

Greensleeves Homes Trust

Speirs House

Inspection report

The Chesters
Traps Lane
New Malden
Surrey
KT3 4SF

Tel: 02089495569

Website: www.greensleeves.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Speirs House is a 'nursing home' providing care to up to 36 people. People in care homes receive accommodation and nursing or personal care as 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 provides support to people living with dementia, mental and physical health needs. At the time of our inspection there were 31 people using the service.

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

People did not receive safe care consistently. We received mixed feedback about the quality of care provided at the service. Comments included, "We do need more staff here. It is a lot of work for the number of staff that are usually on duty."; "I feel safe because I have a call-bell. There is always someone around" and "I do feel that my relative is safe here."

We identified a breach of regulations in relation to good governance. People were at risk of avoidable harm due to a lack of adequate oversight on the quality of care provided and the management of the home. Staff knew how to identify and report abuse. However, safeguarding incidents at the service showed staff did not understand their responsibilities to escalate concerns to keep people safe.

People had experienced poor care delivery because of high staff turnover and use of agency care staff. Staff were recruited safely and underwent induction before they started the job. However, agency care staff did not receive adequate induction which caused people to experience poor care delivery.

People received their medicines when required and any errors were identified and resolved. Staff did not always support people to access health services in a timely manner. Staff received training required for their roles. However, staff morale varied due to the turnover and changes in management.

The provider did not always effectively use the systems in place to monitor and drive improvement in the quality of care. Changes in management caused anxiety in people using the service, their relatives and staff. The provider had put plans in place to improve care delivery and we needed to see consistent and embedding of good practice and a stable management team.

Staff followed the provider's processes in line with best practice guidelines regarding the prevention and control of infection including those associated with COVID-19.

People were involved in planning for their care. Care plans were reviewed and updated to ensure people received care appropriate to their needs. Staff had guidance which they followed to support people with their needs and choices. The provider worked with other agencies and social and health professionals to meet people's needs.

People were treated in a manner that promoted their dignity and maintained their confidentiality and privacy. People knew how to make a complaint.

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.

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

Rating at last inspection

The last rating for this service was good (published 09 January 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection.

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 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 effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Speirs House

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 team consisted of two inspectors 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

Speirs House 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. Speirs House 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 not a registered manager in post.

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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with 14 members of staff including the nominated individual, the manager, a deputy area manager, maintenance worker, chef, domestic staff and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 10 people's care records and risk assessments.

We also reviewed a variety of records relating to quality assurance, audits and management of the service including some policies. We looked at eight staff files in relation to recruitment, training and supervision.

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 good. 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. Staff reported an incident where a referral of an injured person to healthcare services was delayed. Some members of staff were aware of the incident and raised the issue with senior staff. However, the nursing staff had not acted in a timely manner. We reviewed records of the investigation carried out about the incident. Whilst the provider had taken action, we were concerned staff did not understand fully the safeguarding processes as they did not escalate the concern as required.
- People told us they felt safe at the service. Comments included, "I do feel safe"; "I do feel that my relative is safe here" and "I feel safe because I have a call-bell. There is always someone around. I can wave to people from my room so I'm never alone."
- Staff received training in safeguarding and knew how to recognise potential abuse.
- A high number of safeguarding concerns were raised at the service and reported to the relevant authorities including the local authority to ensure concerns were investigated and resolved.
- Staff had access to the provider's safeguarding policy and procedure which had guidance about how to escalate any concern.

We have made a recommendation about the provider improving staff's knowledge of safeguarding processes.

Staffing and recruitment

- People using the service and their relatives told us there were not always sufficient numbers of care workers deployed to provide care. Comments included, "I think the staff are hard pushed. It's the same everywhere, I suppose. Some of the staff have left recently, so I imagine that doesn't help" and "They are short-staffed, however, things are getting better and we are almost back to where we were before COVID-19."
- People did not always receive care from a consistent care staff team. We were informed during the inspection, the service had experienced a critical shortage in staffing around October to December 2021. There had been high staff turnover and agency care workers were deployed. There was inconsistency of agency staff provided which meant they did not get to know the people they supported. In addition, some of the care agency staff did not provide good standards of care which caused distress to the people using the service.
- At the time of inspection vacancies at the home and were being filled. People, their relatives and staff told us there were times they felt activity attendance was impacted by a lack of staff. The provider was actively recruiting to try and fill these roles. As an interim measure, a member of the care team was undertaking activities with people.

- We sought feedback from the nominated individual about staffing who told us about the difficulty in retaining and recruiting care staff. They told us a recruitment drive had seen an increase of permanent staff. In addition, measures were put in place to ensure agency staff received additional induction or briefing before they started providing care. People and staff told us and rotas confirmed staffing levels had improved.
- People were supported by staff recruited safely and had a Disclosure and Barring Service (DBS) check. DBS provide information including details about and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People were supported in a manner that managed risks to their health and well-being. Risks to people were assessed, reviewed and updated to reflect changes in each person's needs and the support they required.
- Risk assessments looked at various aspects of people's needs such as their mobility, medication and eating and drinking. Staff followed guidance which enabled them to provide care in a safe manner.

Using medicines safely

- People received their medicines when required.
- Staff were trained in administration of medicines and had their competence assessed.
- Medicine Administration Records (MAR) were signed and audited which ensured concerns identified were resolved in a timely manner.

Preventing and controlling infection

- People received care in a manner that minimised the risk of infection and were happy with the standards of hygiene at the service. Comments included, "My room is cleaned every day. It is kept absolutely spotless. Personal Protective Equipment (PPE) is all adhered to. The laundry is excellent"; "Things are kept spotlessly clean here" and "There are no problems with the cleanliness and [staff] wear the masks."
- Staff were trained in infection prevention and control (IPC) including COVID-19 and followed good hygiene practices. People were happy with the staff's consistent and correct use of PPE. There were regular spot checks, team meetings and communication with staff to which ensured compliance in the use of PPE. We observed staff using aprons and masks appropriately when supporting people.
- The provider's IPC and COVID-19 policy and procedures were in line with national guidance.
- 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.

Learning lessons when things go wrong

- Incidents and accidents were monitored which enabled the provider to identify patterns and trends. Incidents were discussed to support staff with learning and to minimise the risk of a reoccurrence. The manager told us, and staff confirmed they were being encouraged to report when care fell below the

expected standards to ensure sharing of good practice

- Staff understood their responsibility to report incidents and accidents at the service.

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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's healthcare needs were met. However, there had been safeguarding issues where nursing staff had not taken prompt action in response to a medical change in a person's condition. The managers were aware of this and was working both with care staff and nurses on responding to call bells promptly and noting changes in people's conditions. The provider had an action plan on working with nurses to build their confidence in using their professional skills to identifying possible risks when a person showed changes in their health and escalating any concerns quickly.
- People received the support they required to access healthcare services for their well-being. They told us, "The GP visits every Wednesday. We have a very nice lady doctor and she will see you every alternate week", "I went to see a dietician last week for [health condition]. That was organised by the GP" and "We see a chiropodist regularly." However, people told us they needed support to visit a dentist.
- Staff arranged medical appointments, hospital visits and escorts when appropriate which ensured people received the support they required. Staff worked closely with people's relatives around concerns about their health and involved them in reviewing their needs.
- Staff followed guidance provided by healthcare professionals, for example by encouraging a person to eat healthily and to take their medicine to manage health conditions such as diabetes.

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

- People's needs and choices were assessed and met. Care and support plans were detailed and contained guidance for staff to effectively meet people's needs.
- People were supported to make choices about their care.
- Staff understood equality and diversity and supported people in line with this.

Staff support: induction, training, skills and experience

- People were supported by staff who received training and support for their roles. However, the service had experienced a high staff turnover and relied on agency care staff; some of whom were not always suitably qualified for the roles. The provider had made progress in training and ensuring agency care staff were appropriately inducted in their roles before supporting people.
- New staff undertook an induction programme before they started providing care which ensured they understood people's needs and the support they required.
- Staff received supervisions and appraisals to help them undertake their jobs.

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

- People were supported to eat and drink sufficient amounts. The majority of feedback was positive about the meals provided at the service. Comments included, "It varies with the food. Sometimes it is OK but there is a lot of foreign food like curry, which I'm not keen on. There are plenty of drinks available"; "The food is OK. There is enough and I never feel hungry. I can always get a drink." and "The food varies. You do get a choice" and "They really go out of their way in the restaurant to make sure that there is food that my relative likes. It has been an amazing experience. There are plenty of drinks too." Kitchen staff knew people's food preferences and ensured they provided choices.
- People's dietary needs were assessed, and any allergies and preferences were recorded. A relative told us, "[Staff] are assisting my relative with eating. After the assessment, they realised that she had no appetite but needed to eat. She needs a lot of encouragement which they give."
- Staff made referrals to healthcare professionals to ensure people received the support they required to maintain a balanced diet suitable to their nutrition and hydration needs. Care records showed people's dietary needs were met.
- We observed people having lunch. The atmosphere was relaxed, and tables were set in a decorative manner. The food was well presented and looked appetising. Staff supported people with eating where required.

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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- People were asked for their consent before staff provided care. Staff understood and applied their knowledge about MCA. Care plans and records confirmed staff sought and received consent from people to the support they required.
- Staff supported people to make decisions about their care and support.
- Staff had access to the provider's policy on MCA and DoLS for guidance on how to support people to make a decision about their care.

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. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy with the staff whom they said treated them with respect. Comments included, "Everyone has been very kind to my relative. We are very happy with the care that he is receiving" and "On the whole, the staff are kind and treat me well" and "From what I have seen the care is good. [Staff] make me feel at ease with my relative being here", "There is a nice rapport between my relative and the carers. They take their time with her care and really can't do enough for her. I would give them 10 out of 10 for personal care."
- People's care and support met the equality and diversity based on equal opportunities for every person.
- Staff understood their responsibility to provide care without discriminating against any person using the service. They respected the differences and diverse needs of people using the service people's such as disability, gender, ethnicity, cultural differences and took these into account when providing care.

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

- People told us they were able to express their views and make decisions about their care. Care and support plans reflected people's wishes. This ensured staff knew how people wanted their care delivered. Staff valued and respected people's decisions and provided care as they wished. Records showed staff had information about what was important to people.
- Staff held meetings with people involving them in sharing their views about the care provided. However, people told us, they had fewer meetings during the COVID-19 pandemic. The manager showed us more meetings were now scheduled as the lockdown and other restrictive COVID-19 restrictions had eased.
- Relatives of people using the service where appropriate were involved in planning people's care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to live independent lives as much as possible. Comments included, "I don't need an awful lot of support. I'm quite independent. I do most things for myself. There used to be a carer here who would do some shopping for the residents. It was such a good service, but it all stopped when she left. [Relative] does my shopping now. I don't know what other people do here"; "My relative is very much dependent on the carers here and so far they seem to be supporting her well" and "I get enough support. They are there for me when I need them. There is a nice balance between being supported and independence. I'm not made to do anything I don't want to do". Staff knew what tasks people were able to carry out on their own and when they needed support.
- Staff treated people equally and respected their privacy and dignity.
- People told us staff respected their privacy and private space, for example, staff knocked on people's

doors and waited to be invited in. Staff supported people to decorate their rooms and to arrange their belongings as they wished.

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. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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 had not always been supported to have meaningful activities of their choice. Comments included, "I would join in the activities if they still had quizzes but that ended when [Activities co-ordinator] left. We don't have anyone who is experienced enough to lead a class. They play bingo but I can't get excited about that" and "They used to have a really good activities person, but she left. They have started the activities again" and "A lot of the activities are for people who have dementia, so they are limited."
- People told us the level and quantity of activities reduced when the activities co-ordinator left and generally made to take part in group activities which they did not always enjoy.
- We asked the manager who told us they were recruiting an activities coordinator and there was cover from a member of the care staff to ensure people continue to take part in activities of their choosing. We were assured by the provider's action plan which sought to ensure people had the opportunity to plan and take part in activities they liked. We will check this at our next inspection.
- People told us they were supported with the spiritual needs. A church service was organised for people who were religious and wished to attend.
- With the easing of restrictions on visitors due to COVID-19 pandemic, visitors were being allowed back in the home which provided more opportunities to receive visits from people important to them.
- During our inspection we saw people undertake a variety of activities and receiving visits from relatives and friends.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care which met their individual needs and preferences.
- People's care plans were detailed with each person's specific needs and information to guide staff about their health conditions and backgrounds. Care plans were reviewed, regularly and updated with people's history, likes and dislike.
- People and their relatives were involved in planning for their care and support.

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.

- People's communication needs were assessed and met. Support plans contained information about

people's communication needs and how staff were to communicate with them. The provider understood their responsibility with AIS and ensured people were able to access information in a format suitable for them.

Improving care quality in response to complaints or concerns

- The majority of people using the service and their relatives felt confident to raise their concerns and felt listened to. Comments included, "If I wasn't happy I would say something, otherwise things don't change" and "I don't have any complaints but if I did I would go to a nurse here." However, some people and their relatives told us some of their concerns were not resolved in a timely manner. In addition, some felt their concerns were not treated as serious enough. We asked the manager who told us the provider worked in partnership with people and their relatives to resolve concerns. Where there were disagreements, the provider signposted people to other agencies for complaints resolution. Complaints were resolved in line with the provider's timescales.
- People using the service and their relatives were provided with the complaints policy and procedure which explained the process they could follow if they were unhappy with the service provided.
- A complaints register showed concerns raised along with details of the responses provided.

End of life care and support

- People were asked about their end of life wishes and received appropriate care as required.
- Staff received end of life training and knew how to ensure people maintained dignity and a person-centred approach during end of life care.
- The provider had an end of life policy in place, which detailed the expectations around supporting people to have dignified and comfortable care when needed.
- The provider had systems in place to record people's advance wishes. Records showed the provider involved and knew the process of involving healthcare professionals to support people who required end of life care.

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. 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.

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

- People told us they were not always engaged or involved in the running of the service. Comments included, "We used to have residents' meetings and I wish we still had them. If I could improve anything at the moment it would be to reinstate the residents' meetings. They are terribly important"; "There aren't any residents meetings at the moment" and "I used to attend residents' meetings occasionally. It depends upon who is leading the meeting whether we are listened to."
- There was reduced involvement of the people and their relatives particularly during the COVID-19 lockdown. The manager told us they were aware of the issue and had put plans in place to involve people more and meetings had resumed.
- Staff said they felt some of the changes were made without consultation and said they were not always carried through to ensure they were up to date with important changes.

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

- People had not consistently received high standards of care. Comments included, "We have lost some really good, key staff for various reasons. It isn't a happy place at the moment because of the high staff turnover" and "I'd also like staffing problems to be resolved." We identified some issues around the governance of the service.
- People told us there had been numerous changes in the management of the home. Comments included, "If anything, things have been unsettling here in recent times. Not knowing who the permanent manager is, or, is going to be, is very worrying somehow" and "There have been a lot of changes. It has not been a good time".
- People and staff had mixed views about the changes brought in by the new management. They told us the pace of change was too fast and the involvement of senior management was not always helpful. Staff told us the messaging and priorities from different managers sometimes differed which caused some confusion or and anxiety. Some felt the changes were good but required a more empathetic approach to carry everyone along.
- The provider had not ensured adequate oversight in quality performance. The provider had relied on agency care staff to cover for staffing shortages without adequate measures to monitor the quality of care they provided. Some of the agency care staff provided care in a manner that put people at risk of avoidable harm. Agency care staff did not always receive sufficient handover information about people they supported and there was lack of adequate oversight of their work.
- We asked the manager who told us and showed us evidence the provider was recruiting permanent staff and monitoring the quality and use of agency staff. In addition, the provider had put plans in place to obtain

feedback about agency staff performance to allow improvements when needed.

- The service did not have a manager registered with the Care Quality Commission as required by law. The provider had taken action to recruit one and the process was ongoing. The provider had senior managers in place to support the interim manager with the management of the service.
- Confidential information was stored securely. Staff knew how to maintain people's confidentiality and shared information on a need to know basis.

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

- People did not always receive care in a manner consistent with promoting a positive culture that is person centred. Relatives told us, "They have had several key staff leave recently, which is unfortunate. It is actually upsetting"; "Sometimes it is hard to get hold of someone if you call the home. I'm not sure if that has anything to do with staff shortages. Maybe communication could be better"; "[Interim manager] is doing her best. She has introduced some things here that are really good, and it is much more organised than it was. Of course, COVID-19 has not helped but you can't blame everything on COVID-19" and "The problems here stem from not having a proper permanent manager."
- An interim manager had been brought in to manage the service and to improve the quality of care. Comments included, "I don't know who the manager is as there has been a change recently"; "[Interim Manager] has done a lot to improve things"; "The manager is very approachable, especially if you have any questions" and "Some of the people in charge are nice and approachable but there are a lot of changes going on, which is very unsettling."
- People had not consistently received person-centred care due to the staffing shortages and increased use of irregular care agency staff. We were concerned staff had worked with reduced teams. Staff told us they communicated with management about the impact of insufficient staffing levels on care delivery and the situation had persisted for months before the provider managed to get the right staffing levels. This information had not been shared with relevant agencies or the Care Quality Commission. We were concerned the provider did not act in a manner that promoted an open, inclusive and empowering culture to achieve good outcomes for people.
- The provider had failed to submit a statutory notification as required after a significant event that could stop the running of the service had occurred. People using the service and staff told us of periods when the service had been severely understaffed. This meant that CQC could not undertake its regulatory function effectively.

The issues highlighted above and throughout the report constitute a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded in the discussion we held during and after the inspection. They provided evidence of an improvement plan to ensure the manager would continue to be supported and additional resources deployed at the service in recruitment, staffing and activities. Efforts were being escalated for the recruitment of a manager to be registered with the CQC.

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;

- Staff told us the system had not always provided an environment conducive to encourage them to be open and honest when they did not provide care to the standard people and their relatives expected. We spoke with the nominated individual and manager who explained in detail their plans to continue engaging with staff to ensure their concerns and any issues relating to people using the service were discussed openly and resolved.

- The manager and provider understood their responsibilities under the duty of candour and the nature of the challenges at the service. Plans were in place to drive improvement. For example, more staff were being recruited into permanent positions and undergoing a more robust induction when they came from a care agency. The manager had increased opportunities for staff to meet with management and as care staff to discuss the quality of care.

Continuous learning and improving care

- Systems for learning from incidents and near misses had not always been used effectively, for example the poor standard of care provided by some agency staff were not always identified and resolved on time.
- Incidents, accidents and safeguardings were recorded and investigated. However, the changes in management hampered consistent reviews of operations at the service to drive improvement.
- The provider had an action plan to ensure continuous learning took place.

Working in partnership with others

- The service had systems in place to ensure effective partnership working.
- The provider worked with other agencies around the local community. For example, the provider worked with GPs, physiotherapists and pharmacy to ensure people received services appropriate for their health 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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not operated effectively to ensure compliance with good governance. Regulation 17 1, 2(a) (b) (c)