

# Prime Life Limited

# Sandybrook

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Sandybrook is a residential care home providing accommodation to people who require personal care to up to 25 people. The service provides support to younger and older people who are living with mental health, physical disabilities, sensory impairments or dementia. At the time of our inspection there were 24 people using the service.

### People's experience of the service and what we found:

Risks were not always safely managed, and recruitment practices were not robust. Sufficient staffing was not in place and although this had been raised both internally and externally this issue had not been resolved. Medicines were not safely managed. Although the home appeared clean, we found multiple infection control practices that were not safe. People were supported to have visitors and there was some evidence of the home learning lessons in relation to previous accidents and incidents. People told us they felt safe living at the home and we were able to see that appropriate safeguarding referrals had been made when needed.

Environmentally the home needed improvements made, to ensure it is safe and suitable for the people living there. Staff did not receive regular supervisions in line with policy, and staff training compliance rates needed to be improved. People's needs were usually assessed before admission. Although people were supported to eat a healthy balanced diet, we were not assured that people who required thickened fluids were receiving them. The service worked with a variety of health and social care professionals.

People were not always supported to have maximum choice and control of their lives though staff tried to support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Though we did find examples where people needed restrictive practices put in place and this had not been considered.

Although we observed staff were kind and caring, some of the concerns identified at this inspection did not mirror this. People were involved in making decisions about their care.

People were not supported to regularly take part in activities. We were not assured that people received person centred care and records did not reflect a person-centred approach. People's communication needs were being met, however, the newly appointed manager needed to improve their knowledge on how to make information accessible. We made a recommendation about this. A complaints policy and log were in place and complaints had been resolved in line with policy. No one was in receipt of end-of-life care during our inspection, though end of life policies were in place.

We identified poor governance and oversight during our inspection. Audits were not robust and failed to identify or resolve issues identified during our inspection. Surveys and staff meetings were being conducted. However, when staff shared issues, these were not always acted upon. Staff feedback around culture and management was mixed and we found that due to the issues identified throughout the report people were

at risk of receiving poor outcomes. The newly appointed manager was not able to successfully explain about the duty of candour to our inspector during the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (Published 16 September 2020) and there were breaches of regulation. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last targeted inspection on 05 January 2021 we made recommendations about the providers recruitment processes and risk around assessing and recording people's dietary requirements. At this inspection we still had concerns about these issues.

#### Why we inspected

The inspection was prompted in part due to concerns received about various aspects of care, poor record keeping and a lack of staff training. A decision was made for us to inspect and examine those risks.

#### Enforcement and Recommendations

We have identified breaches in relation to medicines, risk, infection control, recruitment, staffing, premises, training, staff support, activities, records and governance. We have also made a recommendation around ensuring the new manager is fully aware of the requirement to make sure information is accessible. 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### 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 well led.

Details are in our well-led findings below.

**Inadequate** ●

# Sandybrook

## 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.

#### Inspection team

The inspection team consisted of an inspector a regulatory coordinator 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

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

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post. Though the service had recently recruited a new manager who told us they planned to register.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought

feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with 10 people who used the service, 6 relatives and 1 health care professional about their experience of the care provided. We spoke with 8 members of staff including the regional manager, manager, the associate director for elderly services, a registered manager who was supporting from another service, 3 care workers and a chef. During the inspection, we visited both floors of the home and we reviewed a range of records. This included reviewing 3 people's care records in detail. During the inspection we also looked at multiple people's medicines records, storage of medicines and various medicines documentation. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 Inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider thoroughly reviews its process for assessing and recording dietary requirements to ensure they are consistent with best practice. At this inspection we still had concerns around nutrition and hydration.

- Risks were not always being appropriately managed. Records relating to the use of thickener was poor and food and fluid intake charts did not often confirm if thickener had been added to people's drinks when needed. When reviewing records in the kitchen we found people's dietary needs were not always correctly recorded. These concerns meant we could not always be assured people were receiving the appropriate diet to meet their needs, though there had been no recent incidents relating to this.
- People's emergency evacuation plans (PEEP) were not always up to date. We found 3 examples of out-of-date information in the PEEP folder from the information we sampled. This meant that during a fire people may not be safely evacuated. The regional manager told us these records had been updated following identifying these concerns.
- Some people who were cared for in bed had a crash mat to help protect them if they fell out of bed. However, there was no sensor mat in place and their bedroom doors were closed and required a key to enter, so should they fall from bed staff may not be aware for some time. This could be 2 hours or more.
- Records relating to turning when people required pressure relief were not regularly being completed, so we were unable to determine if people were being appropriately re positioned. Though no one in the home had any pressure sores at the time of the inspection.
- Some people in the communal living room, who could not independently mobilise, did not have access to a call bell and staff were not always present.

The provider had failed to ensure risks were being appropriately managed. This put people at increased risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

### Staffing and recruitment

At our last inspection we recommended the provider thoroughly reviews its recruitment processes to ensure they are compliant with legislation and best practice. At this inspection we still had concerns around recruitment.

- The provider did not always operate safe recruitment processes. Recruitment records were not always

complete. There were gaps in some staff records and concerns identified, which had not always been risk assessed. We also found gaps in employment that had not been addressed. The new manager had also not completed a full interview assessment for their role as manager, as various questions had not been asked at interview.

The provider had failed to operate a safe recruitment process. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

- The provider failed to ensure sufficient staffing levels were in place. The local authority had discussed their concerns around staffing, and this had not been addressed. A business case for additional hours had been submitted but this had not been approved.
- During our inspection we found staff was not always easy to locate, many people were sat in the lounge and staff were not always present. On our first day of inspection, which was unannounced we found staff took a while to answer the door on our arrival.
- The dependency tool did not reflect the actual number of hours needed to care for some people that were very reliant on staff support. Most night shifts did not have any staff on shift that could administer medication, and night staffing appeared low based on the level of support people required.
- A staff member told us "No, I don't think there is (enough staff). It should be run with 4 staff on the day, 3 isn't enough. I have said this to the old bosses, but nothing got done about it."
- People's comments included, "I don't think there is enough staff because I have to wait to go the toilet." and "I am here on my own and I need staff to help me. Sometimes I wait ages for my call bell to be answered." One family member said, "I don't think there is enough staff."

The provider failed to ensure appropriate staffing levels were in place. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

#### Using medicines safely

- Medicines were not always safely managed, and people were placed at risk. Pill counts did not always match records, which meant we were not sure people had always received their medicines as prescribed.
- Medicine room temperatures and fridge temperatures were not always being taken daily, which meant we were not always assured medicines were being stored in line with the manufacturer's guidance. We also found the weekly medication room duties had not been signed off since 10 November 2023.
- We found for 1 person, anticipatory end of life drugs were in stock that has not been booked in, so the home had no recorded log of receiving these. Prescribed tablets were also in stock that were not on the electronic medicines administration record (EMAR) for one person. 'As and when' medication was in stock, but not showing on one persons current EMAR sheet. We also found that some creams weren't always dated when opened, which is good practice, as these creams needed to be disposed of 3 months after opening in line with the manufacturers guidance.

The provider failed to ensure medicines were managed safely. This placed people at risk of harm. This is a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

#### Preventing and controlling infection

- Infection prevention practices were not always safe. Communal toiletries were found in communal bathrooms along with a number of hairbrushes around the home, most of which were not labelled/named.
- One communal bathroom had someone's underwear in, a slipper in a cupboard with no label on and a packet of personal hygiene products not belonging to any residents. One communal bathroom did not have



soap in the dispenser when checked on day 1 and day 2 of the inspection.

- Although for the most part the home appeared clean and tidy, records relating to cleaning needed to be improved. The cleaner told us that grab/handrails were cleaned weekly and there was no paperwork in place that supported these being cleaned more often.

The provider had failed to ensure appropriate processes were being followed regarding IPC practices. This put people at risk of infection and significant harm. This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

During the inspection the regional manager removed the communal items from the bathrooms and assured us that daily cleaning records would be improved.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

- We reviewed records in relation to lessons learned relating to accidents and incidents and the regional manager was able to show us a recent audit that had been introduced for lessons learned.

#### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. We were able to review safeguarding records and a safeguarding policy was in place.
- People told us they felt safe, one person said, "I am safe and cared for, although I do most things for myself."

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to ensure the design and decoration of the service met people's needs and was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

We also recommended the provider considers best practice guidance to ensure the environment meets the needs of people using the service. These issues had also not been fully addressed.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 15.

- The design and decoration of the service did not always meet people's needs. We found paint in unlocked rooms/cupboards which could be hazardous. Wardrobes were not secured to any walls in any of the bedrooms we looked at. We were advised this would be rectified immediately by the maintenance man.
- Various rooms we visited also needed some elements of maintenance, for example one ceiling in an ensuite was in disrepair, some taps in ensuites were loose and a light in an ensuite was not working.
- At our last inspection we also noted that the environment had not always been adapted to suit people's needs for example toilet seats were the same colour as the toilet, which is not best practice for people living with dementia. 17 out of the 24 people living at the service were living with dementia. The recommendation we made at our last inspection regarding the need to have a contrasting toilet seat to better support people living with dementia had not been actioned.

The provider failed to ensure the design and decoration of the service met people's needs and this was a continued breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

Staff support: induction, training, skills and experience

- Although an induction programme was in place for new starters, staff did not always receive support through regular supervision and training was not always up to date.
- The service had a policy in place that supported staff supervision and stated this should take place "approximately every 8 weeks" We found multiple examples where this had not happened. Staff comments

included; I've had one supervision since I've been here about 3 months ago." And "(I've) Not had a 1:1 recently."

- Training compliance rates were low in numerous areas including Safeguarding, Fire safety, Infection control, Mental Capacity Act and Autism awareness. This means staff may not be aware of the most up to date information in these areas.
- One staff member said "(I've) Not had any training on nutrition or diabetes. I asked the old manager, but nothing ever happened. I would like this training; it would be good. I would like to know more about diabetes. I think I might ask again for more training now we have a new manager in post."

The provider failed to ensure staff received appropriate supervisions in line with their policy and that staff completed necessary refresher training courses to ensure they have up to date knowledge. This is a further breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

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

- People's needs were usually assessed before admission to the home. We found examples whilst on site that care records were not always updated when people's needs changed, this is covered in more detail in the responsive domain.

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

- People were supported to eat a healthy and balanced diet, though menu boards did not always match with the weekly planner. We also found (as mentioned in the safe domain) we could not be assured that people received appropriately thickened fluids when required.

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

- Staff tried to work effectively within and across organisations to try and deliver effective care, support and treatment, though as outlined in the safe domain we were not assured that this was always delivered. People were supported to live healthier lives, access healthcare services and support.
- People had oral health care plans in place, though these were at times contradictory and not as detailed as they could have been.
- The service worked with a variety of health and social care professionals including various health care professionals, safeguarding, falls team, and a stroke association.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- Consent forms were in place for the care plans we reviewed.
- Most people had appropriate DoLS in place, however we found 1 example of an expired DoLS that needed to be re applied for and 2 examples where people needed restrictive practices putting in place to ensure

their safety, but these safety practices had not been considered. The regional manager told us they would ensure the necessary DoLS paperwork was submitted to support this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained 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; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the registered manager and provider failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- We witnessed people being treated with dignity and respect by staff, however, some of the concerns identified throughout this report did not mirror this practice.
- There was an equality and diversity policy in place, but this spoke about employees not people that use the service.
- We found people's records were not always safely stored, this is covered in more detail in the well led domain
- Peoples comments included, "I am treated well by the staff. They don't shout and hold my hand sometimes when I need someone just to be with me. I forget things but the staff just remind me and I don't feel silly" and "The staff treat me with kindness and respect. I can tell the staff what I would like and they do try their best."

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

- Where possible, people and their relatives were involved in making decisions about their care and support.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure people had access to meaningful and stimulating activities on a regular basis. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- People were not consistently supported to follow interests or take part in activities to meet their needs. On day 1 of our inspection, we found a singer visited the home and a Christmas buffet was put on. However, we witnessed no other activities on any other day of our inspection.
- Staff told us that activities often fall off due to staffing numbers, their comments included "We used to bake on a Sunday, but this went due to being short staffed. Nothing much done lately due short staff, 3 months ago I think the residents did crafts. We had a girl come in the other day to do Christmas craft session" and "(when we are understaffed) Everyone gets the essentials done, activities sometimes have to be left a little bit." Feedback from the local authority has also echoed these concerns.
- The home did not have an activities coordinator. Records relating to activities confirmed limited activities took place, for example, activities logs in peoples care records were not often filled in and when they were, they referred to watching TV or listening to music as activities.
- An activities board in the home had numerous activities advertised, but we did not see these taking place.
- Staff feedback forms in the service acknowledged issues with activities. One stated "Don't always have time/staff to keep up with activities", whilst another said "Need more activities – could be improved."

The provider failed to ensure people had access to meaningful and stimulating activities on a regular basis. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

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

- We could not be assured that people received person centred care as detailed throughout this report.
- Care plans were in place, though they were not always reflective of the persons current presentation. For example, 1 person needs had changed and they were now cared for in bed and could not stand, however, their care plan said they were physically fit and likes to dance, it also said they are mobile. We found some of

the assessments had not been updated to reflect their changed needs.

- We found 1 person's care plan stated they do not have a DNACPR in place but they did. This means that in an emergency, this person may be resuscitated when they should not be. We also found that some people's hospital passports contained incorrect/out of date information, meaning that on admission the hospital may not receive the most up to date information about the person.

The provider had failed to ensure records were accurate and up to date in respect of service users. This put people at risk of receiving poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The regional manager told us they were working to improve records and ensure necessary changes were being made following the inspection.

#### 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.

At our last inspection the provider failed to ensure people had access to information in ways they could understand. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

At this inspection we found no impact on people in relation to their communication difficulties, therefore the provider was no longer in breach of this aspect of regulation 9. However due to the lack of knowledge about accessible information from the newly appointed manager, we have made a recommendation about this.

- The newly appointed manager was not aware of the Accessible Information Standard or their responsibilities in relation to this.

We recommend the provider ensures the registered manager is aware of how they must meet people's needs in relation to the accessible information standards.

- The regional manager spoke about how they can and do support some people with communication difficulties. They offered us assurances that appropriate training/knowledge/support would be provided to the newly appointed manager regarding this.

#### Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available on request, and this explained the process people could follow if they were unhappy with the service they received.
- There was a complaints log in place, though this did not always make it clear what actions had happened or when. On review of additional paperwork we found that all the complaints we looked at had been responded to appropriately.

#### End of life care and support

- An end-of-life policy was in place. People were asked about their wishes in relation to end-of-life care, and

this was recorded in their care plan, though no one at the service was receiving end-of-life care at the time of the inspection.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider did not have an effective management structure. The provider did not effectively monitor the quality of care provided in order to drive improvements.
- Various audits that were in place had not identified the risks we found during this inspection as outlined in this report.
- Whilst we were on site, 2 historic notifications had been sent to CQC which had not been notified in a timely way.
- Improvements we found during our 2020 inspection had not been sustained. We found some continued breaches of regulations from our 2019 inspection and recommendations made in 2021 had not been resolved and were now breaches. The service has not obtained a good rating from CQC since 2016.
- During our inspection, on 2 occasions when walking around the home, we found the computer (tablet) used to complete medicines paperwork had been left unlocked in a hallway during medicines rounds which held people's personal information. This means people's personal data was not always protected.

The provider had failed to ensure good governance. This put people at risk of receiving poor care. This was a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The regional manager told us they would work to improve these failings.

- The home currently has no registered manager in post, though a new manager had recently been recruited.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff did work in partnership with the local authority, various other agencies and health professionals to try to ensure people received appropriate support. However, this approach was not consistent as mentioned throughout this report.
- Surveys had been carried out for people, their relatives and staff. As mentioned in the responsive domain, staff had identified issues with activities in their surveys and this had not been resolved.
- Staff meetings were taking place, however, we found that feedback or lack of information from these meetings was not acted on. At 1 meeting, the activities section (on the minutes) was left blank, which further

highlights the issues outlined earlier in this report regarding activities. At another meeting concerns were shared about documentation not being appropriately completed and this has been a theme we identified at our inspection.

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

- People using the service were at risk of receiving poor outcomes as identified throughout this report.
- Staff comments around the culture, morale and management was mixed, this seemed to be due to the fact a new manager had recently been recruited. Staff comments included, "I sometimes feel overwhelmed with it all but on the whole I'm ok. Some days we only had 2 staff on. Everyone got really fed up. Hopefully things will change now a new manager is in post. Our team get on and we know each other well. If concerns, I see (regional manager) and she sorts things out straight away" and "I would say my number 1 suggestion is to get more staff. I haven't ever raised this as I didn't feel like I could under the old manager."
- A whistleblowing policy was in place, which explained how staff could whistleblow on poor practice.

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

- The newly appointed manager became confused when asked about duty of candour and spoke about meeting regulations and the inspection domains. However, they did know that they needed to notify us of certain concerns.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to ensure people had access to meaningful and stimulating activities on a regular basis.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider failed to ensure risks within the environment were identified and managed to ensure people were safe and design and the decoration of the service met people's needs.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to ensure robust recruitment systems and processes were in place, placing people who used the service at risk.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure appropriate staffing levels were in place.  The provider failed to ensure staff received appropriate support and regular training.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure medicines were managed safely.  The provider failed to ensure risks were being appropriately managed.  The provider failed to ensure infection control practices were safe.

### The enforcement action we took:

Warning notice issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure robust oversight was in place and any improvements were sustained.  The provider failed to ensure records were up to date.

### The enforcement action we took:

Warning notice issued