

Angels (Stratton House) Ltd

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Inspection report

15 Rectory Road
Burnham On Sea
Somerset
TA8 2BZ

Tel: 01278787735

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Angels (Stratton House) Limited is a nursing home providing personal and nursing care for up to 24 older people, some who are living with dementia. At the time of the inspection there were 17 people living at the service. The service is laid out over two floors that can be accessed by stairs and a lift. There are two communal lounges, a dining room and level access to front gardens.

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

The provider had worked with the local authority to make improvements across the service, which were seen at this inspection. There were further improvements to be made which the provider acknowledged and an action plan had been implemented to address these areas.

Care plans and risk assessment were being reviewed by the service to ensure they were accurate and reflected people's current needs. The service needed to ensure infection prevention control procedures were being adhered to and risks to people were identified and managed. Staff had not received regular supervision to support and develop their performance.

Staff had completed training. Safeguarding systems were in place to protect people from abuse. Medicines were managed safely. Improvements in food provision had been noted.

People were supported by staff who were kind and caring. There was enough staff to meet people's needs. Staff were responsive and knew people well. People were supported to engage in activities of their choice. People and relatives felt comfortable raising concerns with the service.

Progress at the service had not been rapid. There had been recent management changes. Whilst improvements were noted, further developments were needed to ensure there was learning from accidents and incidents, complaints and safeguarding. Governance systems were being changed. Medicines, training and safeguarding were being monitored well. Areas such as recruitment, infection control, risk assessments and the environment needed to ensure actions were identified by audits and action taken promptly to address shortfalls.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we made a recommendation in relation to ensuring documentation around capacity to consent to care was in line with guidance.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 13 July 2021). We found breaches of Regulation 12,

13, 17, 18 and 19. The provider was placed in special measures. Three warning notices were issued for Regulation 12, 13 and 17. These were followed up in a targeted inspection (published 15 October 2021). 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 improvements had been made and the provider was no longer in breach of regulation 10 (identified in 2019), 13, 18 and 19.

This service has been in Special Measures since 13 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

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 Angels (Stratton House) Limited 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 monitor the service and will take further action if needed.

We have identified continued breaches in relation to Regulation 12 and 17. Improvements were still required to ensure governance systems were effective and embedded and all risks to people were identified and managed.

We made a recommendation in relation to documentation around consent to care being in line with guidance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 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 caring.

Details are in our caring findings below.

Good ●

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 ●

Angels (Stratton House) Limited

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

The inspection was conducted by two inspectors. An assistant inspector gained feedback from relatives after the inspection.

Service and service type

Angels (Stratton House) Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Angels (Stratton House) Limited is a care home with nursing care. The Care Quality Commission (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 CQC 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 a new manager in post. They were not yet registered with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine staff members which included the manager and the nominated individual and two people living at the service. We made observations of the care and support people received. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed four people's care records and multiple medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed. Afterwards we spoke with 10 relatives.

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 inadequate. At this inspection the rating has changed 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.

Preventing and controlling infection

At the last comprehensive inspection in June 2019 and the focused inspection conducted in May 2021 we identified the provider had failed to manage infection control risks effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued and was met as evidenced in a targeted inspection in October 2021.

However, at this inspection not enough improvements had been made and the provider was still in breach of Regulation 12.

- The provider needed to consider staff wearing of additional Personal Protective Equipment (PPE) when contact between staff and people may occur. For example, in times other than during personal care.
- PPE was not always easily accessible to staff. This was addressed by the second day of the inspection. A relative said, "Yes, staff wear, gloves, aprons and masks." We did observe on three occasions a staff member not wearing their face mask in line with guidance. A relative said, "Sometimes the [staff's] mask comes down."
- There were systems on entry for visitors and staff to reduce the risk of infection. However, a staff member had not followed this process and received a positive lateral flow test result having been within the service.
- Environmental, PPE and handwashing audits were carried out to monitor staff adherence to procedures. However, these did not always identify areas where improvements were required.
- At the inspection conducted in January 2022, it was identified there was no risk assessment for a member of staff who was medically exempt from wearing some PPE. This had not been completed. It was completed by day the second day of this inspection.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date. Enhanced cleaning schedules were in place for constant touch areas. PPE and handwashing audits were carried out to monitor staff adherence to procedures.

The provider was facilitating visiting in line with government guidance. A visiting procedure was in place.

Assessing risk, safety monitoring and management

At the focused inspection conducted in May 2021 we identified the provider had failed to manage risks to people effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued and was met as evidenced in a targeted inspection in October 2021

However, at this inspection not enough improvements had been made and the provider was still in breach of Regulation 12.

- Risks to people had been identified and management plans were in place. For example, for skin integrity, falls, and choking. We observed people supported in line with their mobility guidance. Some risk assessments had not been dated or reviewed. Therefore, it was unclear if they were still applicable or if people's risk levels had changed.
- Systems did not support people effectively in managing their fluid intake. Recording of people's fluid intake and targets was inconsistent. This meant it was unclear if people had received an adequate amount to drink and how any concerns were escalated.
- There were some discrepancies within care plans in relation to thickened fluids. For example, in one care plan it stated the person needed Level 1 thickened fluids but in another section of the plan it said Level 2 fluids. Guidance from health professionals were not held with the care plan, which meant it was not easily accessible to check.
- Assessments to monitor the risk of skin damage to people had not been completed at regular intervals. This meant changes in people's skin integrity may not be identified.
- When people had been assessed as being at risk of skin damage there were plans in place informing staff how to reduce the risks. Specialist mattresses to prevent skin breakdown were all set correctly. However, we found position change charts did not always accurately reflect people's care plan guidance. For example, position change charts for one person showed the guidance of repositioning every two hours was not being followed.
- Improvements were required to ensure people's skin integrity was effectively managed. The quality of wound care plans was inconsistent, this included photographs and actions taken. One person was highlighted to a senior staff member who said it would be addressed immediately as their wound had not been reviewed for four days.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Checks on equipment were conducted. However, health and safety checks of the environment were not well organised to identify and prioritise work required. For example, sloped floor upstairs had no warning signs for people. This was addressed during the inspection.
- Regular checks were conducted on fire safety systems and equipment. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required.

Staffing and recruitment

At the focused inspection conducted in May 2021 the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 19. However, further improvements in this area were still required.

- Actions required to ensure recruitment processes were fully followed had been identified and detailed in the service's improvement plan. This included areas where we found information was outstanding at this inspection.
- One staff member did not have any photographic identity. A full employment history could not be verified for one person as there was no application form. For a second staff member gaps in employment had not been followed up.
- Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager had implemented a staffing dependency tool, to ensure there was enough staff to meet people's needs, staffing rotas we reviewed confirmed this. A relative said, "Yes there's enough staff." A staff member said, "We are staffed well."

Systems and processes to safeguard people from the risk of abuse

At the focused inspection conducted in May 2021 the provider had failed to ensure people would be safeguarded from potential abuse or neglect. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued and was met as evidenced in a targeted inspection in October 2021.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 13.

- Systems were in place to protect people from abuse. Staff told us and records confirmed staff had received training in safeguarding. Staff knew how to identify and report abuse.
- Identified safeguarding concerns were reported to the local authority and CQC as required.
- An overview monitored the progress of concerns and outcomes. However, improvements were needed in how this information was shared and communicated with staff and relevant others so effective learning could happen.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. This detailed what had occurred and the action taken. Further review was being established by the manager to ensure actions taken prevented reoccurrence.
- The provider's action plan identified, and the manager was in the process of implementing processes to regularly analyse accidents for patterns and trends.
- The provider acknowledged that improvements were required to ensure lessons were learnt in all areas such as safeguarding concerns, complaints and incidents. In addition, this was effectively communicated to staff and relevant others.

Using medicines safely

- Medicines were stored and managed safely. Temperatures of medicines storage areas and the medicines fridge were monitored. A relative replied when asked if medicines were administered safely and on time, "Yes they do, yes it's done safely."
- People were supported to receive their medicines as prescribed. People's preferences for how they liked to take their medicines were recorded. There was clear guidance for staff on when and where to apply prescribed topical creams and lotions.
- Protocols were in place for when people might need additional medicines (PRN). When these had been administered staff had documented the reasons why and the outcome.
- Regular medication audits and spot checks had been conducted. However, staff had not had their

competence assessed in relation to medicines administration.

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 requires improvement. At this inspection the rating has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the focused inspection conducted in May 2021 the provider had failed to ensure staff were supported to access training relevant to their roles and some staff training had expired. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 18.

- Records demonstrated staff training had been facilitated and updated. The provider was aware where training was outstanding. Staff were supported to complete the Care Certificate and further qualifications in health and social care. Staff told us about recent training. One staff member said, "I've recently completed manual handling and dysphasia training."
- A formal induction programme was now in place. This observed staff practice and gave constructive feedback to new starters. One staff member said, "I completed my induction."
- We highlighted to the provider where some staff had not previously received the training and support they required when commencing employment. The manager said this would be addressed.
- Over the last 12 months staff had not received regular supervision. This was confirmed by records and staff we spoke with. One staff member said, "I've not had supervision for long time." This had been identified by the provider and a plan was in place to ensure staff received regular support and supervision.

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.

- Deprivation of Liberty authorisations had been sought as required. No one currently had any conditions in place.
- People's capacity to consent to aspects of their care had been considered. However, documentation required improvement to demonstrate this. For example, where people had bed rails or door gates in place, it was not clear in people's care plans if they had consented to this. Where people lacked the capacity to consent to specific areas of care, the best interest decision making process had not always been documented.

We recommend the provider reviews documentation around consent to specific areas of people's care in line with The Mental Capacity Act 2005.

- Staff understood the principles of the Mental Capacity Act (MCA) 2005 and how this was reflected in their practice. A staff member explained how they supported a person to choose what they wished to wear by showing the person different options.
- People who received covert medicines (disguised in food or drink) had been assessed for their capacity to consent. Documentation showed other health professionals, including the GP and pharmacist, had been involved.

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

- People's preferences about what they liked to eat and drink was detailed in care plans, including specialist equipment they required such as, adapted cutlery or a particular type of cup. A relative said, "With food they give [name of person] a choice, they are vegetarian."
- Kitchen staff were knowledgeable about people's dietary needs. However, this information was not always clear on food charts. A relative said, "The food I must admit has greatly improved." Another relative said, "[Name of person] always loves the food."
- People's weights were monitored monthly. When people lost weight guidance and advice was sought.
- The menu was displayed in the dining room. Pictorial formats were shown of options available.

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

- Improvements to the environment were ongoing. For example, carpet was scheduled for replacement. Some doors had been repainted and personalised. One person said, "I like my room. My room is the biggest room."
- There was level access to the front garden. However, this was not routinely kept secure. The summer house required clearing of clutter.

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

- Information in people's care plans about health conditions was clear. For example, plans for people with diabetes informed staff of the signs and symptoms of high and low blood sugar and informed them when to take action.
- The service facilitated people with their healthcare and sought external support when needed. For example, from the GP and speech and language team. One person told us about their health condition and how they were being well supported by the staff team at the service.

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

- People had been assessed to determine if the service could meet their needs.

- People's choices were upheld and respected. We observed staff asking people things like where they would like to be in the service and what they would like to do.

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 requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last comprehensive inspection in June 2019 the provider had failed to ensure people were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 10.

- Improvements had been made to ensure people were treated with dignity and respect. This included new furniture in the lounge which could be easily cleaned and looked pleasant. Ensuring furniture and equipment was in good repair, information was confidentially stored and people could receive personal care in privacy. A relative said, "Yes, it is much better now than what it used to be." Another relative said, "When I last went in, I was very happy with [name of person's] room. The bedding was lovely and clean."
- Staff promoted people's independence. For example, one person liked to walk around the service and staff supported them to do this from a distance. Staff supported people to access outdoor space if they wished. We observed a member of staff walking with one person in the garden.
- Staff respected people's personal space and knocked on people's doors before entering.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring and knew people well. One person said, "The staff are good to me." A relative said, "I've always found them [staff] very kind, the ones I've met."
- There was a pleasant atmosphere in the home. Staff were attentive. We observed positive interactions with people. A staff member said, "Care is good. Staff know resident's needs."
- The service had received several compliments, although it was not clear when these had been received. Comments included, "I am so grateful to you all for the love and care you gave [person's name] during her final days and your kindness to me" and, "To our heroes, the staff at Stratton House, who have looked after [person's name] so well over the last few months."
- People's protected characteristics under the Equality Act 2010 were identified in their care plan and respected. This included people's wishes in relation to their culture, religion, sexuality and gender preference of carer. One staff member said, "The level of care here is absolutely brilliant. How much and how well staff know the residents is just great."

Supporting people to express their views and be involved in making decisions about their care

- People's care plans reflected their views about how they wished care to be delivered. All care plans were being reviewed and improved.
- People and relatives had been asked to contribute information about people's likes and interests. This meant staff had information to engage and talk with people about, that interested them. A relative said, "The staff are lovely."

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

- Care plans were being reviewed and updated to ensure they were person centred, accurate and detailed. Care plans which had been reviewed and amended showed improvements had been made. For example, in the quality and detail, including people's preferences and wishes. However, this piece of work was not yet finished. Therefore, the quality of care plans was varied. One staff member said, "Care plans are a work progress."
- Care plans gave details about people as individuals and how they wished to express themselves. For example, how people liked their hair to be styled, the type of clothes they liked to wear and the fragrance they enjoyed wearing.

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.

- Information was displayed in the service in pictorial formats. Care plans gave information about how to effectively communicate with individuals. For example, in one person's care plan who was nonverbal, signs and expressions the person displayed were documented to explain what these meant.
- We did not see evidence that documentation, such as some of the services policies, had been considered in accessible formats.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Most relatives we spoke with had a copy, but some did not. Relatives said they would raise any concerns needed. One relative said, "Yes I have one [copy of complaints process]. If I needed to complain I would." Another relative said, "I haven't [needed to complain] but I would know to go to the manager. There are signs up for if we have any issues."
- Complaints had been logged. However, there were no records to show how the complaints had been responded to, investigated or closed. The outcome of complaints had also not been recorded. There were no records of the learning from complaints or how they were shared with staff to prevent a reoccurrence.

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 service offered a range of activities to engage and stimulate people. We observed people's art and craft work, several people enjoying karaoke and games. People also had one to one time for activities such as a pamper session or reading. One person said, "I love colouring. I have done all the pictures in the hallway."
- There was an activity board to display what was on offer during each week. However, this was blank. The manager and activity co-ordinator were aware of this and confirmed they would re-establish its use.
- Care plans detailed how people enjoyed spending their time. One care plan said, "I do enjoy, 'playing your cards right', doing armchair yoga and having a sing along." However, some people's care plans did not have information about activities. This would be addressed when their care plan was reviewed.

End of life care and support

- The service was not currently supporting anyone with end of life care. Staff had received training in end of life care.
- People had their future wishes regarding treatment and healthcare documented in their care plan. A staff member said, "We start conversations with people and their family as soon as possible to make sure we get it right for them."

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 comprehensive inspection in June 2019 and the focused inspection in May 2021 the provider had failed to operate effective governance systems, this was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued and we checked this had been met at the targeted inspection in September 2021.

At this inspection whilst improvements across the service were evident, there were still numerous actions yet to be completed as part of the provider's action plan. Effective governance systems were not yet fully established and embedded. Therefore, not enough improvement had been made and the provider was still in breach of Regulation 17.

- Governance systems, whilst being reviewed and changed, were not yet fully effective or implemented. There were still areas which required improvement. For example, in health and safety, recruitment, infection control and care plans. Governance systems needed to ensure areas were being identified, actions were taken to rectify shortfalls and breaches in regulation met.
- Improvements were still required to ensure the staffing structure met the needs of people living at the service. Staff needed clear roles and responsibilities to ensure accountability and effective communication. Office space and documentation required better organisation.
- Improvements were required to ensure there was effective communication and learning from areas such as safeguarding, complaints, accidents and incidents. This had been highlighted to the provider since 2019.
- The provider had failed to achieve a rating of good overall since their inspection published 23 December 2016. The provider had not been compliant with Regulation 12 and 17 since their inspection published 25 September 2019.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider now regularly attended the service and was involved in making improvements. A staff member said, "There has been lots of improvements." Another staff member said, "Things are heading in the right direction."
- A service improvement plan was in place, which the provider was working through. Due to management changes, this had not progressed quickly.

- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website. Following the inspection, guidance was given about how to make this more visible on the provider's website.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC of.

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

- The manager was implementing changes to ensure there was a positive culture. Regular daily meetings were occurring with heads of department to improve communication and ensure responsibilities were being met.
- There was a 'resident of the day' system. This reviewed all areas of care for people, such as their bedroom, meal preferences and activities. A relative said, "We have had a few issues now and then, but we always raise them with them [with staff]. I know they're trying to get their act together."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities under the duty of candour regulation. The provider and manager acknowledged communication needed improvement and this formed part of their action plan. However, relatives told us staff contacted them when needed. One relative said, "Every time there's an issue or [Name of person] needs something they ring me." Another relative said, "Any problems they are in touch with me."

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

- People, relatives, staff and relevant others had not formally been asked their views and opinions about the service for a long period of time. This meant that the service could not make changes and drive improvement in response to feedback.
- Staff meetings had not been held regularly. The new manager had plans to ensure these were held regularly to improve communication and engage with staff.
- Relatives had been informed of the change in management. One relative said, "I've had letters and emails from [the manager]. A proactive letter introducing themselves."

Working in partnership with others

- The manager and provider had worked in partnership with the local authority to make improvements at the service. The provider acknowledged previous shortfalls and had made changes in staffing levels, systems and processes. The provider was working through their action plan with support from the local authority.
- The service worked with external health and social care professionals to ensure people's needs were met. Such as the mental health and dementia teams, GPs and social workers.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage infection control risks and risks to people effectively. Regulation 12 (1)(2)(a)(b)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality of the service including the mitigation of all risks to people as governance systems were not fully effective. Regulation 17 (1)(2)(a)(b)