

## St David's Home For Disabled Soldiers, Sailors and Airmen

# St. David's Home

### Inspection report

12 Castlebar Hill  
London  
W5 1TE

Tel: 02089975121

Website: [www.stdavidshomealing.org](http://www.stdavidshomealing.org)

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### Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

St David's Home is a care home with nursing providing personal and nursing care for up to 76 adults living in four units. One unit is used to provide rehabilitation support to people with a range of physical disabilities with the aim of being able to live a more independent life and to return to their home or move to other accommodation. At the time of the inspection there were 54 people staying at the home. The home is operated by St David's Home For Disabled Soldiers, Sailors and Airmen, a registered charity.

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

People's medicines were not always managed in a safe way. The provider's arrangements for keeping appropriate medicines records, making sure staff's medicines training is up to date and the management of covert medicines were not always effective.

Relatives told us they thought people were safe at the home. However, the provider had not always assessed, monitored and managed risks to people's safety in the home environment.

There were appropriate infection prevention and control procedures, although the provider had not always maintained a clear record of how it made sure staff practices adhered to these. Staff had suitable personal protective equipment to work safely.

The provider had systems in place to monitor the quality of the service and take action to make improvements. However, these were not sufficiently robust to have identified and addressed the issues we found at this inspection and ongoing improvement was still required.

People were treated with respect and staff promoted their dignity and privacy.

People's care plans provided information about the support they required. This included some personalised information about a person's background, interests, preferences for their care, and their communication needs. The provider was in the process of transferring plans to a new digital systems at the time of our visit.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 14 January 2020) and there were multiple 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 or sustained and the provider was still in breach of regulations.

#### Why we inspected

We undertook this unannounced targeted inspection to check whether the Warning Notice we previously served in relation to regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Additionally, we checked if the provider had met regulations 9 (Person-centred care), 10 (Dignity and respect), 11 (Need for consent), 12 (Safe care and treatment), and 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which they were also breaching at our last inspection in October 2019. The inspection was also prompted in part due to a concern received about the safe management of medicines and a decision was made for us to inspect and examine those risks. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 coronavirus and other infection outbreaks effectively.

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 St David's Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of medicines, providing safe care and treatment and good governance at this inspection. You can see the action we have taken at the end of this report.

#### Follow up

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 work with the local authority to monitor progress. 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?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service caring?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service responsive?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# St. David's Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was also carried out to check if the provider had met regulations 9 (Person-centred care), 10 (Dignity and respect), 11 (Need for consent), 12 (Safe care and treatment), and 14 (Meeting nutritional and hydration needs) which they were also breaching at our last inspection.

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

This inspection was undertaken by two inspectors and a special advisor on 15 October 2020

#### Service and service type

St David's home 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 had 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the action plan the provider sent to us following the last inspection saying what they would do and by when to improve and evidence they provided to us of the actions the provider had taken to improve. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We had also requested information from the provider prior to the inspection. We reviewed feedback about the service we had received from adult social care professionals in the weeks before our visit. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided.

We also spoke with the registered manager, the clinical lead and two members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care plans for four people, 11 people's medicines support records and a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with seven relatives or friends of people who use the service and seven staff.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served in relation to good governance and on a concern we had received about the safe management of medicines. It was also carried out to check if the provider had met regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities), which they were breaching at our last inspection in October 2019.

### Using medicines safely

At our inspection in October 2019 we found the provider had not always managed medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 regarding the safe management of medicines.

- At the last inspection we found issues regarding the safe management of people's medicines. These included staff not completing people's medicines administration charts (MARs) appropriately, not always recording medicines storage temperatures, and not providing clear information to guide staff on when to support people to take 'when required' medicines. These are medicines given or taken only when needed, such as for pain relief. At this inspection we found some of these issues again and some new concerns. This indicated some people were at risk of not always receiving their medicines as prescribed.
- People's MARs did not always set out appropriately the necessary information for the safe administration of their medicines. For example, staff had hand-written a MAR for one person who was prescribed a gradually reducing dose of a medicine over a four week period. The instructions for this were not written clearly and this created a risk of recording errors or inaccurate administration. Staff had generally signed the MAR to indicate the person had received their medicine. However, in one week staff had not signed the MAR on one occasion indicating the person might not have received their medicine as prescribed on that day. In the following week there were signatures on three additional days which meant that the person might have received their medicines for three days longer than required. This meant that the person might not have received this medicine as prescribed.
- We viewed the MARs for three other people and found gaps where staff had not recorded if the people had received their medicines or not. This meant the provider could not be assured that people had always received their medicines as prescribed.
- Care records showed staff supported a person to take their prescribed medicines covertly. This means giving medicines to a person in a disguised way without their knowledge or consent, such as in food or drink. The provider had completed assessments in September 2019 to determine the person lacked the

mental capacity to make decisions about taking their medicines and it was in their best interests to administer their medicines in this way. However, these assessments did not state which medicines had been considered to be administered in this way and there was no record of these assessments being reviewed to make sure they were still applicable. The person's medicines care records also did not set out information or guidance from a pharmacist on how to prepare the medicine safely for covert administration so that it would still be safe and effective.

- Two care staff supported people to take their prescribed medicines via feeding tubes. This is a tube surgically placed in a person's stomach to help with feeding when they cannot swallow safely. At the time of our inspection the provider could not demonstrate that these staff had been trained and assessed as competent to provide this support. Similarly, competency assessments for some nursing staff stated they required assessments on how to apply medicine patches to people's skin and use syringe pumps safely. A syringe pump is a device that delivers medicine to a person at a constant rate through a tube into their body. This indicated staff had not always received sufficient training and assessment of their competency to provide the medicines support required of them.

- Staff had recorded on two people's MARs used in the month before our visit that the home had run out of stock of a different prescribed medicine for each person for a period of time. One person's MAR indicated they did not receive their medicine for over four days because of this. The other person's records showed they did not receive their medicine for 13 days. Staff explained that the re-ordering for medicines was managed by the dispensing pharmacist and people's GP surgery and this was the provider's policy. This was not in line with National Institute for Health and Care Excellence (NICE) guidance for managing medicines in care homes safely.

- Medicines storage records stated one unit held 164 paracetamol tablets but these could not be found when we checked with staff. Records also stated another 200 soluble paracetamol tablets were in stock, but in fact there was only 100. The provider also held some quantities of homely remedies medicines. These are medicines that can be purchased over the counter and do not need to be prescribed. The records for the stocks of these held on one unit were correct, but there were no records of the homely remedies held on another unit. These issues indicated the provider did not have appropriate arrangements in place to maintain and monitor sufficient stocks of medicines so people were always able to receive these when needed.

- Nursing staff conducted weekly audits of the medicines records on each unit. A sample of these indicated the audits picked up on and corrected some issues, such as a missed staff signature or requiring the pharmacist to supply clear administration directions on a printed MAR. However, these audits had not identified and addressed the concerns we found. Also, the provider had not completed its monthly medicines audits regularly. This indicated the provider did not always operate effective systems to ensure the safe management of medicines.

- We discussed all these concerns with the clinical lead and registered manager so they could take action to address them.

These issues indicated medicines were not always managed in a safe way and to help ensure people always receive their medicines as prescribed. This was an ongoing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Assessing risk, safety monitoring and management

At our last inspection we found risks to people's safety were not always assessed, monitored and managed so they were supported to stay safe. This was also a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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



regulation 12 regarding the safe management of risks to people's safety and wellbeing.

- At the last inspection we found several hazards to the health, safety and wellbeing of people using the service, staff and visitors. For example, exposed water pipes which were hot to touch and assorted cleaning products left unattended in trolleys in corridors and outside people's rooms.
- At this inspection we found some improvements had been made but we still found similar issues. For example, in one unit's kitchenette area we saw cleaning products had been left accessible in an unlocked cupboard. We found doors to a room unlocked when they were meant to be locked to keep people safe. For example, a room where oxygen cylinders were kept, an open laundry room providing access to an iron, and out-of-use toilet rooms used for storage. These indicated there was an inconsistent approach to assessing and managing environmental risks to people's safety.
- We discussed these issues with the registered manager. While people who used the service when we visited could not mobilise independently, which reduced the likelihood of these concerns causing them harm, the registered manager acknowledged these were unsafe practices and they would address this with staff.

The provider had not identified and managed the above risks to people's safety and wellbeing so they were supported to stay safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found exposed hot water pipes that ran in the corridors between two units which were hot to touch. At this visit we saw these pipes had been covered appropriately so they did not present a scalding risk to people.

#### Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.
- We were not assured the provider had always maintained a clear record of how it monitored infection prevention and control practices to ensure these arrangements were always being adhered to appropriately. For example, while the provider had assessed and taken action to mitigate COVID-19 infection risks to people and staff, the provider had not always documented the actions taken to mitigate those risks. Also, notes of senior staff's daily monitoring of the home indicated they considered infection control, but they did not record what practices were being assessed and on which unit. We discussed this with the registered manager so they could take action to address this.
- The provider had audited infection prevention and control practices on a quarterly basis and taken action to address the issues the audits had identified.
- Staff were provided with suitable personal protective equipment to keep themselves and people safe, including face masks, gloves, aprons and hand sanitisers. Staff told us they always had access to supplies of this and we saw staff using the equipment appropriately.
- Staff completed regular cleaning of people's rooms and communal areas. The home appeared clean and free of offensive odours when we visited.
- The provider accessed regular COVID-19 testing for people using the service and staff. This helped them to monitor people's safety and well-being.

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

- There were systems in place to safeguard people from the risk of abuse and respond to safeguarding concerns. The provider had worked in partnership with statutory agencies in response to concerns since our last inspection.
- Relatives told us they felt people were safe. Their comments included, "We feel [the person] is in safe

hands" and "I trust them and think [the person] is safe there."

- Staff had received training in safeguarding adults. Staff we spoke with told us how they would respond to and report safeguarding concerns. This included escalating concerns to statutory agencies. Staff were confident that managers would listen to their concerns.
- We saw the provider had implemented an action plan to improve safeguarding adults practice and staff awareness since our last inspection. This included improved staff training, regularly discussing safeguarding issues during staff meetings and supervisions, and improved oversight of how safeguarding concerns were managed. A member of staff told us they thought safeguarding adults practice had improved at the home: "[The registered manager] did a great job with safeguarding, [they have] taken it on board, and everyone is aware what you do, what steps you take."

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice in relation to good governance, we previously served. It was also carried out to check if the provider had met regulation 14 (Meeting nutritional and hydration needs) and regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities), which they were also breaching at our last inspection in October 2019.

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

At our inspection in October 2019 the provider had not always ensured people were supported to avoid the risk of dehydration. This was a breach of regulation 14 (Meeting nutritional and hydration needs) 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 14.

- The provider ensured people were drinking enough fluids so they remained hydrated.
- People's care plans indicated if they needed support to eat and drink. The provider had recently introduced a new digital care planning and recording system. At the time of our visit staff were using this system and written daily notes to document this support to people. The records we saw showed staff recorded consistently how much people were supported to drink.
- A relative told us they thought support to their family member to drink enough had improved since our last inspection. We observed staff offering people drinks and helping them to take these. This included using adapted crockery and straws to help people drink safely and independently.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a

person of their liberty had the appropriate legal authority and were being met.

At our previous inspection the provider had not always ensured people's rights were being respected as they were not being supported in line with the principles of the MCA. This was a breach of regulation 11 (Need for Consent) 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 11.

- The provider had worked with the local authority when it assessed a person lacked the capacity to agree to their care arrangements which may have amounted to a deprivation of their liberty. The provider obtained a copy of the authorisation when a person's deprivation of liberty had been authorised. We saw the provider worked to fulfil the conditions of such an authorisation as required to ensure the person's deprivation of liberty was legal.
- Staff had completed mental capacity assessments for specific decisions which they considered a person was not able to make. Staff had then recorded when the decision was taken in the person's best interests. For example, the use of bed rails at night to keep the person safe.
- Staff had received training regarding the MCA and DoLS. Staff we spoke with explained how they sought consent from people before providing care and respected people's choices about their care.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice in relation to good governance, we previously served. It was also carried out to check if the provider had met regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities), which they were breaching at our last inspection in October 2019.

Respecting and promoting people's privacy, dignity and independence

At our inspection in October 2019 we found people were not always treated with dignity or respect and their independence was not always promoted. 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.

- At the last inspection we observed staff moving people's wheelchairs and supporting them without telling people what they were doing, and caring for people in a way that did not promote their dignity and privacy. At this inspection we saw people were treated with dignity and respect by staff.
- We observed staff support people in a caring and attentive manner. This included staff greeting people, telling a person what they would like to support them with and asking if this was ok. We also saw staff support people patiently and with kind encouragement to eat, drink or take their medicines.
- People and relatives told us they felt staff were polite and respectful with people. One person said the care staff were "absolutely exemplary" and a relative commented, "All the staff and carers seemed to be treating people with respect."
- Care staff described how they promoted people's dignity and privacy when supporting them. This included knocking on and closing people's doors, always communicating with a person, and ensuring parts of a person's body were covered during personal care. Nursing staff also described how they monitored staff to make sure they upheld people's dignity.
- We saw staff give people choices about their care, such as with meals and drinks. Staff described how they promoted people's choices and preferences, for example when they helped a person to wash and dress as they would like to.
- People's care plans recorded information about their personal characteristics, including marital status and cultural and religious background. This meant staff were provided with personalised information to help them know and understand people's needs.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice in relation to good governance, we previously served. It was also carried out to check if the provider had met regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities), which they were breaching at our last inspection in October 2019.

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

At our inspection in October 2019 we found care was not always planned in a way to reflect people's individual needs and preferences. This was a breach of regulation 9 (Person-centred care) 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 9.

- At the last inspection we found people's care and risk management plans did not contain clear information about meeting people's needs and did not always reflect a person-centred approach to supporting people. We found improvements at this inspection.
- The provider had recently introduced a new digital care planning system. Staff were in the process of transferring people's care plans from documents to the new system when we visited. The care plans we saw included some personalised information about people, such as how they preferred to wash and what personal care products they favoured.
- People's care plans also set out some information about a person's life history, hobbies and interests.
- Staff told us they thought the new care planning system was an improvement as it set out what to support a person with and let them see who else was involved in the person's care, such as the home's physiotherapy team. One staff member said, "You know what you are doing, you can get more information, you can see who is doing what."

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.

At our last inspection we found the provider had not ensured some people's care and treatment was always appropriate and met their needs as it had not fully implemented the AIS to identify, record, flag, share and

meet the information and communication needs of people with a disability or sensory loss. This was a breach of regulation 9 (Person-centred care) 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 9.

- Care plans set out information about people's communication and sensory needs and how staff should meet those needs. For example, one person's plan set out how to communicate with a person who could not respond verbally. Another person's plan described how they could communicate with staff but were not able to articulate some of their needs, such as when they may need a drink or personal care, and so staff should anticipate this for them.
- Relatives we spoke with said they felt staff communicated appropriately with people. One relative told us they thought staff had improved in how they supported a person with their sensory impairment. A care worker explained to us how they communicated effectively with a person for whom English was not their first language.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served regarding the management and governance of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our inspection in October 2019 the provider had not always ensured systems were always either in place or robust enough to demonstrate safety and quality and was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider carried out a range of checks and audits designed to monitor safety and quality and identify and make improvements when needed. However, this system of checks had not been consistently effective as it had not identified or addressed the issues we found when we visited.
- The quality assurance systems had not identified and addressed the medicines management concerns we found again at this inspection. This meant the provider did not have robust oversight of the systems in place to manage medicines to ensure people always receive their medicines safely.
- The provider's monitoring systems had not identified or addressed risks to people's safety by always maintaining a safe environment.
- The provider had also not always maintained a clear record of how it monitored infection prevention and control practices to make sure these were being adhered to appropriately.

These issues indicated systems were either not in place or robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed feedback from staff, people and relatives regarding the management of the service. Some relatives told us, "The atmosphere of the home had changed" and "It seemed not so homely, more clinical than a home." Some people and staff said they could raise issues to the registered manager and clinical lead and felt listened to. Others told us they did not feel these senior staff were approachable or that they could report issues to them.



- The provider had implemented some improvements since our last visit. For example, working in line with the MCA, recording and monitoring of people's daily fluid intakes, and including more personalised information in people's care plans. We received positive comments from staff regarding service developments that had been made. Most staff told us they felt positive about changes that had taken place, such as the new care planning system, adult safeguarding and staff training. Members of staff told us, "There have been so many changes, like care plans, it is for the better" and "I feel like we are improving month by month."
- Staff told us they received feedback about their performance and issues at the service from their managers in regular supervisions and meetings. This helped staff to develop and improve in their roles.
- We saw the registered manager had developed a 'Winter Plan' in line with Government guidance designed to help manage the service during the ongoing COVID-19 pandemic.
- The provider displayed the previous inspection ratings at the home and on their website, as required by regulations. This helped people to find out about the quality of the service.

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 17 HSCA RA Regulations 2014 Good governance  The registered person did not always effectively operate systems and processes to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risk Regulation 17(1)

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 registered person did not always ensure care and treatment was provided in a safe way for service users Regulation 12(1)

### **The enforcement action we took:**

Warning Notice