

Westgreen Care Ltd

Westgreen House

Inspection report

Wotton Road
Kingswood
Wotton-under-edge
Gloucestershire
GL12 8RA

Tel: 01453844647

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westgreen House is a residential care home providing nursing or personal care to up to 45 people. The service predominantly provides support to older people, of whom some live with dementia. At the time of inspection there were 32 people using the service.

People were accommodated in one adapted building across two floors. Part of the building was closed due to building work in progress. The care home was operating as three units, one of which provided support to people who required additional support to live with dementia.

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

Risks to people had not always been sufficiently assessed, planned and managed. Staff had not received sufficient or appropriate training, in line with best practice guidance, to safely support people with distressed behaviours. We made a recommendation to support the deployment of staff.

People did not always receive the care and support they required to meet their individual needs and preferences. People's care plans did not always reflect their needs.

The provider had systems in place to protect people from the risk of abuse, however, one incident was not promptly notified to CQC to ensure all relevant agencies could monitor people's safety. We made a recommendation to support external incident reporting.

The provider's quality monitoring processes had not been effective in identifying shortfalls found during this inspection.

We made a recommendation about records relating to concerns and complaints.

We were not fully assured that people were supported to have maximum choice and control of their lives. Although staff were aiming to support people in the least restrictive way possible, practices and records showed that this had not always been the case and the principles of the MCA were not always followed. Decisions made on behalf of people and in their best interests were not always clearly recorded.

People and relatives told us the staff were caring, kind, friendly and welcoming. People had access to healthcare professionals when required.

Infection, prevention and control arrangements were in place to help prevent the spread of infection. There were no restrictions in relation to visiting.

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

Rating at last inspection

The service was newly registered with us under the current provider on 10 October 2020 and this is the first rated inspection of the service.

Why we inspected

The inspection was prompted in part due to concerns received about the quality of care provided, staff training, infection control practices, medication practices, management of service user behaviours, restrictive practices and the management of the service. A decision was made for us to inspect and examine those risks.

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, effective, responsive 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.

The overall rating for the service is requires improvement based on the findings of this inspection.

During this inspection action was taken to reduce risks associated with distressed behaviours.

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 the safe care and treatment of people, personalised care delivery and the provider's quality monitoring processes at this inspection.

We have made recommendations regarding staff deployment, external incident reporting and recording of concerns received.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Westgreen 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

Two inspectors and an Expert by Experience carried out this inspection. 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

Westgreen 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. Westgreen 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received since the care home registered with us under the new provider. 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 spoke with 10 people who used the service and 11 relatives to gain their view of the care and services provided. We spoke with six members of staff which included care staff, activities co-ordinator, two ancillary staff and a nurse. We also spoke with members of the management team which included the nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed five people's care records and a selection of medicine administration records. We reviewed records relating to the Mental Capacity Act and Deprivation of Liberty Safeguards.

We reviewed three staff recruitment files, support records and the care home's training record. We also reviewed a selection of records relating to the management of the service which included quality monitoring audits, minutes of meetings and complaints and compliments records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had not always been fully identified and assessed. This included risk relating to distressed behaviour, anticoagulant medicines and skin pressure damage.
- People's risk management records (risk assessments and care plans) did not always reflect the risk presented or the action staff took to manage risks. When one person's distressed behaviour escalated and put them and others at risk of harm, staff used medicines to calm the person. This intervention was not incorporated in the person's risk management records. This placed this person at risk of receiving inappropriate support.
- Incident records showed that staff had at times used other restrictive practices when this person became distressed. Managers however, had not identified that the action taken by staff, at times amounted to restrictive practice, which had not been assessed or agreed with mental health professionals; placing the person at risk of harm.
- For another person at risk of skin damage we found the required regular repositioning to relieve pressure from their skin was taking place inconsistently which increased their risk of developing pressure ulcers.
- This person also required the use of an alarmed sensor mat, to alert staff that they required prompt support to reduce the risk of them falling. When we checked the sensor mat it had been recorded as 'on', but we found it under the bed, not in front of the person where it would need to be to be effective in managing their risk.
- Another person had been prescribed a blood thinner and there were no risk management records in place for the safe management of risks associated with this. This person had been assessed as high risk of falls and had fallen and bumped their head. The same applied for one person who was diabetic where risk management records did not reference potential risks associated with this condition.

A lack of effective assessment, care planning and management of people's risks, meant people had been put at increased risk of harm and of receiving unsafe or inappropriate care and treatment. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks were assessed, monitored and managed. Regular health and safety checks took place and along with maintenance and servicing arrangements, the building, equipment and utilities were kept in safe working order. This included fire detection and call bell systems.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training. They were aware of what abuse looked like and knew how to report any concerns they may have to senior staff.
- The provider had systems in place to protect people from the risk of abuse, however, one incident was not promptly notified to CQC to ensure all relevant agencies could monitor people's safety.

We recommend that the provider reviews their system for identifying when external incident reporting is required.

Staffing and recruitment

- Managers used a dependency tool to help them determine staffing numbers and reviewed this on a regular basis. Managers told us they were experiencing challenges in employing and retaining suitable staff, however, they confirmed there were enough staff in number to meet people's needs.
- At the time of the inspection how staff were needing to be deployed was impacting on how people received their support. This was reflected in people's comments to us. Managers were working to address this.
- Regular agency staff were used to support staffing numbers and to also provide some continuity.

We recommend the provider keeps staff deployment under review to ensure staff can respond to all people when needed.

- Safe staff recruitment practice ensured people were protected from those who may be unsuitable to work with vulnerable adults. References had been obtained, employment histories explored and checks with the Disclosure and Barring Service (DBS) completed. This process helped managers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed and administered by trained staff. Staff ensured medicines were available when required and stored safely.
- Medicines were predominantly administered during set medicine rounds. Effective arrangements were in place for the administration of time sensitive medicines. These included medicines for Parkinson's Disease where, if administered late, it had an impact on people's wellbeing.
- Medicines were reviewed in line with NICE Guidance 'Managing Medicines in Care Homes'. A healthcare professional confirmed they reviewed people's medicines as required and on a regular basis. During the inspection a community pharmacist was completing an annual review of all prescribed medicines.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely. We were somewhat assured about the storage of PPE and signposted the provider to the local infection, prevention and control team for further support on this.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured 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.

Visiting in care homes

Visiting for people's relatives and friends was in line with government guidance; there were no restrictions in place. Managers confirmed they would follow the advice of the health protection team (on visiting) if the care home experienced an outbreak of infection. We observed people enjoying the company of their relatives both inside and outside in the garden. One relative said, "I have had no problems visiting (name) in the home at all."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some staff had completed training in dementia awareness and the management of distressed behaviour. They were at times using restrictive practices to support one person when they became anxious. Staff had not received training to ensure this was done safely and in a way which supported the person's human rights. We expect to see all services across health and social care, where staff are supporting people with distressed and challenging behaviours, and where restrictive practices are in use, to provide training which is certified and complies with the Restraint Reduction Network (RRN) Training Standards 2021.

Staff were not suitably trained and assessed as competent to deliver this type of support. This puts people at risk of unsafe and potentially inappropriate care and treatment. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service's training record showed gaps in staff training in areas we identified shortfalls in during this inspection. However, the manager told us further training was being organised to close these gaps, such as care planning and distress reduction training.
- Staff completed induction training which included completion of modules from the Care Certificate. Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There were processes in place for staff to receive supervision sessions and more recently annual appraisals had been completed.
- When talking with the nurses about people's conditions they were able to demonstrate that they were knowledgeable and skilled in the areas of care and treatment people required. A health care professional who visited the service confirmed they found staff to be knowledgeable (referring to a nurse).

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

- People were supported to eat, and staff ensured they had a drink near to hand.
- A relative told us they had been impressed in the way the cook had visited their relative and asked about their food preferences.
- People's weight was monitored and any concerns relating to this were referred to the person's GP for review.
- Specific requirements were met in respect of altered textured foods, meaning people were provided with pureed or soft foods, or thickened drinks, to enable them to eat and drink safely.

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.

- We found the use of stairgates had been introduced to stop people who lived with dementia entering the bedrooms of people who were frail and bed-bound. These decisions had been made in consultation with the families of those who were frailer and had been done in the person's best interests. However, the decision and adoption of this restriction had not been recorded in the care plans of those who had with stairgates in place. DoLS applications had also not been submitted in respect of this best interests but restrictive practice. This was fed back to managers who would review the process required around these decisions.
- Where best interests decisions had been made for the use of sensor mats, DoLS applications had been submitted.
- Conditions had been applied to one person's recently authorised DoLS and these were in the process of being met.
- Where decisions had been made to administer people's medicines covertly (hidden in food or drink) these had been made by appropriate individuals and professionals, and in the person's best interests. In these cases, the least restrictive option of the person taking their medicines non-covertly was tried first and when unsuccessful medicines were administered covertly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they moved in to ensure these could be met.
- A GP visited weekly and more often if required. They assessed and reviewed regularly people's frailty. This provided people, including their representatives and other visiting professionals with updated information about people's health status which helped with making care and treatment choices and decisions.
- Staff worked with a range of health care professionals to address and support conditions which older people experienced and lived with, such as dementia, incontinence, loss of appetite, swallowing difficulties, reduction in mobility and other health conditions. Technology was also used to support risks associated with these conditions, such as falls.
- People were supported to help maintain their oral hygiene and to access dental support where required.
- Managers had been proactive in seeking reassessment and treatment for people's mental health needs.
- Referrals had been made to NHS Rapid Response teams when people's health had deteriorated. NHS Rapid Response teams can review and support acutely ill people in their own homes (where it is assessed safe to do so). This can sometimes prevent a hospital admission.

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

- The activities co-ordinator supported people to get fresh air and to take exercise by going out with them for a walk or a push in a wheelchair. People were also supported to take part in a weekly exercise session to music.
- Arrangements were in place for people to have regular chiropody to help maintain mobility and eyesight reviews. Access to NHS dental support was arranged when required.

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

- The provider was in the middle of a building and refurbishment program. This included additions and changes to the layout and design of the building, redecoration and refurbishment.
- In some areas the lighting had been improved to provide better light for older people to see by but also to brighten up areas which had limited natural light.
- People had easy access to a garden but would also have access to a newly developed outside area on completion of the building work.
- People's feedback on the impact of the building work had been listened to. A temporary wall had been installed, separating one part of the dining room, from the other half, which was being extended. People had made a request to have some natural light in this room so temporary windows had been created by the builders.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives described the staff as "caring", "kind" and "friendly". One relative said, "It helps that the staff all seem to love (name) and (name) loves them in return." Another relative said, "There is a high turnover of new staff, but I have found them very caring."
- A person told us about the compassion shown to them when poor health had made them feel very vulnerable. They said, "(Name of staff member) looked after me and was so caring and reassuring. (Name) kept coming in and checking on me."

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

- People were supported to make decisions and choices about their care and treatment, including what care and treatment should take place if they fall unexpectedly poorly towards the end of their life.
- People who lived with dementia were supported when they were able to give verbal or implied consent, for example, when they willingly allowed staff to support them. Staff did not force care on people who were objecting to this at the time, staff returned later to see if the person would agree to care.
- One person was helped to make a decision about the treatment they required, by one of the nurse's taking time to explain to them, why they needed treatment and the likely outcome if they did not have treatment.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was maintained by staff providing people's care behind closed doors. People were able to receive visitors and their right to private family time was upheld.
- Staff maintained people's dignity by speaking with them in a respectful way and by not belittling them at times when they were confused.
- People were predominantly dependent on staff for their daily needs, although some people retained degrees of independence, which were recognised and supported by the staff.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 care records highlighted any barriers in communication; hearing or eyesight issues. However, people did not always receive appropriate support to aid their understanding of the information presented to them.
- We observed people being given the opportunity to make meal choices, although one person said, "All the carers treat me very nicely and I have no complaints but, they don't give me a choice at mealtimes." We observed that just a verbal description of the food options available was provided and this was not always enough for some people. For example, those who lived with dementia or who had reduced hearing would have benefited from a visual prompt as well.
- We saw simple information such as meal menus was high up on a wall and in small print. Although written on a wipe board, the daily menu was not available near to hand, for people to read and remind themselves of what they had ordered. There was no pictorial prompt. One person questioned what it was on the plate put in front of them. Staff said, "This is what you asked for" which the person accepted.
- Although staff acknowledged people when they went past their bedroom, we observed staff to have little spare time to sit and chat with people. Some people told us they missed the opportunity for meaningful interaction. A person said, "No one comes in to see me unless I call for them."
- We observed missed opportunities during the lunchtime for staff to promote and encourage socialisation. Loud music was put on by the staff and two people commented that it was too loud. They stated they could not hear each other and what staff were saying to them. They said, "It's too loud" and "We do not need this right now do we" but nothing was done about this. One person indicated they were fed up with the noise and left without finishing their dessert.
- We found some people's care plans had not been updated sufficiently to ensure staff had updated information on how to meet people's needs when their needs altered. One person's personal hygiene care plan referred to them as requiring "minimal assistance". However, since the writing of this care plan their health had deteriorated and they were totally dependent on staff to meet their personal hygiene needs. Another person's care plan referred to them as being compliant with taking their medicines however, they

received their medicines covertly (hidden in food).

Care and support was not always designed or delivered in a way which met people's individual needs and preferences This is a breach of regulation 9 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The activities co-ordinator was very keen to promote and organise activities, either on a group or one to one basis. They spent time finding out what people enjoyed and what people wanted to do on the day. They tried to adjust what they provided so it met people's individual preferences. They explained people rarely enjoyed craft-based activities but preferred quizzes, skittles, exercise to music and going outside for a walk or just having a chat. One person was bed bound and the activities co-ordinator had found a way of supporting this person with the past time they enjoyed.

Improving care quality in response to complaints or concerns

- People and their relatives were able to raise a complaint but the recording arrangements for these were not consistent. Managers told us 'formal' complaints were logged into the complaints file, which we saw records for, and 'concerns' were recorded in people's care records.
- Whilst the manager could discuss with us their receipt and acknowledgement of a relative's concerns, raised prior to the inspection, these concerns were not recorded. The nominated individual was due to meet with the relative to discuss their concerns.

We recommend that timely records are completed and maintained for all feedback provided where there is dissatisfaction or concern so the provider can be sure these are managed according to their complaints policy and procedures.

End of life care and support

- A healthcare professional told us they considered the service to be good at supporting people at the end of their life.
- At the time of the inspection no-one was receiving end of life care, so we used the information we had received from the service, in the form of death notifications, to help inform us of people's end of life experience.
- Notifications informed us that people had been reviewed and supported medically, leading up to and at the end of their life. End of life medicines had been prescribed and had been ready for use if needed to keep people comfortable. Family members had been able to be present (throughout the pandemic) to support their relative and if people had not had a relative to support them, staff had been present.
- There were arrangements in place to regularly assess people's frailty to help guide people, their relatives, healthcare professionals and staff in end of life planning conversations. People's GP talked with them about resuscitation wishes and made decisions in consultation with people's representatives, in people's best interests regarding this. DNACPR (do not attempt cardiopulmonary resuscitation) orders were clearly recorded in people's care records for staff and emergency services guidance.

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 is the first inspection for this newly registered service. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Audits and checks were carried out as part of a quality monitoring process to monitor the quality and safety of the service. However, these had not been effective in identifying the shortfalls we found in relation to the monitoring of safety incidents, external reporting of incidents, people's care and risk planning and management and successfully addressing concerns which people told us they remained dissatisfied with. This included the quality of the food and laundry service.
- We found it was the staffs' intention to plan and deliver daily care in a way which met people's needs and individual preferences. However, this was not what we always observed or what people told us they experienced. This had not been identified through the provider's quality monitoring process and actions not taken to ensure people received high quality person-centred care.
- We found the provider led audits, aside from signing off the registered manager's audits, did not always check for accuracy or completeness of the manager's audits. We were not therefore fully assured that governance, at provider level, was sufficiently robust to ensure, required improvements would always be identified and action taken to address these.

Governance systems were not always operated effectively to ensure people remained safe and received a good quality service. This placed people at risk of harm and poor outcomes. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recent changes had been made to the management team. A member of staff, who was already employed in the service and known to people and relatives, was being supported in their new role as manager. It is anticipated that they will apply to the CQC to become the registered manager. The current registered manager (a member of the provider's senior management team) will then relinquish this role. Another member of staff had been appointed as the new deputy manager and was providing additional support to the manager and staff team.
- People and relatives told us they felt there had been some improvement in the service. A person said, "It hasn't been good, but things have got a bit better." A health care professional told us they felt more reassured about the quality of care moving forward since the change in management.
- Relatives told us there was a positive culture at the service. One relative said, "There is a family approach, staff are very kind" and another relative said, "Everything is expertly dealt with and I am kept informed all the

time." Another relative told us there had been a few problems with getting areas of their relative's agreed care plan implemented but this had been discussed with the manager. They said, "I've felt that (manager) really has her finger on the pulse."

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

- Staff and resident meetings were held regularly. Meetings were used to provide information, gather feedback and share best practice. Meeting minutes detailed any concerns or suggestions that had been discussed.
- At the time of our inspection there was building work taking place at the service. We saw the provider had proactively engaged with people and their relatives to notify them of the work and minimise any potential disruption caused.
- The last survey gathering feedback from people who used the service, relatives and staff was completed in 2020.
- The management team were a visible presence and knew people well.

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

- The manager understood requirements in relation to duty of candour and had an open and honest approach. Relatives confirmed they were kept updated with issues involving their relative.
- The management team were responsive to our feedback about the shortfalls identified and discussed with us how they would avoid these shortfalls in the future.
- Feedback from people and a healthcare professional was that the service had improved since the change in management. A person said, "It hasn't been good, but things have got a bit better." A health care professional told us they felt more reassured about the quality of care moving forward since the change in management. Based on their experience of the service they considered it to be friendly and well managed.

Working in partnership with others

- The provider worked with other agencies to support people. We identified where further effective partnership working might be helpful to support staff to develop their approach with one person. We signposted the provider to this resource.
- Staff and management had close working relationships with local GP services to ensure people received prompt and appropriate medical care when needed.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care and support was not always assessed, planned or delivered in accordance with their needs or preferences.</p> <p>Regulation 9 (1) (3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's risks were not always accurately assessed and the actions to reduce risks not always sufficiently planned, managed or monitored to ensure risks to people were effectively reduced or mitigated.</p> <p>Staff had not been provided with appropriate training and were adopting practices they were not fully trained or assessed as being competent to use.</p> <p>Regulation 12 (1)(2) (1)(2)(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality monitoring systems and processes were not always effective in ensuring the provider could assess, monitor and reduce or mitigate risks to people. The systems and processes were not effective in identifying shortfalls in the service and driving necessary</p>

improvement.

Records relating to decisions made on behalf of people, risk management, care planning and care delivery were not always sufficiently and accurately maintained to provide staff with guidance and to demonstrate what action was taken in response to safety incidents.

Regulation 17 (1) (2)(1)(2)