

High Oak Care Limited

Rosewood Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rosewood Care home is a residential care home providing personal care and accommodation for up to 43 people some of whom may live with Dementia. The service was supporting 25 people at the time of the inspection.

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

Although some improvements had been made since our last inspection the risks to people associated with their care and treatment continued to be consistently not well managed which left people at potential risk of harm. Improvements were being made to ensure people received their medicines when they needed them. Enough staff were on duty to meet people's care needs. Systems were in place to protect people from risk of abuse. Measures were in place to prevent the spread of infection.

People were overall 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. Staff had the training they needed for their role. People were provided with choices at mealtimes but there was a lack of interaction between people and staff during meals. People accessed healthcare services to ensure their needs were met.

People were supported by staff who were caring and were supported to make daily choices about their care. People were treated with respect and dignity.

Staff knew people well and were responsive to their needs. Improvements were being made to ensure records contained personalised information about people including their end of life wishes. People knew how to raise concerns. People had opportunities to engage in activities although this could be improved for people that lived with dementia.

Improvements had been made since our last inspection, however due to changes in management and Covid-19 these has not been sustained and embedded. Systems were in place to maintain oversight of the service, but these were not always robust to ensure actions were taken in a timely manner. The culture of the service was not consistently person centred, but action was being taken to address this.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 12 July 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained, and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified continued breaches in relation to the safe support provided to people and the overall governance of the service at this inspection. We have not issued any further enforcement actions and the conditions we imposed following our previous inspection will remain in place.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Rosewood 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 Care Act 2014.

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

The inspection was undertaken by two inspectors.

Service and service type

Rosewood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 April and ended on 13 May 2021. We visited the service on 29 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does 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 of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and four relatives about their experience of the care provided. We also spoke with eight care staff, activities co-ordinator, chef, deputy manager, and the provider and a visiting healthcare professional.

We reviewed a range of documents and records including the care records for six people, four medicine records, two staff files and training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We reviewed various records such as training information, care plans and quality assurance records. We also undertook telephone calls to relatives and staff to gain feedback. We had telephone discussions with the deputy manager and the provider to discuss these records and the service.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had not ensured assessments of risks relating to the health safety and welfare of people were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made these had not been embedded and sustained at this inspection and the provider was still in breach of regulation 12.

- On our last inspection we found some people did not have assessments of risk associated with their care. Where people required the use of equipment such as a hoist to transfer, a care plan and risk assessment had not been completed. On this inspection we found although peoples care plans and risk assessments referred to the hoist being required, their continued to be a lack of information provided to ensure staff followed the same consistent procedure.
- One person who had a skin condition did not have a risk assessment or care plan completed to make staff aware of this and the ongoing monitoring for this. Although the persons skin was being treated by a district nurse the lack of information meant staff did not have clear consistent guidance on how to support the person.
- On our last inspection we found there was a lack of detail in care plans about the management of people's skin integrity. On this inspection we found care plans continued to lack sufficient information about the frequency of repositioning. Feedback from staff and the monitoring records we reviewed continued to be conflicting around the frequency of the repositioning to prevent the breakdown of a person's skin. For example, when asked a staff member told us, "[Person] needs to have pressure relief every two hours during the day." But when we reviewed the monitoring charts pressure relief was provided between two and five hours. The lack of information meant staff did not have clear consistent guidance on how to support people.
- Where people were at risk of not eating or drinking enough, we found improvements had been made with the recording of people's fluid intake. Staff had information about people's daily targets and any concerns were shared during handovers. However, the records we reviewed for food intake did not reflect how often food was encouraged throughout the day and night when a person refused meals at the standard mealtimes.

Systems were not robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- We reviewed the management of medicines including controlled drugs held at the home. We found discrepancies with the balance of boxed medicines for three people based on what medicines had been administered. This meant the provider could not be assured people had received their medicines as required.
- Where people had medicines administered to reduce their distressed behaviours, the rationale for this and alternative methods that had been tried had not been recorded.
- Medicines audits had been completed and we saw shortfalls had been identified and action was being taken to address these. This included changing the pharmacy that is being used, and further training for senior staff in these areas.
- Staff told us they had received training to administer medicines which included an assessment of the competency to do this safely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when supported by staff. One person said, "Yes I am safe here, the staff are a good bunch and I haven't seen anything abusive."
- Relatives told us they had no concerns about the safety of their loved ones. One relative told us, "I have not been in the home due to Covid restrictions, but I have visited and [person] always looks well so I have no cause for concern."
- Improvements have been made since our last inspection and the management team had reported any safeguarding concerns to the local authority and CQC. The current deputy manager was clear about their responsibilities to safeguard people.
- Staff we spoke with confirmed they had received training in relation to safeguarding people from abuse and knew the procedures to follow. One staff member told us, "I would share any concerns with the deputy or the provider, or if needed contact CQC or the local authority. I would take action to get it addressed."

Learning lessons when things go wrong

- We reviewed the systems in place to monitor incidents and accidents in the home. These were analysed on a monthly basis and action recorded where needed, of how risks to people were to be mitigated. Improvements had been made since our last inspection and the records showed incidents were analysed for patterns and trends.

Staffing and recruitment

- We asked people if there was enough staff to meet their needs. Seven of the nine people we spoke with told us there was. One person told us, "Yes the staff come when I need them to, I think there is enough." Another person told us, "Sometimes I have to wait, the staff are busy."
- We received mixed feedback from staff. Some staff felt there was enough staff to meet people's needs, whereas other staff told us an additional staff member on the afternoon was needed as the staffing levels reduced by one staff member to that of the morning shift.
- We observed staff were busy and mainly task focused during our inspection visit meeting people's core care needs.
- A dependency tool was in place and used to assess the number of staff required to meet people's needs. The provider told us this was regularly reviewed.
- We reviewed the recruitment files for three staff members. These demonstrated all the required recruitment checks had been completed before the staff members commenced working in the service. This included a Disclosure and Barring check (DBS), which ensured potential staff were suitable to work with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

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

- We observed the mealtime experience for people was quiet, and people mostly ate their meals in silence. There was a lack of staff interaction with people particularly where staff were supporting people to eat a meal. There were missed opportunities to engage in conversations with people. We raised this with the deputy manager and provider who advised us this was not normally the case and staff would engage with people.
- It was identified at our last inspection alternative methods to monitor people's weight gain or loss had not been considered for people who could not be weighed. On this inspection the deputy advised us everyone living in the home was able to be weighed. The deputy was able to tell us the alternative recognised methods they would use in such circumstances.
- People told us they enjoyed the meals. One person said, "The food is nice we have choices."
- Discussions with the chef and staff demonstrated their knowledge about people's dietary requirements, and food consistency.

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.

- Where people lacked capacity and were being deprived of their human rights the appropriate authorisations were in place. However, although the authorisations were in people's care files, this information had not been included within people's care plans to demonstrate these were in place, and how any decisions made were in the persons best interests and the least restrictive option.

- Although we observed staff gaining people's consent before providing support, we did observe an agency staff member restrict two people's movement. For example, when these two people stood up to walk around the home they were asked to sit back down. We raised this with the deputy who immediately addressed this with the agency staff member.
- Staff confirmed they had completed MCA and DoLS training and had an awareness of how this legislation impacted on their role. Staff were not able to tell us which people had a DoLS authorisations in place but knew there was a list in the office which provided this information.

Staff support: induction, training, skills and experience

- People we spoke with told us they felt staff had the training they needed to support them and meet their needs. One person said, "The staff seem to know what they are doing, I have no concerns about their abilities, they meet my needs."
- Staff told us they had the skills they needed for their role. One staff member said, "I have completed all the training I need for my role, and now Covid restrictions are being lifted we have more face to face training planned which will be good."
- We saw from the training information shared with us majority of the staff had completed the providers core training to enable them to meet people's needs. A programme was in place to ensure where there was gaps staff would undertake the required training.
- Training was being provided during our inspection visit by the Local Authority enhanced care team, in relations to prevention of falls and nutrition. The provider told us more training was being planned.
- It was identified at our last inspection competency assessments had not been undertaken to monitor staff skills and practices. Although we were advised observations were undertaken of staff supporting people, records were not in place to demonstrate this, apart from medication competency assessments.

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

- People had their needs assessed prior to moving in the home. Due to the Covid restrictions these assessments were completed by external professionals and then shared with the management team to decide if people's needs could be met.
- We reviewed the care records and saw some of people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, religion, and disability.

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

- There were signs around the home indicating communal areas and toilets to support people to orientate themselves. Some bedroom doors had been personalised to help people that live with dementia to recognise their bedroom, but some doors lacked this information. Further considerations could be made to make the home more 'dementia friendly'. People had personalised their bedrooms.
- We observed there was two televisions on in the main lounge which for people that live with dementia had the potential to impact on their senses due to the volume of noise this created. We discussed this with the deputy manager and provider who advised us they would consider this.
- Following the last inspection improvements had been made to monitor the temperature of the home including people's bedrooms to ensure this was at a comfortable level.
- A renewal programme was in place to redecorate areas that had been identified as requiring this.

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

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

- People and relatives confirmed they had access to healthcare services when needed which included opticians and dentist. One person told us, "If I needed to see or speak with a GP the staff would sort that out

or if I was poorly, I know the staff would take action."

- A visiting healthcare professional told us staff followed any recommendations they made about people's healthcare needs.
- People had a hospital 'passport' which was used to support people when they were admitted into hospital. This contained information professionals could refer to about the persons medical conditions.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who were able told us they were involved in making daily decisions about their care. One person said, "I can do what I want to do, when I want, the staff do involve me."
- We saw people who were able accessing the outdoor area at the front to go and have a cigarette and chairs had been provided for them to use.
- People and relatives told us staff listened to them. A relative told us, "Staff do listen and take on board my considerations when we discuss [persons] care."

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

- People told us they were treated well and respected. A person said, "The staff are great, and they work really hard. They speak to me with respect and treat me well." A relative told us, "The staff have had it hard during Covid-19 but they have they done their best to protect people and carried on regardless. They support [person] well and always speak respectfully to me."
- People were supported to dress in accordance with their preferences and have their personal belongings close by them. We saw one person who had been supported to decorate their walking frame to express their individuality.
- Information was displayed on the notice board celebrating people's diversity and events such as Gay Pride and information about the LGBT community were displayed. The deputy manager told us how staff culture was also respected and how their working patterns were adjusted based on religious events.

Respecting and promoting people's privacy, dignity and independence

- We saw staff maintained peoples dignity by asking them discreetly if they wanted to use the toilet. Staff also adjusted peoples clothing when using equipment to transfer from their chair to ensure their body was not exposed.
- People told us staff respected their privacy. One person said, "If I want to be alone in my room this is respected, and staff knock before coming into my room."
- People told us their independence was promoted. A person told us, "The staff nursed me back to health. I couldn't get out of bed but with the staff loving care, support and encouragement I can now walk."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Feedback from people and their relatives was positive and people told us their needs were met. One person said, "The staff are wonderful, and I like living here, they meet my needs." A relative said, "[Person] has improved so much from being in the home they look so much better, we are happy and satisfied their needs are being met."
- At our last inspection we identified people did not have care plans in place or information within the care plans was not enough for staff to meet people's needs. We found some improvements had been made and everyone was reported to have care plans in place, but work was ongoing in developing the care plans.
- Although there were some gaps in the records and information did not always reflect people's personalised needs and preferences, we found staff knew people well. Staff told us about people's likes and dislikes and overall people's needs were met.
- A new activities co-ordinator had recently started working in the home. This staff member had started gathering information about people's preferences and life histories for those people who do not have these in place. The staff member intends to complete a document called 'This is me' to provide personalised information about people. We saw some of these had previously been implemented but then due to Covid-19 this had impacted on the work to complete these for everyone.

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 about how people communicated was recorded in some of the records we reviewed. Observations supported staff had an understanding about how each person communicated.
- Some information was provided in alternative formats such as an easy read complaints procedure. The provider advised us if needed any information would be made available based on people's needs such as alternative languages, and large print.

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

- People and relatives told us how staff supported them to maintain contact with their loved ones during the Covid-19 restrictions. One relative said, "We had telephone calls and tried video calls but that didn't

always work. The staff have tried their best to make sure we still had some contact with [person] which I am very grateful for. The communication with staff has been good and we have received updates throughout."

- The activities co-ordinator has started consulting people about what activities they would like to participate in. They facilitated a game of bingo and play your cards right in the main lounge. We also saw people playing a game of dominoes.
- The service has chickens in the garden which provides people with fresh eggs in the morning. We were also advised the gardening club will recommence when the weather is warmer. People had access to a large garden area which had been well maintained.
- Since the last inspection the hairdressing salon has been revamped for when this service can be provided again. Each month there is themed tasting session of different foods from different countries. The one planned for this month was foods from India.
- We were told by the deputy manager; staff also use technology which can be used for reminiscence interactive therapy activities (RITA). This is a touch screen which staff can use with people to recall and share events from the past. However, we did not see this being used with people that live with dementia during our visit.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise any concerns and felt confident any issues would be addressed. One person said, "I have no complaints at the moment but if I did I would tell the provider. I know he will get it sorted."
- Systems were in place to record and respond to any concerns shared.

End of life care and support

- The deputy advised us no-one was receiving end of life care at the time of the inspection.
- Work was ongoing to support people to discuss their end of life wishes. Some people and their families had been consulted and their wishes had been recorded.
- The deputy manager told us they were currently working with the Local Authority enhanced care team to provide training in this area to staff and to assist them in the development of end of life care plans.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had insufficient and inadequate systems in place to monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In response to this we imposed conditions on the providers registration. At this inspection although we found improvements had been made to the systems to monitor and audit these had not been embedded and sustained to fully meet the requirements of the regulations and the conditions imposed. Therefore, the provider remains in breach of regulation 17.

- Following our last inspection, changes were made to the management team and a new manager was appointed. This manager implemented changes to systems in the home and changed the care plans that were in place to meet the requirements of the conditions imposed. Further changes to the management team have been made and a new deputy manager has been appointed and has been working in the home for six weeks. A new manager is due to commence in her role once all the recruitment checks have been completed.
- Due to these changes in management and the impact of Covid-19 the improvements that were being made have not been fully embedded and sustained. The provider has been rated as requires improvement for the last four consecutive inspections. On this inspection we have taken into account the mitigating circumstances and the improvements that have been made.
- Systems had failed to identify that the records for people continued to not include all the required information to ensure people received person centred care. They did not always provide clear guidance for staff to follow to ensure people's needs and associated risks were met in a consistent way by staff.
- Systems in place failed to identify there was a continued lack of evidence to show people and their relatives (where needed) had been involved with the planning and reviewing of their care and support needs.
- Systems had failed to identify the culture within the home was not always consistently person centred. Opportunities to engage with people were missed with interactions being limited to the provisions of care and we saw occasions where people were not given choice and control over what they wished to do.
- Systems in place had not identified people who lived with dementia were sitting with no meaningful

engagement or objects to occupy them such as therapy dolls, rummage boxes etc.

- Improvements had been made and audits were in place and covered a variety of areas including medicines, and care plans. These systems had identified some of the issues we found during this inspection and action was being taken to address these. For example, the shortfalls with the medicines. The systems had not identified all the gaps in records, and monitoring charts. For example, daily records we reviewed did not tell us when personal care such as a bath or shower was provided to people. The deputy manager had recognised further work was needed to improve the care plans in place and work had commenced in this area.

This is a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our last inspection the provider had not ensured all notifiable incidents had been reported to CQC. This was a breach of regulation 18 Notification of other incidents (Registration) Regulations 2009. A fixed penalty was issued and paid. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had systems in place to maintain oversight of the home. However, during Covid-19 these systems were undertaken remotely with information shared with the provider by the management team in place. The provider is now back visiting the home on a regular basis. The provider completes a formal audit of several areas of the home on a quarterly basis with recorded actions. For example, where renewal is required to bedrooms or communal areas.
- People and their relatives knew who the provider was and confirmed he was a regular visitor in the home. One person said, "[Provider] is here a lot checking up and he comes in and says hello and asks how we are."
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed both within the home and on their website. The provider has been sending monthly reports as required by the conditions on their registration.

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

- Systems were in place to seek feedback from people, their relatives and staff. Meetings were held with people to gain their feedback and satisfaction surveys were sent out. A review of the records demonstrated positive comments were shared by people.
- The staff team had recently completed a questionnaire about working in the home and the provider demonstrated they had listened to the feedback and took action to make changes in response to this.
- Staff we spoke with felt supported in their role. One staff member said, "I feel listened to and supported. There has been a lot of changes to the management team and hopefully things will get better now. The deputy and provider are approachable, and I feel confident to raise any issues with them."
- Staff confirmed regular meetings were arranged previously before Covid-19 and handovers were used to share information.

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 provider and deputy manager understood her responsibilities in relation to the duty of candour regulation. Where incidents had occurred, they had informed the appropriate external professionals and people's loved ones.

Working in partnership with others

- The deputy manager told us how they worked in partnership with many agencies to ensure people's healthcare needs continued to be met, such as district nurses, GP, and dieticians.
- The management team has worked with all partner agencies including the local Public Health England office to ensure feedback and recommendations in relation to preventing and managing Covid outbreaks had been implemented in a timely manner.

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 People were not protected from harm due to the lack of robust risk management processes within the service.

The enforcement action we took:

Continued imposed condition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been embedded and sustained to assess and monitor risks relating to the health, safety and welfare of people using the service.

The enforcement action we took:

Continued imposed condition.