives. One relative said, "[Staff] are very helpful with [relative]...[relative] gets on well with them." Another relative said, "Staff have a good rapport with [relative]...they can tell if something is not right."
- We observed people being treated with kindness and compassion. Staff interacted with people positively, anticipated their needs and helped to alleviate people's distress.
- The provider had a complaints policy in place. People commented they felt the manager and senior team would act on and address any concerns raised.
- People's relatives commented the manager and staff team were approachable and that they addressed

concerns and queries as they arose.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- There was a lack of evidence to demonstrate people were involved in making decisions about their care and support.
- We reviewed care plans for six people. There were no records of people having been consulted about their needs and preferences or of them being involved in any reviews of their care plan.
- People's relatives commented although they had been involved in initial care and support assessments they were not involved in reviews of their relative's care.

We recommend the provider ensures people's views, and where appropriate those of their legally appointed representatives, are sought when planning and reviewing care and support for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had clear and detailed plans in place to support people with sensory or cognitive impairments to communicate.
- For people with sensory impairments staff had clearly documented the support people needed to communicate in their care plans. Care plans contained specific details and guidance about the support staff should give to people, such as getting down to the person's level, speaking clearly and ensuring glasses were clean, and hearing aids correctly fitted with batteries fully charged. Different aids were also used to help people communicate including photos and symbols.

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

- People were supported to engage in activities and to maintain meaningful relationships.
- The home had three members of staff who planned and delivered a range of group and individual activities to keep people engaged and occupied. Tailored activities were organised for those at risk of social isolation. People's care plans contained guidance for staff about how to support people to avoid social isolation.
- Staff supported people to maintain contact with their loved ones and relatives. The manager told us one person was supported to have a small party with their friends and relatives.



- Staff also used a range of technologies including mobile phones, computers and video calling to help people stay in contact with their loved ones.
- During our inspection we observed several people's relatives attend for visits.

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

- People and their relatives told us they knew how to raise concerns and complaints.
- There was a complaints policy in place. There had been no formal complaints since the last inspection.

#### End of life care and support

- People were supported by staff to be care for in a sensitive and compassionate way, comfortable and to have their pain managed in their last days.
- People's care plans contained details of where they wished to be cared for, which family members should be involved and their preferred funeral arrangements.
- End of life care plans showed relevant professionals had been consulted in the planning process such as GPs when writing 'Do Not Resuscitate' orders for example.

# 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 we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. The registered person had not sought and acted on feedback from people using the service and other stakeholders about the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The registered person had not evaluated and improved their practice. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the registered person was still in breach of regulation 17.

- There were improvements in leadership and governance in the service. The manager completed audits of different aspects of service delivery to identify and action areas for improvement. However, the manager had failed to effectively utilise their systems and processes for monitoring and improving quality and safety in the service to fully address the shortfalls in service delivery.
- Since the last inspection the manager had implemented a staff training matrix. However, as detailed in the safe and effective key questions of this report, the matrix showed not all staff were up to date with their mandatory training.
- The manager had not ensured mental capacity assessments were comprehensive, included the views of legally appointed representatives and relevant professionals, and were up to date.
- Risk assessments in people's care plans still did not contain sufficiently detailed and specific guidance to enable staff to mitigate risks to people.
- Systems and processes to manage medicines had not been operated effectively. PRN protocols were not fully completed or had not been in place when required.
- Audits and governance systems had not been used effectively to identify the missing information in staff's recruitment files.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had used surveys given to people and their relatives to encourage and support them to

express their views about the service. The manager told us the results of these surveys were then discussed in team meetings to drive service improvements. However, only seven out of 43 people had taken part in the latest survey. There was no evidence to show staff had used different communication methods to encourage and support more people to complete a survey to feed back on the service to gain a more complete view of people's experiences of the service.

- In addition, some people had commented they were not involved in planning and reviewing their care.

The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. The registered person had not sought and acted on feedback from people using the service about the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The registered person had not sufficiently evaluated and improved their practice. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and senior team maintained an 'open door' policy for staff to support them to express their opinions and voice any concerns. A programme of staff meetings was in place and staff surveys were being sent to gather the views of staff to influence how the service was run.
- Relative's surveys were being completed to gather the views of people's relatives.
- Since the last inspection the provider had worked with the local authority safeguarding team to continually review quality and safety in the service and to drive improvements.
- The service did not have a registered manager. The provider had taken steps to recruit a suitable manager. In the interim the manager was being supported by the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Working in partnership with others

- People were supported to access health and social care services as needed by staff.
- Staff worked in partnership with professionals from agencies such as health and social care to provide individualised support to people and to help meet their health and wellbeing needs.
- Where people needed referrals to specialists such as dieticians and podiatrists, staff had completed assessments and referred to those specialists appropriately. Staff were aware of their limitations and sought guidance from suitably qualified professionals when needed to help meet people's needs.

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 10 HSCA RA Regulations 2014 Dignity and respect  <b>How the regulation was not being met:</b>  The registered person did not ensure people's privacy and dignity was upheld.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent  <b>How the regulation was not being met</b>  The registered person failed to keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests.
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  <b>How the regulation was not being met</b>  The registered person failed to ensure the proper and safe management 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  <b>How the regulation was not being met</b>  The registered person had not assessed,

monitored and mitigated the risks relating to the health, safety and welfare of service users. The registered person had not sought and acted on feedback from people using the service about the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The registered person had not sufficiently evaluated and improved their practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	<p>How the regulation was not being met</p> <p>The registered person had failed to establish and operate recruitment procedures effectively to ensure the required information was included in staff's recruitment files.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p>How the regulation was not being met</p> <p>The registered person had failed to ensure staff received such appropriate training and professional development necessary to enable them to carry out their roles effectively.</p>