

White Lodge Care Home Limited

White Lodge 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

White Lodge Care Home is a residential care home providing accommodation and personal care to up to 23 people. The service provides support to older adults, some people living with dementia and people with physical disabilities. At the time of our inspection there were 16 people using the service. There were 14 staff employed.

The care home accommodates people across three floors. Each person has their own bedroom; some people have ensuite bathrooms and toilets. There are shared communal areas including a dining room and three lounge rooms.

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

Some risk assessments for premises and equipment were completed but others had lapsed or were not followed through. Risk assessments for personal care were satisfactory. Not enough staff were always deployed to ensure the safety of people and ensure they received support in a timely way. People received their medicines appropriately, but improvements were needed to storage, checks and disposal of medicines. The infection prevention and control required improvement due to personal protective equipment storage, and lack of robust cleaning procedures. Most incidents and accidents were logged and there were some lessons learned processes evident. Care workers were patient and kind to the service users, especially those with behaviours that challenge and those walking with purpose. Safeguarding events were logged and referred to the local authority however improvement is required.

There is a schedule of audits in place. Various audits were completed but did not always pick up shortfalls. However, where requirements for improvement were identified by the home manager, they were added to an action log and progress on the actions was documented. There were staff meetings held to discuss various issues. Staff training was up to date and there were regular supervisions and performance appraisals. There have not been any staff surveys, however there were staff meetings. There were relatives' meetings and surveys were sent out to gather feedback. The provider failed to obtain the documents required as part of the regulation and schedule for 'fit and proper persons'. The nominated individual, whilst present in the location several times per week, was reliant on the home manager and deputy manager for ensuring compliance with regulations and standards. The nominated individual did not thoroughly examine the practices of the management team to check if there was good governance. Some documents were not able to be found or located, and they were often referred to as being stored elsewhere but not produced when requested. The home manager and deputy manager worked well together, and staff appeared satisfied working at the care home. People and relatives were satisfied with the care provided.

People were supported to have maximum choice and control of their lives and staff supported /did not them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 3 August 2019).

Why we inspected

We received concerns in relation to medicines, infection control, staffing and leadership. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The provider has already taken some action to mitigate the risks to people because of our inspection.

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 changed from good to requires improvement based on the findings of this inspection.

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

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

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

Recommendations

We made a recommendation about the prevention of falls at the service.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

White Lodge 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

Our inspection was completed by an inspector 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

White Lodge 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. White Lodge Care Home is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager has been in post from February 2022 and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we already held and had received about the service since the time of the last inspection. We sought feedback from the local authority safeguarding team, commissioners and other professionals who work with the service. We checked information held by the fire service, environmental health officer, Companies House, the Food Standards Agency and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We contacted Healthwatch for information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who use the service and 11 relatives. We observed people's care and staff interaction with them. We spoke with the home manager, deputy manager and care workers. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We asked staff on shifts to provide their views. We reviewed a range of records. This included multiple people's care records, 2 personnel files and medicines administration records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We took digital images of the premises and equipment. We wrote to the home manager and nominated individual after the inspection to request further information and evidence. We received multiple additional documents and written explanations after the site visit.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had not ensured that all risks to people, staff and others from the premises and equipment were satisfactorily assessed, mitigated and documented.
- We have previously reported on the provider's failure to risk assess Legionella and have an appropriate scheme of control in place to prevent it. The Legionella risk assessment was not updated since 2016 and the checks and maintenance required to prevent it were not completely undertaken. Water samples in 2022 showed that Legionella was not present in the water at the time.
- The fire risk assessment from 2022 required a large list of remedial actions to ensure people and others' safety. We asked the nominated individual if these were completed, and they confirmed they were. However, when asked for evidence, they did not provide proof but pointed to works that were undertaken. The risk assessment states that a new assessment is required, especially if remedial works were completed. We have shared our findings with the fire service, who advised they will follow up.
- The deputy manager ran fire drills and checked some elements of the fire safety, in the absence of a maintenance employee. However, the deputy manager did not have the necessary training and competency to complete these tasks.
- Certain areas of the care home, including some bedrooms and communal areas, were cool. We inspected during cold weather. We checked wall radiators and found some were not operating. We pointed this out to the management team. Additional portable radiators were present in some bedrooms; however, they did not have guards which increased the risk of inadvertent burns. One portable radiator was placed under a set of curtains.
- Some people's bedrooms had thermometers and others did not. Weekly records of people's bedroom temperatures were documented, even in the absence of a thermometer in some rooms.
- We asked the provider to take urgent action to address the heating within the building. We returned to check that people's bedrooms were an appropriate temperature to prevent harm such as hypothermia.

Premises and equipment were not satisfactorily maintained to ensure safety. This was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some checks such as gas safety and electrical safety were completed, and maintenance repairs completed. Hoists and slings used for moving people were checked and assessed as safe.
- The provider failed to tell us 'without delay' of a lift breakdown in 2022. We found appropriate risk assessments were in place, people were not disadvantaged, and repairs were made to ensure the lift was made functional again.

- There was a suitable range of risk assessments in place for people's personal care. These included for eating and drinking, moving and handling, skin integrity, and washing and dressing. These were sufficiently completed and regularly reviewed. The home manager told us they planned to have senior care workers contribute more towards the care planning and review process.
- There was a high rate of falls. However, staff took appropriate action when these occurred.
- Relatives told us about the falls. They said, "[The person] did have a minor fall when he got up too quickly. He was not hurt. They [staff] had him checked over and called us to tell us about it. He was fine", "[The person] tried to get out of bed. She fell and got a bruise", "[The person] has had a few falls. They've always rung me straight away. He had to go to the hospital once. They called the ambulance and kept me up to date the whole time and "The person] had a small tumble. They rang me immediately and sent me a picture of the bruise on her hand. They kept me up to date on this."

We recommend the provider reviews the service's falls prevention strategy and consults best practice guidance about falls in older adults.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing

- There were not always enough staff deployed to ensure safe care was provided to people.
- The home manager explained a dependency tool was used to guide the number of staff on each shift. Whilst the tool factored in hours for people's personal care, it did not include hours for staff training. The nominated individual stated staff completed their training at home in their own time.
- The home manager confirmed shift staffing levels. We matched this against the rota. However, we noted some staff worked excessive amounts of shifts in a set month. This placed people at risk of being supported by fatigued staff.
- The provider told us there was ongoing recruitment of more care workers. We noted there was insufficient staff employed to cover planned and unplanned leave, which led to other staff completing long spells of back-to-back shifts.
- There was a digital call bell system. However, no established timeframe for responses to call was in place. There was no auditing of call bell data to check people were not waiting excessive periods of time for assistance.
- There was no maintenance person, kitchen staff or activities coordinator employed. Care workers were expected to cook or heat meals, serve them and clean up. This meant less time with people to observe their safety and provide a meaningful social interaction.
- During busy periods, such as breakfast time, care workers were in people's bedrooms completing personal care. In the communal lounge and dining room, people were routinely left on their own. They were at risk because of a lack of staff oversight.

- At lunchtime, people repeatedly sat around waiting for staff. We observed people sat for long periods in the dining room waiting for their food. Following their meal, people were delayed from leaving the dining room as staff were busy tidying up.
- Incident and accident data showed that some people had sustained harm where it was unwitnessed by staff, as they were unable to supervise behaviours that challenge closely. People were also noted to walk with purpose around the building without staff support.

Sufficient staff were not deployed to ensure people's safe care, which placed them at risk of avoidable harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were kind and compassionate with people. People enjoyed when staff interacted with them.
- Relatives told us, "When we go there seems to be plenty [of staff] around and at the weekend", "I visit every day and they seem to meet the requirements on staffing", "It all seems to be fine. At times they were a bit short-staffed" and "There seem to be enough staff. Most residents have to be helped to the toilet."

Recruitment

- We asked the nominated individual for a staff member's personnel file content, which is set out in the applicable regulation. They were unable to provide all of the required information and documents.
- We checked our monitoring information and found the nominated individual was previously asked for the same information in January and February 2022 following concerns. They provided limited information. They wrote, "I took all the reasonable precaution(s)...I used a reputable hiring agency to advertise, to source out the right person. They are responsible for checking out the relevant qualifications, picking up the necessary references from previous employers. I would not be able to do anything better than what they did."
- However, the provider failed to ensure they had gathered the necessary information required to ensure a safe recruitment process. The legal responsibility for this lies with the registered provider, and not with third parties such as recruitment agents.

Recruitment procedures were not properly established and operated effectively to ensure that persons employed were 'fit and proper'. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Another personnel file we checked contained all the necessary information. This included a full job history, proof of conduct in prior roles, identity checks, proof of right to work in the UK and a criminal history certificate. 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.
- Staff confirmed they completed an induction which fully prepared them for their role before working unsupervised.

Using medicines safely

- Medicines were not always managed safely.
- Controlled drugs were found stored outside the safe. Controlled drugs are those subject to strict storage and management requirements.
- Controlled drugs for a person who left the service were also not returned or destroyed.
- Regular checks of the controlled drug stock levels were not completed. Medicines could be missing, and the managers would be unaware.

- The fridge temperature was recorded, but the high and low temperatures were not checked, and the thermometer was not reset. This meant medicines may have been incorrectly stored.
- Other medicines which were meant to be returned to the pharmacy were stored in a jar. Some dated back to June 2022. Unused medicines were not correctly handled.

Medicines were not properly and safely managed. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a satisfactory medicines administration policy in place. Staff confirmed they received suitable training in supporting people with their medicines.
- Competency checks of staff medicines administration were completed.
- Relatives stated, "[The person] has had her medication changed. They sorted it out and she gets her medication when she needs it", "They keep all of that in order", "It is all done properly. [The person] has liquid medication and they make sure that she gets it" and "They [staff] come up with the pills she has to take, and they watch her while she takes them."

Preventing and controlling infection

- People, staff and others were at risk because some infection prevention and control requirements were unsatisfactory.
- Personal protective equipment was incorrectly handled and stored. This increased the risk of cross contamination of clean items. Incontinence products (pads) were also stored in inappropriate areas, such as bathtubs and on the floor.
- The cleaning staff failed to maintain records of cleaning they completed. The service was unable to demonstrate what cleaning was completed. The home manager had created a cleaning schedule, but the service was unable to demonstrate how it was followed.
- Mops, buckets and cloths used for cleaning were not colour-coded and not stored correctly. This meant cleaning materials were being used incorrectly across multiple areas and surfaces.
- We advised the provider to take prompt action to address the risks and returned to check they had.

People and others were not protected as far as possible from preventable infections. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.
- There were no restrictions to visiting the care home; the service followed the government guidance in place at the time of our inspection.
- Relatives said, "It is very clean, and we come unannounced and they are always welcoming", "It is fine. There is never a smell of urine" and "It was kept clean and tidy. All through [the pandemic] it was always sanitised."

Systems and processes to safeguard people from the risk of abuse

- There was a satisfactory system in place to protect people from abuse. Some improvement is required.

- There was a suitable policy in place. Staff confirmed they received training in safeguarding and knew how to report suspected abuse.
- Safeguarding incident logs were completed by the home manager. They contained information about the events and actions taken. Evidence of ongoing investigation or feedback from the local authority was not always logged or obtained.
- Referrals were made to the local authority. However, the home manager reported some allegations to one local authority and some to another. This meant the local authorities did not have a comprehensive or accurate list of all incidents reported.
- The home manager acknowledged this error when we alerted them. We have shared information with both local authorities so they can liaise with each other and the service regarding historical reports.
- Some reporting of events to third parties was delayed. None of the management team had received training in investigating and managing safeguarding incidents. The provider booked formal training for the home manager and deputy manager in how to handle safeguarding allegations.
- Relatives stated, "They [staff] do extremely well. They are very attentive. They call us if they need to. We think [the person] feels safe and happy", "They [staff] are really nice. I'm sure [the person] feels safe. She is settling in well. She was so much more at risk before" and "[The person] seems very well looked after and kept safe."

Learning lessons when things go wrong

- Incidents and accidents were reported, investigated and documented. Some improvement is required to ensure completeness.
- People's daily notes did not always accurately reflect incidents. This was because care workers did not always report events as actual incidents. There was an overreliance on the home manager flagging issues as incidents. Sometimes there was a delay in raising the incident report because of this.
- However, when the home manager flagged incidents, they were appropriately investigated, and actions taken were clearly stated. There was no evidence that any incidents were unreported.
- There was trending and theming of incidents and accidents to examine any patterns and prevent recurrence.
- There were good examples of lessons learned from incidents, and where needed, this information was shared with staff.
- Relatives said, "They [staff] are good at communication [about incidents]. It takes a weight off your shoulders", "It is very good care. They [staff] have put a mat by the side of [the person's] bed to help prevent her falling" and "[The person] has had one fall during the night. She hurt her head. They [staff] were very informative about it and they arranged for her to be taken to hospital."

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 good. At this inspection the rating has changed 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

- The nominated individual failed to ensure they carried out their role fully and diligently in the oversight of the service.
- The nominated individual told us that they employed the home manager and deputy manager to ensure the safety and quality of care. However, they had failed to adequately oversee some aspects of governance which was their responsibility.
- The statement of purpose was not updated or sent to us when there was a change in management. The statement of purpose contains important information such as aims and objectives of the service, registration details and contact methods for the provider.

The provider failed to keep under review and revise the statement of purpose. This was a breach of Regulation 12 (2) of the Care Quality Commission (Registration) Regulations 2009.

- The service's prior inspection rating was displayed on their website. However, it was not displayed within the building. We pointed this out to the nominated individual, however the poster was not placed up.
- Two people's behaviours that challenge were not appropriately managed. Whilst there were suitable risk assessments and accompanying support plans in place, they remained at risk. We saw evidence that interventions such as healthcare reviews were requested. Medicines were also used. However, the two people continued to sustain harm. A staff member was also threatened by a person.
- We spoke with the management team about this. They explained actions they had used, which were within the care documentation. However, they had not fully explored all options and had not consistently involved the local authority to mitigate the risks for the two people, other people, staff and visitors. We have advised the local authorities of our concerns so they can follow up to ensure the safety of people.
- The nominated individual had not maintained suitable documentation about the governance of the service. Examples included a clear trail of actions taken for maintenance matters and some personnel file content. When we asked for these documents they were not produced, or we were told they were "...within e-mails." Additional time was given for the documents to be found and provided.
- The home manager had successfully implemented a schedule of audits to measure the quality of care. For example, this included infection control, medicines, housekeeping, fire safety, and health and safety.
- Whilst the audits were completed by the management team in line with the schedule, they did not always detect failures in safety and compliance with regulations. In this report we have referred to issues with premises and equipment, safe medicines management, infection control and fire safety. Despite the audits,

the provider had failed to comprehensively log some of the shortfalls and act on them to ensure safety.

- The nominated individual was present in the service on a regular basis. They acknowledged they spoke with the home manager and deputy manager about any improvements. However, they failed to independently check the audits findings, and whether any changes were required as a result.

The provider failed to effectively assess, monitor and improve the quality and safety of the service. The provider failed to maintain some records associated with persons employed and the management of the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home manager had set up and maintained a continuous improvement plan. They had listed some items which required action, prioritised them, assigned them accordingly and updated the plan as needed.
- The home manager had also introduced a comprehensive set of up-to-date policies and procedures for the service. These were available to staff to read and the home manager ensured they were shared, and content raised, for example during staff meetings.
- The home manager and deputy manager held weekly meetings to discuss areas for improvement, people's care and actions that required completion.
- Relatives were complimentary of the home manager and deputy manager. They said, "Right from the beginning [the home manager] has been unfailingly helpful and supportive. We watch her with the residents, and she is hands-on. She is also good on the practical side. She sorted out the medication issue and the transfer of continence products", "[The home manager] is amazing. So informative", "[The home manager] is always very pleasant and welcoming and kind. She spends time with [the person] and so does the deputy manager", and "[The home manager] is very outgoing and effusive. She is caring and involved the residents. I can raise any issue with her any time."

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

- Care was provided in a person-centred way. People who could speak with us told us they were "happy" and "satisfied". One said, "I like living here...I like the staff."
- Staff said they completed person-centred care training, read people's care plans and spoke with people and their relatives to ensure care was individualised.
- Positive feedback about care was actively sought from relatives by the home manager. This was via a review website. Comments included, "...We are very pleased with the care and support [the person] receives. The staff are dedicated and extremely caring when dealing with him", "No matter what time we visit, we see the endless kindness, consideration and respect of the staff as they interact with the residents" and "Although the staff are incredibly busy, they always seem to have time for each resident..."
- There was mixed feedback from relatives about their involvement in care planning. Comments to us included, "It [the care plan] had been drawn up previously with her live-in carer. The transition was easy. They [staff] are very good with the paperwork", "[The person] was transferred from home. A review is due, and I have been informed about that", "We helped to draw it [the care plan] up. It is due for revision", "I have not seen a care plan", "I haven't seen one", "I don't remember anything about a care plan or review" and "I haven't seen one but they do have one for him. I think they will be changing it soon."

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

- There was an open and honest culture at the service.
- The home manager understood the duty of candour requirement. They reported notifiable safety incidents to the local authority and us.

- Documentation showed relevant matters were thoroughly investigated and documented well. Apologies were provided verbally.
- Although a letter was sent to a relevant person about an injury, it did not contain an apology about the event. The home manager acknowledged this oversight when we pointed it out. The letter did contain all the other information required by the applicable regulation. No risk of harm or actual harm occurred due to the missing apology in the document.

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

- There was good communication with people and relatives, which ensured information was provided in a timely manner.
- A relatives' meeting had not been held for some time. However, the home manager and deputy manager organised for one to be held in January 2023. Information was shared with the relatives so they were aware of changes and could ask questions. Relatives had suggested a staff photo board, and the home manager had added this to their action plan.
- There were regular meetings with both day and night staff. Minutes showed that important updates and information were shared with staff, and staff could provide feedback.
- Staff told us managers were accessible, approachable and felt their views were considered.
- Staff stated, "This care home is very tidy and gives the best care to the residents. We have very lovely residents, their families and staff. I enjoy working here", "White Lodge is a good and privileged home" and "I love working for this service. Enjoying time with the residents and staff while at the same time I'm learning."
- No staff surveys had been undertaken. The home manager told us they planned to complete this. There were relatives' surveys distributed in late 2022, and the results were being collected at the time of our inspection.
- Relatives confirmed good communication with them. They stated, "[The staff] communicate well by email and by phone. They also have a Facebook page and video. They have called us in the last month", "They keep us well informed with emails and phone calls", "They email if there is anything wrong. I'm the first one to know" and "Communication with relatives has increased since [the home manager] took over. She emails about all the activities and the events."

Continuous learning and improving care

- The home manager had implemented lessons learned processes. This ensured information gained from reported incidents and accidents was used in a way to prevent recurrence of the same incident.
- The home manager also successfully implemented electronic care planning. This had improved the care documentation, both in detail and frequency. Care workers used handheld devices or a computer to enter their notes. Further detail was required in some sections, and the home manager explained they were working with care workers to further improve the quality of recording.

Working in partnership with others

- The service worked with social care professionals, including the local authorities who commissioned some people's care.
- Healthcare professionals were involved in people's care whenever needed. This included the GP, paramedics, and specialist nurses. The service used telemedicine (remote video technology) when people needed to be seen without the need for an in-person consultation.
- There were good connections with local faith and culture-based organisations. This ensured people could follow their beliefs and practice their religion.
- A social media account was set up so information could be shared with relatives about activities and meetings. It is secured, to protect people's confidentiality.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose</p> <p>How the regulation was not being met:</p> <p>The registered person failed to keep under review and, where appropriate, revise the statement of purpose.</p> <p>Regulation 12 (2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure service users and others were protected against the risks of preventable infections. The registered person did not ensure the safe management of service users' medicines.</p> <p>Regulation 12 (1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not effectively operate systems or processes to ensure good governance. The registered person did not assess and monitor the quality and safety of the services provided in the carrying on of</p>

the regulated activity. The registered person failure to maintain such records as are necessary to be kept in relation to the management of the regulated activity.

Regulation 17 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person failed to establish and operate effectively recruitment procedures to ensure that fit and proper persons are employed. The registered person failed to ensure the information specified in Schedule 3 was available in relation to each person employed.

Regulation 19 (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not deploy sufficient numbers of suitable staff to ensure service users' safety.

Regulation 18 (1)