Care West Country Limited

The Firs Nursing Home

Inspection report

251 Staplegrove Road
Taunton
Somerset
TA2 6AQ

Tel: 01823275927

Date of inspection visit:
17 July 2019
18 July 2019

Date of publication:
14 August 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Firs Nursing Home is registered to provide personal and nursing care to up to 40 people. The home specialises in the care of older people. Accommodation was arranged over two floors with a passenger lift between. At the time of the inspection there were 32 people living at the home.

People's experience of using this service and what we found
People did not live in a home which was consistently managed or well led. The home had had a number of managers since the last inspection and the provider had not been robust in monitoring the day to day running of the home. The systems to assess, monitor and improve the quality and safety of the care people received were not robust and effective. They had not identified and addressed shortfalls in the service. This placed people at risk of receiving poor quality care which was not person centred and did not promote their well-being.

People were not always being supported by sufficient numbers of suitably skilled and experienced staff. Comments from people and staff showed that on occasions people had not received their care and support in a timely manner due to poor staffing levels. This had also had a negative impact on staff morale which meant people were not living in a happy atmosphere.

Record keeping needed to be improved so that people's care could be effectively monitored to ensure the care provided was in accordance with, and met, people's assessed needs.

Improvements were needed to the environment to make sure it provided a pleasant home for people to live in. The manager informed us refurbishments were planned but no timescales for this were given.

People did not always have information available to them in a format which met their specific needs. We have made a recommendation regarding making information available to people in appropriate formats.

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 who were able to express their views said they were given choices and only received care with their support.

People were cared for by staff who were kind and helpful. One person said, "Staff are brilliant they will do absolutely anything for you." Another person told us, "Staff are very good. They always help you."

People were complimentary about the food served at the home and in most cases received the support they required to eat and drink in a dignified manner.

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

Rating at last inspection; The last rating for this service was Good. (Report published April 2017)

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels which was said to be impacting on the standards of care people were receiving. A decision was made for us to bring forward our comprehensive inspection to examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, 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 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 not always caring.

Details are in our caring findings below.

Requires Improvement

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

The Firs Nursing 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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Firs Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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. A manager had been appointed and had applied to be registered with the Care Quality Commission.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at other information received since the last inspection including information from the provider, relatives and health care professionals. We used all of this information to plan our inspection.

During the inspection-
We spoke with 12 people who lived at the home, nine visitors and eight members of staff. The manager and area clinical lead were available throughout the inspection. The nominated individual was available on the second day of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served and an activity session.
We looked at a selection of records, which related to individual care and the running of the home. These included five care and support plans, four staff files, records of complaints, minutes of staff and service user meetings and medication records.

After the inspection
The manger supplied us with requested information after the inspection and we received contact from a further two members of staff. We also liaised with the local authorities' quality team.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now 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.

Staffing and recruitment

● Improvements were needed to make sure people had access to sufficient numbers of suitably skilled and experienced staff. A high number of permanent staff had left, which had resulted in some staff shortages and a high level of agency staff working at the home. The manager told us staffing was an issue and they were actively recruiting but still had vacancies for one registered nurse, one nursing assistant and three care staff. Duty rotas seen showed that, despite the use of agency staff, some shifts were not staffed to the levels identified by the providers dependency tool.

● People were not always cared for by staff who knew them well which could lead to inconsistent care for people. On the second day of the inspection the two registered nurses working were both from an agency. One had worked at the home once and the other was working there for the first time. The night following the inspection all staff working were from an agency. One person said, "There's a lot of agency. You don't have the rapport with them."

● People commented on the lack of staff. One person said, "I'm supposed to have a shower every week but there's no staff to do it. I have a wash on the bed instead." One member of staff said, "We just haven't had the staff to bath people." One person said, "At the moment they are a bit short of staff. No, you don't have to wait an unreasonable time-I understand about the shortage of staff."

● During the inspection the home was adequately staffed. We saw people were supported with their physical care needs in a timely manner. However, staff did not spend time socialising with people when they were not supporting them with a task. One person said about staff, "They take five seconds when five minutes would be nice. I see lots of staff I don't know."

The lack of suitably qualified and experienced staff is a breach regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider operated a recruitment process which helped to minimise risks to people. All staff were checked before they began work to make sure they had the appropriate skills and character to work with vulnerable people.

● People and visitors told us that staffing levels were improving. One visitor said, "Staffing is improving."

Using medicines safely

● People received their medicines safely from trained nurses. However, some improvements were needed to make sure records were well maintained. For example, the majority of medication administration records were printed by the pharmacy but where additional medicines were hand written these were not always signed and witnessed. The checking by a second person reduces the risks of recording errors and is good practice.
● People could not be confident they would always receive medicines when they required them. Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Where people were prescribed 'as required' medicines there were not always protocols in place to state when these should be given. Where protocols were in place there was very limited information about how people may express their need for these medicines. This was particularly important where people were being cared for by staff who did not know them well, such as agency staff.
●The provider told us in their Provider Information Return (PIR) they used the Abbey pain scale. This is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs. During the inspection we did not find this in use, although a number of people would be unable to verbally fully express their need for pain relief.

Assessing risk, safety monitoring and management
● Risk assessments had been carried out to ensure people received care safely and were protected from avoidable harm. For example, where people were assessed as being at high risk of pressure damage to their skin suitable equipment, such as pressure relieving mattresses and cushions were in place.
● Improvements were needed to make sure people received care in accordance with their risk assessments. Although charts were in place for staff to complete, such as when they helped a person to reposition themselves, these were not being checked by senior staff to make sure people were receiving care in accordance with their needs. Records we saw did not give evidence that people were being supported to change position in accordance with their needs. However only one person living at the home had a pressure wound which suggested people were receiving appropriate care in this area.

Systems and processes to safeguard people from the risk of abuse
● People felt safe at the home and with the staff who supported them. One person said, "I do feel safe, staff are very good and always help you."
● Staff spoken with said they would not hesitate to report any concerns they had to a trained nurse or the manager.
● The manager had worked with appropriate agencies where concerns had been raised, to make sure people were protected. In one instance this had involved seeking support from healthcare professionals and changing practice for one person.

Preventing and controlling infection
● People did not live in a home which was always clean and promoted good infection control practices. During the inspection we saw a member of the domestic staff cleaning a floor with cold water and a dirty mop. A housekeeper oversaw the cleaning schedule and we saw a number of rooms being deep cleaned.
● Staff had access to hand-washing facilities and personal protective equipment such as disposable gloves and aprons, which helped to minimise the spread of infection.

Learning lessons when things go wrong

● All accidents and incidents which occurred in the home were recorded but there was no formal system in place to analyse these. Without analysis of these there were limited opportunities to learn lessons and change or improve care provided to people.

Requires Improvement

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not always supported by staff who had received sufficient training to meet their needs. The new manager had introduced a basic induction programme which gave new staff some information about the home. The induction programme was not in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which set out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- People were not always cared for by staff who had the skills to support them with specific needs. One person who had a specific need told us, "There are only four staff trained." Another person was being supported with eating by trained nurses as no other staff had received the training required to support them. This meant they did not receive their evening meal till 7pm when trained nurses had completed other tasks. We acknowledge that training for additional staff had been planned but cancelled on two occasions by the trainer.
- Agency staff did not always receive an induction to the home which could place people at risk of receiving inappropriate care and support. On the second day of the inspection one agency nurse on duty had received no induction to the home although they had never worked there before. They received a handover from another agency nurse who had worked the night before and worked alongside an agency nurse who had only completed one shift in the home. This meant when they commenced work they were not shown the layout of the building or the fire procedures.
- The new manager informed us a number of staff had not completed mandatory training in accordance with the providers guidance. This placed people at risk of receiving care and support from staff who did not have up to date knowledge and may not be practicing in accordance with current best practice guidelines. The manager informed us they had recently purchased an on-line training package which all staff would be expected to complete.

The lack of skilled and competent staff is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff were able to shadow more experienced staff to give them time to get to know the home and the staff. One new member of staff said they had been able to spend time with other staff before they worked on

their own. Another new member of staff said how welcoming long-standing staff had been and they had felt comfortable to ask questions and seek advice.

Adapting service, design, decoration to meet people's

● People lived in a home which was in need of refurbishment to make sure it was comfortable and homely. A number of areas were tired looking, and carpets were heavily stained in places. The manager told us there were plans to redecorate and refurbish a number of areas but no timescales for this work were given.

● There was no clear signage to assist people and visitors to find their way around which did not promote people's independence.

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

● People had their needs assessed before they moved to the home. From initial assessments care plans were put in place to show how needs would be met.

● Care plans did not always give staff clear instructions which could place people at risk of not having their needs met. For example, one person had a wound that required trained nurses to dress it regularly. The guidance for how the wound should be dressed was not easily accessible in the care plan and there was no regular photographic evidence to show if the care plan was being effective.

● The provider was in the process of changing all care plans to a new more accessible and personalised format. Care plans which had been transferred to the new format were clearer and gave staff better information about how to meet people's needs.

● Staff held regular handover meetings to pass on information about people's needs. We attended a staff handover and found staff were knowledgeable about individuals and their needs. Discussions showed people's needs were being monitored by trained nurses.

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

● People had their nutritional needs assessed but it was not always clear if people's needs were being met. Where people were assessed as being at risk of dehydration or malnutrition, charts were in place to monitor people's intake. However, these charts were not always completed correctly or monitored by senior staff. For example, one person's charts said on a specific day they had only eaten porridge and 80ml of tea at 8.30am. Other records did not show how much food or fluid had been consumed.

● We observed lunch being served on both days of the inspection. On the first day lunch was not served until just after one o'clock although we were told it was served at 12.30. Some people ate in the dining room, some in the lounge and others in their rooms. We observed people were poorly positioned and were not able to eat properly because their meal was too far away from them, some people eating in bed were not sat in an upright position. The poor positioning of people resulted in one person coughing heavily and needing staff assistance.

● On the second day of the inspection meals were much more organised and people received the support they required. For example, one person's care plan stated the consistency of the food they required and the support they needed to eat. We saw this person received the correct support. Lunch on the second day of the inspection was a pleasant sociable experience for people.

● People were happy with the food provided at the home. Comments included; "The food is lovely, I can't grumble there is choice- chicken is a good choice. Snacks are there all the time and drinks" and "Food is good, especially the porridge." One person said they required a very specialist diet. They told us, "[Cook's name] is an absolute diamond. I had a SALT assessment (speach and language therapist.) She [cook] came

up that day to see what I needed."

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

● People's physical health needs were monitored by trained nurses. Trained nurses provided support to people to manage long term health conditions and responded to emergency medical situations.
● Care records showed people had access to other healthcare professionals to meet their needs and staff followed advice given. For example, one person had been seen by a dietician. The staff had followed the recommendations made which had resulted in the person gaining weight which was the intended outcome of the 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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●At the last inspection we identified some concerns with staff's understanding of the MCA. At this inspection we found improvements had been made and staff were working in accordance with the legislation.
● People told us staff always asked for their consent before they assisted them. One person told us, "Staff always get my permission before they carry out care. The ladies are very nice." A visitor said, "Staff always ask if they can help them."
● Where people were assessed as lacking the capacity to make specific decisions, staff acted in their best interests. One member of staff said, "We would talk to people who know them well to help us make a decision."
● The manager had made applications for people to be legally deprived of their liberty where they required this level of support to keep them safe.

Requires Improvement

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful, but we saw examples of dignity not always being promoted and respected. For example, on the first day of the inspection a visiting hairdresser was in the home. The room used as a hairdressing salon was an empty bedroom which was being used for storage. There was a bed with chairs piled on top of it and other discarded furniture in the small room. There was no hairdressing sink and the hairdresser used an inflatable sink and jugs of water to wash people's hair. This did not promote dignity for people or enable them to have a pleasurable experience. One person told us, "It used to be a nice experience but not here, think they have moved rooms and there is a bed in there now. Very difficult for the hairdresser."
- People had the equipment they required to promote their independence. For example, at lunch time we saw people had adapted cutlery to support them to eat independently. The home had mechanical hoists and some bedrooms had hoist ceiling tracking to enable people to be helped to move in a dignified and safe way.

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

- People told us staff were always kind and caring when they supported them. However, the recent staff shortages had had a knock-on effect for people living at the home. This meant staff did not always have the time to spend with people or respond to their needs quickly when they needed support. At the time of the inspection people felt staffing levels were improving and most people said they did not wait unreasonable amounts of time for assistance.
- One visitor told us their relative enjoyed the church services at the home but due to staff shortages they had not always been helped to get up in time to attend the whole service.
- During the inspection we saw staff were kind and gentle when they helped people. The quality of interactions between people and staff was variable. For example, when staff assisted people to eat they did so in a dignified way and did not rush them. Some staff chatted to people whilst they assisted them and explained what the food was. However, we saw one member of staff assisting a person to eat and although they were kind and gentle they did not converse with the person which would have helped to make it a sociable occasion.
- People were complimentary about the care staff. One person said, "Staff are brilliant they will do absolutely anything for you." Another person told us, "Staff are very good. They always help you."

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

● People who were able to express their views said staff always listened to their views and they received care and support in accordance with their wishes. One person told us, "I'm fully involved. They keep me up to date with things. But I like to be independent."

● Where people were not able to fully express themselves, it was unclear what consultation had taken place. Visitors we met said they did not feel they had been fully involved in decisions about their relatives care or care plan. One visitor told us, "No I've not been asked for my views about my relative's care or seen their care plan. I'd like to be involved."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

End of life care and support

● People could not always be confident that staff at the home would act in accordance with their end of life wishes. Visiting relatives of a person who had died at the home said they had made it clear who the person wanted to have with them at the end of their life. However, this person had not been contacted and therefore had not been present when the person died. The provider gave assurances they would investigate this further.

● There were always trained nurses on duty who ensured people had the appropriate care and medicines to make sure they were comfortable and pain free at the end of their lives. Medicines were ordered and administered as required where people were receiving palliative care. One person told us, "I feel very settled here and would like to stay until I die. They would look after me well."

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

● People who were able to express their views told us they were able to make choices about their day to day routines. One person was being cared for in bed and told us, "It's fine here. I like to be in bed."

● People who were not able to fully express their needs could not be confident they would receive their support in their preferred way. On the first day of the inspection a large number of people were being cared for in bed and it was unclear if this was people's choice as care plans did not identify this. On the second day of the inspection the majority of people were helped to get up and go to the lounge. People appeared happier and more animated with the stimulation which was available in the lounge.

● People had their needs assessed before they moved to the home to make sure it was the right place for them. We saw copies of pre-admission assessments and these showed people's physical needs. They did not give comprehensive information about people's interests or preferred routines which could led to people not receiving their support in their preferred way.

● People had care plans which set out their needs and the provider was in the process of changing the format of care plans to make them more person centred. A new handover sheet had also been introduced to make sure all staff working had basic information about each person. This included how often people needed to be checked or repositioned and the support they required with eating and drinking. We found some inconsistencies in this information which we discussed with the providers area clinical lead. They agreed to take action to address this.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Information was not always made available to people in a format they could easily understand. All information we saw was in written format and had not been adapted to meet people's specific needs. For example, everyone had a copy of the activity programme in their room, but it had not been adapted to people's individual needs.
● People who were living with dementia did not have information to help them to maintain their independence. There was no information in the home to help people to orientate themselves to the day and no appropriate signage to help them, or their visitors to find their way around the building.

We recommend the provider consider current guidance on the best communication methods for people especially for people living with dementia.

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
● There was an activity programme in the home which included in house activities, visits from school children and trips out. One person told us how much they enjoyed seeing the children who visited.
● People praised the activity workers at the home and felt activities were improving. One person told us, "Activities are picking up. I go down to the exercise class." Another person commented, "I decide the day before what activities I want to do. There are all sorts of activities such as music- you want to hear us sometimes!"
● People were encouraged to stay in touch with friends and family and visitors were always welcome. Some people went out regularly with family members and staff supported this.
● Regular checks were carried out on people who were cared for in their rooms. However, these checks were called safety checks and not designed to combat social isolation. People told us staff did not always have time to socialise with them in their rooms and records did not show staff were providing social stimulation to people in their rooms or in bed. Activity staff said they provided one to one activity for people in their rooms. We did not see records to support this.

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure and the new manager had recently introduced a visitor information pack which invited visitors to share niggles about care or support provided.
● We had been made aware of some complaints raised at the home before the new manager had been in post and these had been dealt with by the provider's representatives. We did not see records of these complaints at the home.
● People living at the home had not been given individual information about how to raise concerns. However, people told us the manager was very approachable and they would be able to discuss any concerns with them.

Requires Improvement

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements were needed to make sure the home was well led. In the past two years there had been five managers at the home which had led to inconsistency and poor staff morale. Poor staff morale meant people did not live in a home where there was a happy atmosphere which had an impact on their well-being. One person said they did not go to the lounge because it was "Depressing." Another person had said they found the lounge "Sad." One member of staff said, "The place has lost its sparkle."
- The provider did not have systems in place to manage the home in a consistent way. Although there was an area clinical lead who spent time at the home and an estate manager, neither had responsibility for day to day operations of the home. The nominated individual told us the home manager had responsibility for the day to day operations. This meant that when no manager was in place, no one took responsibility for overall care and well-being of people. It also meant there was very limited supervision or oversight of the manager's practice.
- People lived in a home where the provider did not have effective systems to monitor quality, identify risks or drive improvement. The provider did not carry out regular audits and therefore shortfalls in the service had not been identified and addressed in a timely manner. For example, the new manager had identified a number of staff had not kept up to date with statutory training and was taking action to address this. Prior to the current manager taking up post this had not been addressed by the provider.
- People's day to day care was not being monitored which could lead to issues not being identified and people not receiving the care they required. For example, a number of people needed the food and fluid they consumed to be monitored. Although care staff were asked to record this, no one took responsibility for checking charts and therefore making sure people were receiving the care and support they required. Records we saw were often poorly completed and did not show people were receiving care in accordance with their assessed needs.
- Where shortfalls had been identified by other professionals, action had not always been taken promptly to rectify issues. For example, in August 2018 the fire service had identified where additional emergency lighting needed to be installed. At the time of this inspection this had not been installed.
- A new manager had been in post for six weeks and had applied to be registered with the Care Quality Commission. They were aware of a number of shortfalls in the service and had created an action plan to

address issues. However, they had limited support to put their plan into action. There was no deputy manager at the home and although a clinical lead had been appointed they had not commenced work at the time of the inspection. There was no area operations manager and limited support from the provider.
● People lived in a building where essential safety checks were carried out but maintenance to enhance the environment was not completed in a timely way. The provider had contracts with trades people to complete safety checks including testing the fire detection equipment and servicing all lifting equipment.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the quality and safety of the service provided to people were either not in place or not robust enough to demonstrate good governance. This placed people at risk of harm. This is a beach of regulation 17. (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
● People lived in a home were the new manager was taking steps to change practice in the home and ensure care provided was person centred. However, they were not well supported to put changes into practice. Staff told us they did not feel valued or supported by more senior management.
● The home had been through a period where there had been insufficient staff to provide person centred care. The new manager was actively recruiting staff but as this process takes time, they were relying on agency staff who did not always have an induction or time to get to know how people wanted to be cared for.
● People and staff told us the new manager was very open and approachable. One person said of the manager, "[Manager's name] is very positive. She is available and listens." A member of staff said, "The new manager is trying to get things back up."
● Record keeping was poor and no audits were in place to monitor them. This could mean incidents which may indicate things had gone wrong in people's care were not identifiable. For example, although accidents and incidents were recorded the records were not audited to identify trends. The new manager told us they planned to implement a monthly audit which would enable them to identify issues and act in accordance with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Since the new manager had been in post they had held meetings for staff, relatives and people. This had enabled some people to be kept up to date and make suggestions about the running of the home. The area clinical lead was holding meetings with trained nurses to share best practice and involve trained nurses in changes in the home.
● There were limited ways for people who were unable to attend, or fully participate in meetings, to share their views. The manager had identified a large number of areas which required improvement and had a heavy workload to implement changes. This did not give them time to fully involve people on an individual basis. The manager was planning to put a key worker system in place to help people to share their views.

Working in partnership with others
● Staff worked in partnership with others where issues had been identified. For example, some people had

been seen by dieticians and speech and language therapists and staff were following recommendations made.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that staff working at the home had the competence, skills and experience to safely support people. Regulation 12 (2) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service provided to people were either not in place or not robust enough to demonstrate good governance. Regulation 17 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were always sufficient numbers of suitable staff to meet people's needs. Regulation 18 (1)