

Crystal Care Homes Ltd

Sycamore Rise Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sycamore Rise Residential care home is a residential care home providing personal care to up to 32 people. The service provides support across three floors. The service provides support to younger adults, older people, people living with dementia and people who require support with their mental health. At the time of our inspection there were 28 people using the service.

People's experience of using this service and what we found
Medicines were not always managed safely. Systems and process were not robust enough to ensure medications were administered and disposed of safely. Risks were not always being identified and managed in the environment and some people did not have risk assessments in place. Recruitment processes were not always safe as appropriate checks were not always being completed. The service was staffing at safe levels, however, due to recruitment issues and sickness, agency was being relied on. We have made a recommendation around maintaining recruitment and staffing tools. Infection prevention and control practices were not robust. People and families told us they felt the service was safe.

Staff were consistently receiving training in key areas and had good levels of compliance. We have made a recommendation the service includes training around learning disabilities and increased non mandatory courses. Supervisions were occurring. Pre-admission assessments were being completed and care plans covered key areas, although some plans required updating. People were having their diet and nutritional needs met and told us they enjoyed the meals. The provider worked in partnership with other agencies to maintain people's health and wellbeing.

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.

People were being treated with dignity and respect. People and relatives told us staff were caring. People could have visitors without restrictions and people and families were being encouraged to express their views on their care. People's independence was being supported.

An activities coordinator had been recruited and activities in the home were taking place, although they were limited due to staffing issues. Records showed care was person centred and people were able to make everyday choices. People had communication care plans in place to ensure the support they need to communicate and receive information was in a way they understand. No one in the service was at end of life at the start of our inspection. The service was supporting people and families to plan end of life care. A complaints procedure was in place and the information was made accessible to people. People and families told us they felt able to complain.

Systems and processes were not always effective to oversee and manage the service. The provider did not record or provide structured support and oversight to the registered manager. The views of people, families,

staff and professionals were regularly being sought and analysed. Staff and residents' meetings were regularly occurring. People, families and visiting professionals spoke positively around the management and service. Staff told us they did not always feel heard. The provider was aware of duty of candour and was making appropriate notifications.

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 good (published 29 October 2019).

At our last inspection we recommended that the provider considered improving activities and the provider put in a formal process for overseeing the home and providing management support. At this inspection we found some improvements have been made in relation to activities however, not enough improvements have been made in relation to provider oversight.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sycamore Rise Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe management of medicines, assessing and managing risk, infection control practices, safe recruitment, and oversight of the service at this inspection. We made recommendations around recruitment and staffing tools and additional training.

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 ●

Sycamore Rise Residential 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

The inspection was carried out by 2 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

Sycamore Rise residential home 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. Sycamore Rise Residential care home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 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. This included, feedback, concerns, investigations, action plans and statutory notifications which the provider is required to send to us by law. We also sought feedback from professionals. 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 3 people who used the service, 2 relatives and 1 visiting professional. We spoke with 7 staff members. These included, 3 care assistants, a senior carer, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 3 people's care records, associated documents, medicines records and medicines related documentation. We also looked at 3 staff files, training and supervision records, as well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations in the communal areas.

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 improvements. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Regular checks on blood sugar levels were not being recorded for one person who required this level of monitoring as part of the management of their condition. Although no harm was noted, this exposed the person to potential risk.
- Protocols for medication which managed people's mood were limited in information. The document did not guide staff around when to administer and what strategies could be tried to support the person prior to administering medication. This could lead to people having unnecessary medication.
- Medication administration records were not fully completed and contained numerous gaps in recording. This was discussed with the registered manager who explained this was due to an issue with the electronic medication systems not recording administration which took place outside of a set time frame. We sampled medications and counts matched expected stock. No evidence was seen of medications not being administered; however, there was a potential this could occur under the current system. Medication audits were being completed however they did not identify the recording gaps or any action taken.
- Cream charts were not always in place. Additionally, where they were in situ, the creams were not being recorded as applied in line with prescribers' instructions.
- Records of medication returns were not robust. The service was not recording evidence of what was being return or obtaining a receipt from the pharmacist.

We found no evidence people had been harmed. However, medicines were not safely managed which placed people at risk of harm. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded immediately during and after the inspection. They confirmed all the actions identified from the inspection had been addressed.

- Medications were being stored safely.

Assessing risk, safety monitoring and management

- Risks were not always being identified and managed. Wardrobes were not secured and several radiator covers required repair. This could expose people to risk of injury. Checks of the equipment and environment were not regularly taking place. This was addressed by the registered manager during the inspection.
- Call bell alarms were not present in one bathroom and some areas of the home had equipment stored that was accessible by people living in the home, which could present a trip hazard.
- Personal emergency evacuation plans were in place; however, a master document was not up to date with

current people in the home. This could pose a risk in an emergency situation. This was immediately rectified by the registered manager.

- Individual risk assessments were not always in place for health conditions. Some potential risks such as choking had not been risk assessed and other risk assessments had been completed but did not clearly indicate how the risk was being reduced. For example, several falls risk assessments had identified risk, however, it did not explain what measures had been put in place.
- Daily records were not always completed to show how risks were being managed. For example, peoples' turning records to reduce a risk in skin breakdown, were not completed within set time frames.

The provider had failed to ensure systems were in place to manage risk. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed the environmental risks had been addressed and individual risk assessments were being reviewed.

Staffing and recruitment

- Recruitment practices were not always safe. Recruitment checks were not being fully completed. Gaps in employment were not being explored, interview notes were not always recorded and references from previous employers were either not on file or not complete. This could result in people who were not suitable for the role being employed in the service.

The provider had failed to ensure systems were in place to support safe recruitment practices. This was a breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service checks were being completed. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and families told us staff were generally quick to respond to their needs although this varied. People said, "If I ring my buzzer they don't take long to come, it can depend on time if they have anyone else to care for," and, "It varies how long they take; it depends on if they have someone else to look after." Families acknowledged staff were busy. They told us, "Yes, I think so [quick to respond]. Occasionally they are a bit rushed if several people want them at the same time."
- Staff told us there was not enough staff and agency was being used. They said, "We have staff but they just don't turn in. I think we need 4 or 5 staff to meet people's needs. They do try their best," and, "We need more staff definitely. When we are down with staff, we don't have enough time with our residents and we're rushing around. It's not a nice shift."
- Rotas for the last 4 weeks were viewed. A dependency tool was being used however the registered manager was in the process of developing the tool to make it more effective. Staff shortages and sickness was seen. The rotas showed the service was using agency to try and cover staff shortfall. The registered manager provided assurance recruitment was ongoing, however due to broader staffing issues in care and the location of the home being based outside of public transport routes, recruitment and retention was difficult.

We recommend the provider continues to ensure recruitment is focused on and the dependency tool is developed further to ensure the service is safely staffed.

Preventing and controlling infection

- Infection prevention and control practices were not always safe. During our inspection, we observed the

environment was not always clean. Certain areas required a deep clean such as the activities area and the office, however, the spaces were very cluttered. The registered manager took immediate action to clean and attended to the office area during the inspection.

- We observed hand soap was not always available in peoples' rooms and unlabelled communal toiletries were seen in bathroom areas. The registered manager gave assurances this was addressed during the inspection.
- Daily cleaning and deep cleaning schedules were not always completed. Large gaps in recording were noted. We could not be assured the service was cleaned daily and deep cleans were occurring.
- Infection prevention and control audits were not identifying issues with the environment or recording practices.

The provider had failed to ensure systems were in place for assessing, preventing and controlling the spread of infections. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal Protective Equipment was available and was being used in line with current guidance. Staff had training around infection prevention and control and good compliance levels were seen.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding process and procedures were in place. A safeguarding file was seen. This contained the details of the safeguarding concerns and the actions taken.
- People and families told us they felt safe in the service. People said, "Oh yes I feel safe, everything is locked up at night, there is always someone about, the nurses [carers] work all night, which is a good job. We are looked after day and night." A family member said, "Yes, [relative] is safe. The staff have been great."
- A falls analysis tool was in place and the service was using this document to record the number of falls and any potential trends and themes each month. Broader learning as a result of trends was being recorded and a positive trend of reduced falls from bed was seen following some changes in the service.

Visiting in care homes

- People were supported to have visitors in line with national guidance. People told us they could have visitors as and when they wanted. They said, "Yes, I get visits from my family," and, "It is alright if they [friends/ family] want to come in to see me."

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 support: induction, training, skills and experience

- Staff were receiving regular training and supervision. A training matrix was in place. This appeared to show a good level of compliance in mandatory areas such as moving and handling and safeguarding. Learning disability training was not provided, this is now a mandatory training course under the Health and Care Act 2022.
- Non mandatory areas of training such as skin management, diabetes and falls were not recorded on the matrix. The service supported people with these conditions and would benefit from ensuring staff have the right level of knowledge and understanding.

We recommend the provider ensures learning disability training is provided to all staff in line with changes in legislation and non-mandatory training is provided around areas of need for people who live in the service.

Following the inspection, the registered manager gave assurances around increasing training which would include learning disabilities in line with current legislation.

- Competency assessment around medication and moving and handling were being completed with staff to ensure they were able to complete tasks safely.
- Staff told us they received regular supervision. They said, "Yeah, we talk about work, the workplace and staffing," and "Yeah, every three months."

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

- Records relating to diet and fluids were not consistent. Diet and fluid charts were not completed in line with the assessed needs. For example, people's fluid targets were not being met and, on some days, people had zero intake recorded. There was no evidence to suggest people were not receiving the care (and were dehydrated) and this appeared to be a recording issue. Please see the well led domain for more information.
- Dietary intake records did not capture snacks as prescribed by dietitian professionals, however people confirmed they were receiving meals and fortified milkshakes. One person said, "We have cups of tea and coffee throughout the day, and we can have biscuits if we want. They bring me lots of milkshakes to feed me up."
- Weights were being monitored and referrals were being made to health professionals. Professional advice was being recorded on care files and changes in appetite and weights were being discussed with health professionals.
- People provided positive feedback on meals. They said, "I think it is marvellous, I can feed myself," and,

"The food is good, the staff definitely help me to eat it. Depending on what it is, it may be mashed up. I do like the puddings." Families also commented on the meals. They said, "Yes it seems lovely, my [relative] likes it, it smells lovely, [relative] hasn't lost their appetite," and, "It seems OK, they get menus, they come around with them, there are always two choices."

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

- Peoples' needs, and choices were being assessed. Preadmission information were in place prior to admission. This included information on people's care needs and social history.
- People told us they had choices on their care delivery and routines. They said, "I told them I didn't want a male carer, so I have female carers," and, "I have bath when I want one or I have good wash."
- Consent was being captured on care files.
- Care plans and risk assessments were mostly in place and reviewed. Not all care plans were reflective of current needs and required updating. Please see the safe and well led domains for more information. The registered manager confirmed this had been done following the inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- Evidence was seen of referrals to health professionals when people's needs changed. The service had regular meetings with health professionals to discuss people's needs and any health concerns.
- Feedback from visiting professionals confirmed staff referred into their service in a timely manner and followed the advice from professionals.
- Oral health care plans were in place and reviewed. Evidence was seen of preventative health support being provided as the opticians was on site during the inspection. People told us they had access to regular health professionals. One person said, "I have chiropodist that comes in, a hairdresser and I have my eyes tested."
- People and families told us they had access to health professionals when not well. People said, "If I am not well, they get the doctor." Families told us, "If [relative] isn't well, they get the doctor and they give them medication. The doctor gave them a blood test last week."
- Some adaptations were seen in the property. Coloured toilet seats were in some people's rooms and people had names recorded on their doors. The service had a lift to support people to access different parts of the home and people could access a garden area during warmer months.
- People were able to personalise their bedrooms and bring in their belongings.

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.

- MCA was being considered. MCA was being completed in relation to specific decisions and best interest was being recorded.
- A DoLS tracker was in place. One person's information needed updating to reflect a recent change. This was addressed during the inspection.

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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. When asked if they felt staff respected their privacy, people told us, "Yes, I do, I don't feel embarrassed when they are showering me," and, "They treat me like a person."
- People and families told us staff were caring. People said, "Yes, they are [caring], not everybody is perfect but, on the whole, they are kind and caring," and, "They make sure you are comfortable." Families told us, "It is a high level of care, I will rave about it, nothing is too much trouble."
- People told us they were encouraged to maintain their independence. They said, "I can feed myself; I do everything I can," and, "I do as much as I think I should do."
- Training was being provided to staff around equality and diversity and privacy and dignity. The service had a good level of compliance in these subjects.

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

- People were able to make decisions in their care. People told us residents meetings occurred in the home and they had an opportunity to discuss what was happening. They said, "They had one before the singer came and we discussed what was going on in the home," and, "Yes, I think I have been to all of them, they just talk about what's on the agenda."

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

At our last inspection we recommended the provider consider recruiting an activities co-ordinator and provide more structured activities. The provider had made some improvements.

- An activity co-ordinator was in post, however, at the time of the inspection, they were due to take a period of time off work. Carers were providing activities around caring tasks. Due to staff shortages, the availability of activities were limited, however there was evidence of some taking place in care files as well as entertainers attending the home.
- People told us there were activities in the service. They said, "They had singer in. I like to knit, I join in with the craft sessions," and, "Yes if there is anything going on I join in." Families also told us activities were occurring and acknowledged the service was improving activities. Families said, "They do crafts and bingo, they used to have lot more, but the pandemic spoilt that, but they are gradually getting more activities, they had a singer and [relative] reacted to them and clapped."
- People and families told us the service supported them to maintain their relationships in the home and local community. People said, "Yes, I go out with my family." Families told us, "Yes, when its warm they take [relative] out into the garden and have an afternoon tea and I take them outside. I just let the staff know and they bring a brew and some biscuits."

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

- Care plans reflected the wishes and preferences of people. Plans captured what outcome people wanted to work towards. We observed some care files needed to be updated to reflect changes in people's needs and ability. Please see the safe and well led domains for more information.
- People felt staff knew their likes and dislikes. They said, "Yes, they do," and, "Yes, they do, they know what food I like." When asked if the care was person centred, one family member told us, "Yes very much so."

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.

- The registered manager was aware of Accessible Information Standard requirements and was aware of different ways information could be provided.
- Peoples communication needs were being considered and care planned. One family member was able to describe how staff had got to know how their loved one communicated. They told us, "[Relative] is unable to communicate, except now and again they will say something. Most of the time the staff talk to [relative] and they read their body language. [Relative] lets you know if they are not happy."

Improving care quality in response to complaints or concerns

- Complaint processes and procedures were in place and the complaints process was accessible in a communal area of the service. A complaints log was being completed. During the inspection, the registered manager was actively working with families to resolve a complaint.
- People and families told us they knew who to raise a concern with and how. No one we spoke to during the inspection, had raised a formal complaint.

End of life care and support

- No one was on end of life at the start of the inspection. The service had plans in place around end-of-life care. One person entered end of life support at the end of the inspection. Positive feedback was given from visiting health professionals around the support given by the service during this time.
- Training was being offered around end of life support and a good level of compliance was seen.

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 requires improvement. The rating for this key question has remained 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 our last inspection we recommended the provider implement a formal process of support for the registered manager and oversight of the service. The provider had not made enough improvements.

- The provider did not have a formal process to provide support to the service and the registered manager. The registered manager told us the nominated individual was in regular verbal contact however there was no evidence to demonstrate the nominated individual was maintaining oversight of the service or monitoring quality.
- During the inspection, the registered manager was visibly under pressure to complete several tasks as well as respond to medical professionals following an urgent deterioration in a person's health. The registered manager explained how supernumerary support from the deputy manager had been agreed by the provider to allow for work on improving the service. However due to frequent staff shortages, the support was often unable to be given as the deputy was required to complete other tasks. This resulted in records not being maintained as the registered manager explained how she will prioritise the immediate safety and wellbeing of residents.
- Systems were not always in place to monitor the service. Audits were not always being completed, such as care plan audits or regular oversight of daily records. Therefore, issues we identified within care plans and diet and fluid charts were not identified. Additionally, audits which were completed were not always effective. For example, the medication and infection control audits had not documented the issues we had found with recording in these areas.
- Some information was not readily available when requested, which may highlight improvement was required in recording and storing of information. For example, gaps in daily handover records were noted. It was therefore unclear if the meetings were being completed or if the records had been misplaced.

The provider had failed to ensure systems were in place to ensure the oversight, safety and good governance of the service. This placed people at risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider gave assurances around increased support and oversight to the registered manager.

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

- Duty of candour was being understood and applied by the registered manager and provider. Notifications to the CQC and local authority was being made following incidents in the service.
- During our inspection the registered manager was open and transparent about areas for improvement and development in the home.

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

- Views were being sought from staff, people and families on the service through questionnaires and information was being reviewed and analysed.
- Meetings between staff and people and their families were occurring.
- Positive feedback was given on the management of the service from people and families. People said, "[registered manager] isn't the sort of person who will grab the money and not care about you." And "If I want to talk to her [registered manager], she is there." Families told us the service appeared well ran. One family member said, "Yes, I have noticed when the present manager came, two weeks later it was lockdown. This manager sorted it, it is a lot more organised in every way. She outlined each member of staff's responsibilities, so you know who to go to."
- Staff told us they could approach management, although they did not always feel listened to. They said, "yeah the registered manager is approachable, but sometimes I feel like she fobs me off. Sometimes I feel that we're running around like headless chickens," and "You can say something at a meeting and it's the same stuff when you come back in. [registered manager] doesn't change anything."
- Visiting professionals felt the service was meeting peoples' outcomes around their health and the service was working in partnership to achieve this. They said, "The carers are very interactive with our nurses and escort the nurses with the patients. There are no concerns that they are not following health advice and they listen to the nursing team when they visit."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not being protected because the provider had failed to ensure systems were in place to ensure risks were assessed, managed and updated appropriately.</p> <p>People who used the service were not being protected because the provider had failed to ensure systems were in place to ensure the safe management of medicines.</p> <p>People who used the service were not always being protected because the provider had failed to ensure that infection prevention and control measures and processes were being followed.</p> <p>Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service.</p> <p>Regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment processes and checks were not being completed.

Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014