

Four Seasons (No 10) Limited

Murrayfield 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 responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Murrayfield Care Home is a residential service providing nursing and personal care for up to 74 people, some of whom are living with dementia. At the time of our inspection there were 57 people using the service. The home is purpose built, consisting of individual bedrooms and communal spaces spread over three floors with an accessible rear garden.

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

People and relatives told us they felt safe with the care and support they or their relative received. However, despite the positive feedback received we found concerns with infection control and management oversight and other issues with staff recruitment, training and support and person-centred care.

The provider had systems in place to monitor the quality and safety of the service, however they did not identify some of the issues we found during the inspection.

Not all procedures in place to keep people safe from risk of infection and COVID-19 were being followed.

We observed positive interactions between people and staff. However, some people, relatives and staff told us more activities needed to be offered.

We have made a recommendation around activity provision.

We have made a recommendation around staff training and support.

We made a recommendation around safeguarding adults.

People were supported by staff who had been assessed as safe to work with vulnerable adults and understood their responsibilities to report any concerns.

Staff told us they felt supported and people were supported by staff who knew them well.

We observed there was enough staff to keep people safe. However, some people, relatives and staff told us the service was short staffed.

People's care was regularly reviewed by the service; however, people and their relatives were not always involved in the process.

The provider had systems in place to assess risks to people before undertaking their care and support. However, we found a couple of examples where people's health risks were not sufficiently documented.

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 received their medicines safely and as prescribed.

People had access to a balanced and healthy diet and were satisfied with the food on offer.

People and their relatives spoke positively of the service and the management team.

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 requires improvement (published 20 March 2020) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended the provider seek and implement national guidance on the provision of dementia friendly environment. At this inspection we found the provider acted on the recommendation and improvements were made.

The last rating for this service was requires improvement (published 20 March 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 and 7 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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

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

Enforcement and Recommendations

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 breaches in

relation to safe care and treatment and 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 ●

Murrayfield Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and two Care Quality Commission professional advisors who were a nurse and a pharmacist. The inspection was also supported by four Expert's 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. Two Expert's by Experience spoke to people during the inspection site visit and two other Expert's by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

Murrayfield care 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. Murrayfield care home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 18 January 2022 and ended on 1 February 2022. We visited the service on 18 January 2022 and 20 January 2022.

What we did before the inspection

We reviewed information we had received about the service and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. 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.

During the inspection

We spoke with ten people who used the service and one relative. We spoke with 16 members of staff including activities coordinators, registered nurses, the regional manager and registered manager. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us. We reviewed a range of records. This included 15 people's care records and eight people's medicines records. We looked at six staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, accident and incidents, and quality assurance were reviewed. We sought feedback from the local authority and professionals who work with the service.

After the inspection

We looked at more records and continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager by telephone and video call. We spoke with 19 relatives of people living at the home and a further eight care staff.

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

Preventing and controlling infection

- People were not always protected from the risk of infection.
- Clinical waste was not being disposed of safely. We found several bins inside and outside the property overflowing with clinical waste. Within the waste disposal area outside we found various items of used Personal Protective Equipment (PPE) such as gloves, aprons and masks strewn across the ground. Bags of clinical waste had not been placed in the appropriate external bin.
- During the inspection the registered manager informed us one person within the service was currently COVID-19 positive and isolating in their room. We found there was no information available outside the persons room which would have informed staff to take additional safety precautions when supporting the person. An appropriate clinical waste bin was not in place within the persons room to ensure used PPE was disposed of safely. We raised this with the registered manager, who told us PPE and a barrier nursing sign should have been in place outside the persons room.
- A member of staff told us of occasions when they had not been informed when a person had tested positive for COVID-19 within the service.
- Records showed and the management team confirmed, not all staff had refreshed their training in infection prevention and control in line with procedure.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate that risks associated with infection control were safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the registered manager took prompt action to clear the bins and waste disposal area. We were told procedures for managing COVID-19 infections within the service would be followed.
- Overall, despite the issues we found, we saw staff wearing PPE appropriately. We observed and people's relatives confirmed, safety procedures for visitors were being followed.
- The provider's infection control policy was up to date and staff had access to regular testing. One staff member said, "Full PPE, gloves, face masks, apron, visor. Every day we are testing."
- The service was completing an infection control audit; however, it did not identify the issues we found. We report further on this in 'Is the service well led?' section of the report.

Visiting in care homes

- The provider was supporting visits in line with the government's guidance.

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

- People and relatives told us they felt safe with the care and support they or their relative received. A relative told us, "I feel my [person] likes the home, she is settled, and she smiles at her carers. I feel she is safe." One person said, "Perfectly safe."
- During the inspection three relatives raised concerns which were of a safeguarding nature, the registered manager was informed, and referrals were made to the local authority safeguarding team for further investigation.
- One of the relatives told us they had already reported the concern to staff and were not satisfied with the response they received from the service. We raised this with the registered manager and an investigation was completed, following the inspection the provider concluded staff had not followed procedure by reporting the concern to the registered manager and local authority. The service identified several actions it would take to prevent any further reoccurrence, we will check on these at the next inspection.
- Staff had received training in safeguarding adults and the provider had an up to date policy in place which gave staff guidance on how to safeguard people from abuse and report any concerns. We reviewed the providers records and saw evidence other safeguarding alerts had been investigated and reported to the relevant authorities.
- Despite the concern raised, staff we spoke to were able to demonstrate an understanding of their responsibility to report any concerns. One staff member said, "I know my residents, and I would have no problem whistleblowing if I saw something wrong. I want them to be safe."
- Accidents and incidents were documented and included details of the event and actions taken. Lessons learnt were discussed at team meetings to support learning and prevent any future re-occurrence.

We recommend the provider review their safeguarding policy and procedures to ensure the service operates in line with best practice.

Staffing and recruitment

- Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
- Pre-employment checks included the completion of an application form, DBS checks, evidence of conduct in previous employment and proof of identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found some staff recruitment records were not clearly documented and some gaps in employment history were not always fully explored. We brought this to the attention of the registered manager who told us this would be addressed in any future recruitment.
- We observed there were enough staff to keep people safe and meet their needs. However, feedback about staffing levels was mixed, some people, relatives and staff told us they felt the service was regularly short staffed, whilst others told us staffing levels were sufficient.
- One person said, "They've got quite a bit of staff problems, before they had good carers, but I think now they just have to take whoever they can get." One staff member told us, "We have been short staffed, it has been a challenge. It's draining for us. We do our best, we do everything even if we take our time." The registered manager told us staffing levels were sufficient and regularly monitored with the use of a dependency tool. They told us the service had been experiencing COVID-19 related staff absence, however any gaps in the rota were covered by regular agency staff.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess risks to people before undertaking their care and support.
- Overall risk assessments were detailed and included the risk and actions staff should take to mitigate the

risk. However, during the inspection, we found a couple of examples where people's health risks relating to catheter care, diabetes and epilepsy were not sufficiently documented. We brought these to the attention of the registered manager and during the inspection these records were updated.

- Relatives told us the service understood potential risks to people. One relative said, "The staff are kind and polite and they have carried out risk assessment to ensure her safety. They have given her a mat by her bed and a bed rail to keep her safe."
- Staff knew people well and told us they had all the information they needed to support people safely.
- The service carried out a range of building safety and equipment checks to ensure the safety of people living within the service. However, we found water temperature checks were not being kept up to date. The registered manager told us they had recently recruited a second maintenance member of staff to ensure all checks were completed.
- A health professional who regularly visits the service told us, "Risks are managed well at Murrayfield and any concerns are raised promptly. Flash meetings are undertaken on a daily basis, this is where clinical risks are discussed in detail and includes both high level and low-level risks."

Using medicines safely

- People received their medicines safely and as prescribed. We found no errors or unexplained gaps in recording on Medication Administration Records.
- Staff were trained and assessed as competent before supporting people with their medicines.
- People who needed 'when required' (PRN) medicine, for example pain relief or laxatives, had appropriate protocols in place to inform staff when the medicine should be given. Appropriate assessments were in place before medicines were administered covertly. Covert administration is when medicines are administered in a disguised format hidden in food or drink.
- The provider had an up to date medicines policy in place and medicines were stored appropriately.
- The provider was completing a regular medicines audit to check people were receiving their medicines safely.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

We made a recommendation at the last inspection that the provider seek and implement national guidance on the provision of dementia friendly environments.

- At the last inspection we found the environment was not always suitable for people with dementia to help people familiarise and orientate themselves around the building. At this inspection we found improvements had been made to make the service more accessible to people with dementia.
- The environment had been improved through the use of colour, signage and artwork. Some people's bedrooms included their personal items, however there was scope for further improvements to be made to personalise people's bedrooms. The registered manager told us they would work with people and their relatives to further personalise people's rooms.
- Despite the issues we found with infection control, the service was clean.
- People had access to all areas including the garden and outdoor spaces. The registered manager told us they had plans in place to make further improvements to the environment, including areas of the service which were in need of redecoration.

Staff support: induction, training, skills and experience

- Staff knew people well and told us they felt supported, however not all staff training, supervisions and appraisals were up to date in line with the providers procedure.
- Feedback we received regarding staff skills and knowledge was mixed. Most people's relatives told us they felt staff were suitably skilled and knowledgeable. One relative said, "The staff appear to be well trained as they meet my [persons] needs. I have no complaints with how they care for him." However, a few people's relatives felt staff skills and knowledge were lacking. One relative said, "I'm not sure they fully understand [persons] actual illness, when I've spoken about it to some, they look blank, there simply isn't knowledge, a bit worrying."
- Staff told us and records confirmed staff received an induction when they started working at Murrayfield care home which prepared them for their role. One staff member said, "I'm confident in my daily work, for what I'm doing, absolutely."
- Records showed and the management team confirmed, not all staff had updated their training in some mandatory topics.
- Staff supervision sessions were not happening regularly in line with the providers procedure and not all staff had received an appraisal over the past year. We report further on this in 'Is the service well led?' section of the report.

We recommend the provider reviews its processes to ensure staff are trained, supervised and receive an appraisal in line with procedure.

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

- People had access to a balanced and healthy diet. People's food preferences were recorded, and staff were aware of people's dietary needs. One staff member told us, "We talk to people and try and see how to help them choose what they like to eat. We are very respectful of people's culture and their food preferences."
- Where people required specific support with their diet or at mealtimes, guidance from a dietician and speech and language therapist was included in their care plan.
- The mealtime experience we observed was pleasant, people were offered a choice of food and drink, interactions were positive. One person said, "That looks very nice, Thank you."
- However, where people had chosen their meal the previous day, they were not reminded of their choice when their food was served. The provider had produced an accessible menu. However, these were not consistently made available to people during the lunch we observed. We fed back our observations to the registered manager who told us they would make further improvements to people's mealtime experience.
- People and their relatives told us they were satisfied with the food on offer. One person told us, "I suppose I am fussy, they do me things I like, like chicken on the bone. I do get a lot [to eat] that I do like. [The chef] is very good." One relative said, "[person] is well nourished. [person] is a fussy eater, but in the home, he appears to be eating everything they give him. He has a modified diet to help him eat, which is good."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Care plans included details of people's health conditions and provided information and guidance to staff on how people were to be supported.
- Where people required specialist support, appropriate referrals were made to a range of health care professionals, so people received effective and timely care.
- Daily handover meetings took place which supported the sharing of information about people and their health and care needs.
- Relatives told us they felt people's healthcare needs were met and the service responded promptly with any health concerns. One relative told us, "The home calls in healthcare professionals to address [persons] personal needs. I know they have contacted the doctor to ask for advice."

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.

- People and their relatives were involved in decisions about their care in accordance with the MCA.

- We observed people being asked for verbal consent before being supported by staff. People's care plans contained a record of mental capacity assessments and best interests' decisions.
- Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Staff had completed training and demonstrated an understanding of the MCA in line with the key principles.
- Relatives confirmed staff sought consent and involved them in decision making as required. One relative said, "The home never fails to contact me if they need consent to provide care. So, they contact me regarding all [person's] jobs."

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

- People's needs were assessed, and care plans and risk assessments were developed using information gathered during initial assessment.
- Relatives confirmed they had been involved in the care planning process when their relatives service started. One relative said, "Both my [person] and I were consulted regarding her care plan. [person] was able to say how she wanted to be cared for."
- Policies and procedures provided guidance for staff and referred to legislation and good practice guidelines.

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 requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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 the last two inspections the provider had failed to ensure the service was delivering person centred care. At the last inspection, not enough improvement had been made around the provision of meaningful activities, concerns remained around people's experiences of care staff engagement and stimulation to promote positive well-being. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found further improvement had been made and the provider was no longer in breach of regulation 9. However, feedback received during the inspection indicated the provider needs to ensure recent improvements are consistently implemented and sustained.

- During the inspection we observed people engaged in activities such as dominoes and a sing-along session. People spoke positively of the activity coordinators and we observed positive interactions between people and staff.
- Despite our observations, relatives and some people told us there were not enough activities on offer. Some relatives felt people were bored and spent too much time in their room without stimulation. One relative said, "Most of the time [person's] in the front room watching television, I'm not happy with this."
- Feedback from staff regarding activities was mixed. Some staff told us another activities coordinator was needed, whilst others felt the activities on offer were sufficient. One staff member said, "Yes I think so, there are options and some people take them. We stop and talk with people and they have a TV in their room."
- An activity coordinator told us group activities had been limited during the pandemic, however they had responded by providing more one to one activity sessions in people's rooms. The service had a dedicated activities space and a timetable of weekly activities in place. However, this information was not displayed in an accessible way for people to understand what was available to them.
- We raised the feedback received with the registered manager, they told us activity provision had recently improved following the recruitment of a second activities coordinator.

We recommend the provider monitors activity provision to ensure improvements are consistent and sustained.

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

- Care plans were person centred and contained details of people's background, preferences and choices.

- Staff we spoke with knew people well and could tell us about people's individual needs.
- People's care plans were regularly reviewed by the service. However, there was little evidence people, or their relatives were involved in the process. The majority of the relatives we spoke to told us they had not been contacted to review people's care.
- The registered manager told us the service held resident's meetings to involve people in the running of the service. We reviewed records of resident's meetings and found they were not being held regularly in line with procedure.
- We raised these issues with the registered manager and the provider, and they told us people's relatives were usually involved in reviewing people's care via local authority review meetings, however due to the pandemic these had not happened. We were told the service would make improvements to ensure people and their relatives are more actively involved in planning their care and support.
- Despite a lack of formal involvement in reviewing people's care, relatives told us staff listened to people to understand their needs. One relative said, "I feel the staff support him very well as they have got to know him as a person." Another relative said, "[person] gets on well with all the staff and they demonstrate that they like her. They listen to her at all times and do their best for her."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which explained the process people could follow if they were unhappy with their care and support.
- Most people and relatives told us they had not had a reason to make a complaint, however they felt any concerns would be taken seriously by the service. One person told us, "I've no complaints, because I'm getting good treatment." A relative told us, "I know there is a complaints procedure as it was pointed out in the contracts when [person] went in the home. I have never had any concerns and I wouldn't have any problem going to speak to staff if I had an issue."
- However, during the inspection three relatives raised a concern about the service their relative received. The registered manager was informed, and the provider responded by investigating the concerns raised.
- Records of complaints we checked showed complaints were investigated with action taken to address any shortfalls and improve practice.

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 about people's communication needs was documented in people's care plans and included information about their use of communication aids.
- We observed staff interactions with people which took into consideration people's individual communication needs.

End of life care and support

- People's wishes regarding end of life were recorded in their care plan.
- Where people had made an advanced decision to be resuscitated or not to be resuscitated, this was included in their care records.
- We reviewed records of compliments received by the service. One relative wrote, "In recent weeks we have been allowed compassionate visits as [person] is bedbound and increasingly frail. We got a lovely surprise when visiting and found [person] fully dressed and waiting in a wheelchair outside for our visit. It was great to take her for a walk and appreciate the effort the staff had taken to do this."

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. At this inspection the rating has remained the same. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the service was in continued breach of Regulation 17. The providers processes to assess and monitor the quality of the service had not identified shortcomings in peoples poor experience of using the service.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service had systems in place to monitor the quality and safety of the service including a range of management audits and checks such as care plan and medication audits and a regional quality assurance audit completed by the provider. However, we found these systems and processes did not identify some of the issues we found during the inspection.
- Audits had been completed relating to health and safety, infection control and human resources, however they did not identify the issues we found with infection control and staff recruitment as detailed in the 'Is the service safe?' section of the report.
- Audits had identified staff training, supervision sessions and appraisals which were not up to date according to the providers procedure, however sufficient improvements had not been made. The registered manager told us the service needed to improve it's planning to ensure staff received supervision and appraisals in line with procedure.
- People and their relatives were not always involved in reviewing the care they or their relative received. During the inspection some relatives told us communication with the service could be improved.
- The registered manager told us the service held resident's meetings to involve people in the running of the service. However, we found they were not being held regularly in line with procedure.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a repeat breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team told us they would take action to ensure staff training was refreshed and ensure audits were more effective in identifying any issues. This will be reviewed at the next inspection.
- We were told communication with relatives had been affected by a lack of face to face contact during the pandemic. The management team told us they would make changes to ensure people and their relatives were more involved in reviewing their care and the running of the service.
- Despite the issues we found, people and their relatives spoke positively of the service and the management team. One relative said, "I am very happy with the service. All the staff are supportive and friendly. They go above and beyond looking after [person] and they keep me fully informed." Another relative told us, "The new manager is approachable and friendly. The deputy is very supportive and nice too."
- Staff told us the registered manager was supportive and morale within the team was positive. Records confirmed regular staff meetings were taking place. One staff member said, "Yes, I get praise at work, and we know we are doing a good job at our best ability."
- Records confirmed a relatives meeting had recently taken place via video call; however, it was not well attended. The registered manager told us not all relatives were available or able to engage in relatives' meetings via video call. Some relatives confirmed emails and newsletters had been sent by the service to update them on general changes within the service.
- People, relatives and staff were encouraged to complete an annual satisfaction questionnaire to provide feedback about the service.
- Other management audits completed by the provider did identify areas for improvement and detailed actions taken in response.
- Policies and procedures were up to date and in line with best practice.
- Managers and staff were clear about their roles and overall demonstrated appropriate knowledge of their regulatory responsibilities.

Working in partnership with others

- The service worked in partnership with external agencies such as the local authority and a range of health and social care professionals to maintain the health and wellbeing of people.
- Records confirmed referrals had been made to healthcare professionals and these were followed up appropriately.

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; Continuous learning and improving care

- Policies in place identified the actions staff should take in situations where the duty of candour would apply.
- Where issues were identified during the inspection the registered manager acted promptly to make improvements. The provider demonstrated a willingness to reflect and learn to improve the service people received.

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
Diagnostic and screening procedures	Risks relating to infection, prevention and control were not always managed to keep people safe.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have effective systems to assess, monitor and improve the quality of the service.
Treatment of disease, disorder or injury	