

# Four Seasons (Bamford) Limited Holbeche House Care Home

## Inspection report

Wolverhampton Road  
Wall Heath  
Kingswinford  
West Midlands  
DY6 7DA

Tel: 01384288924

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Holbeche House is a residential care home providing personal and nursing care for up to 49 older people, some of whom live with dementia. At the time of the inspection the service was supporting 42 people. The care home accommodates people in one adapted building which is split into two units. One unit supports people with nursing needs and the second unit supports people that live with dementia.

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

People did not receive their medicines as prescribed and management of medicines placed some people at risk of harm. Risks to people were not consistently well managed and left people at risk of harm. There was not enough staff to meet people's holistic needs.

People told us they felt safe when supported by staff. Staff wore gloves and aprons to ensure they protected people from cross infection. Lessons were learned from any incident and accidents that had occurred in the service.

Staff had completed training in relation to the Mental Capacity Act but lacked the knowledge about which people had authorisations in place. The environment on one unit was not dementia friendly and homely and lacked signage to enable people to orientate themselves. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People accessed healthcare services to ensure they received ongoing healthcare support.

People were supported by staff who were caring, but the provider's systems and processes did not support them to consistently display their caring values. People were given some choices and were involved to make daily decisions around their care. People on occasion were not always treated with dignity.

People did not have meaningful activities to occupy them on a daily basis. People had care plans in place which provided staff with information about their needs and preferences and how they would like these to be met. However, these were not always updated following incidents that had occurred. Records did not reflect the daily support provided to people. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt confident these would be addressed.

The systems and processes in place were not robust to enable the provider to identify where areas for improvement were needed. Where improvements were identified timely action was not taken to address these. The registered manager was described as approachable, open and transparent in the way they managed the service.

### Rating at last inspection

The last rating for this service was good (published 8 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to the management of medicines and the overall governance of the service at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Holbeche House 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.

#### Inspection team

The inspection was undertaken by one inspector, an Expert by Experience and one specialist advisor on 17 July 2019. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was older people and dementia. The specialist advisor was a nursing professional. On the 18 July 2019 one inspector returned to the home to complete the inspection.

#### Service and service type

Holbeche House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and 10 relatives about their experience of the care provided. We spoke with three nurses, the clinical lead, six care staff, the chef, the personal activity leader, the registered manager and regional manager. 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 partially reviewed a range of documents and records including the care records for 20 people, 34 medicine records and three 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 provider to validate evidence found. We requested training information, and quality assurance records.

# Is the service safe?

## Our findings

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

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

Using medicines safely; Assessing risk, safety monitoring and management

- People did not receive their medicines as prescribed. People prescribed medicines patches did not have these applied and removed at the required times. One person was found to have two medicines patches on their body which placed them at risk of harm.
- Medicines balances were not accurate with the records in place. We found five people who had excess stock of medicines. Staff were recording what the balance should be, but they did not count the actual number of medicines in place to ensure this was accurate.
- Hand written medicine instructions had not been countersigned by two people to validate the instructions to ensure they were recorded correctly.
- A person prescribed 'as required' medicines did not have a protocol in place to guide staff when to give this medicine. We found this medicine had been administered on 15 consecutive days without a review being undertaken.
- Two people were prescribed medicines to be taken an hour before food. They did not have their medicines on the required day as staff did not administer them before they had eaten.
- We found three containers of thickener being stored in an unsecure area on the dementia unit.
- Mattress checks were being undertaken but the actual setting of the mattress was not recorded on the records. We found the setting for one person was incorrect placing them at risk of harm.
- A healthcare professional visited the service and staff did not clarify the surname of the person they were visiting. This resulted in the healthcare professional supporting the wrong person.
- A person that received their food through a tube in their stomach had their food delayed on one occasion due to the machine not being set correctly.
- Areas on the dementia unit including the garden were unsafe and placed people at potential risk of harm.
- Four people did not have their call bell within reach to enable them to call for assistance.
- Risk assessments had not been updated for three people following significant incidents such as falls, to indicate what measures had been put in place to mitigate further risks.

People did not receive their medicines as prescribed and were not protected from potential risks. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nurses told us they had received medicines training and had previously had their competency assessed.
- Risks to people were assessed and covered a variety of areas including malnutrition, skin integrity, falls,

moving and handling and safety. Where risks were identified there was a corresponding care plan to manage this. For example, people at risk of developing sore skin had regular skin checks and equipment in place to reduce the risk of sore skin emerging.

- Discussions with staff demonstrated their knowledge of any potential risks when supporting people. A staff member said, "We discuss people's needs at handover and discuss anything we need to be aware of or need to monitor such as if a person has fallen or not feeling well."

#### Staffing and recruitment

- We received mixed feedback from both people and relatives about the staffing levels. One person said, "I only see staff when they come to turn me or bring me my food." Another person said, "When I use my call bell they come immediately." We saw staff did try and respond to people's request for support, however we observed times when people had to wait for this. For example, a person wanted to go outside for fresh air but there was no staff available, so they had to wait half an hour for this support. At lunch time some people had to wait for up to half an hour before they were served their meal. On the dementia unit there was insufficient staff available to monitor people's movements and people were often asked to sit down in the lounge.

- The registered manager had a dependency tool in place to monitor the staffing levels based on people's support needs. We provided our feedback from our observations and were advised the staffing levels would be reviewed.

- One member of staff recruited to work at the service did not have a risk assessment completed in relation to information they shared at their interview to ensure support arrangements were in place.

- Records confirmed all of the required recruitment checks had been completed before staff commenced working in the home. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people.

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

- People we spoke with told us they felt safe. One person said, "I feel safe because the staff are good."

- Staff we spoke with were aware of their responsibilities to report and act on any concerns. A staff member told us, "If I felt people were being abused I would raise this with the manager." However, we found occasions where incidents had occurred which had not been reported to the registered manager. For example, a record told us a person had showed aggressive behaviour to another person, but this had not been reported to the registered manager.

- The registered manager had reported safeguarding concerns that she had been made aware of to the relevant authorities.

#### Preventing and controlling infection

- Staff told us they often ran out of supplies of protective personal equipment such as gloves and aprons which were needed to prevent the spread of infections. We saw some holders for aprons were empty. Staff confirmed to us on the days of our visit they had enough gloves and aprons available to them. The registered manager told us there were always sufficient supplies available to staff.

- We saw three chairs used by people that were ripped which posed an infection risk.

- Staff told us, and records confirmed, they had received training in relation to infection control and food safety. This ensured staff had the knowledge to prevent cross contamination and infection.

#### Learning lessons when things go wrong

- Systems were in place for all accidents and incidents to be reviewed and monitored for patterns and trends. These records reflected what actions were being taken to mitigate future risks.

- The registered manager discussed how lessons had been learned in relation to previous incidents that



had occurred in the service. For example, ensuring staff confirm the identity of the person a healthcare professional has come to visit. All staff have been advised to ensure they request a full name before they take the healthcare professional to the person.

- Staff understood their responsibilities to raise concerns in relation to health and safety. However, some staff told us there was no point raising issues as 'no action was taken by the provider'

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Nurses and staff were not able to tell us which people had an authorisation in place and if any people had any conditions attached to their authorisation. This information was recorded in people's care files. Where people had conditions a care plan was in place reflecting these. However, for one person the level of detail did not fully cover the requirements of the condition and records to confirm how the condition was being met did not cover all the requirements. The registered manager advised this would be addressed immediately.
- Where people had restrictions in place for their safety such as lap straps, records were not always in place to confirm best interests' meetings had been undertaken to support this.
- Where people were prescribed medicines to reduce their anxiety, the reasons this medicine was administered to one person was not recorded or any information to support if any other strategies had been used prior to the medicines being given.
- Where people lacked capacity and were being deprived of their human rights the appropriate authorisations were in place. Mental capacity assessments had been completed before these applications were made.
- People told us their consent was sought before support was provided. One person said, "Yes the staff do always ask me if it is okay to wash me."
- Staff confirmed they had completed MCA and DoLS training and had basic awareness of how this legislation impacted on their role. A staff member told us, "I always ask first and explain my actions, I would never force someone or provide support without their consent."

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

- The home was not dementia friendly in particular on the dementia unit. There was no directional signage to communal areas, or toilets, and there was no directional signage to bedrooms to promote independence in moving around the home. There were no memory boxes outside people's bedrooms to orientate people to their personal space. Several walls in the dining area were stained and in need of renewal work.
- People on the dementia unit did not have free access to the secure garden. The fencing around the courtyard was worn, and was quite high so when seated people would not be able to look out across the extensive grounds that the home sits in.
- People's rooms were personalised with pictures and ornaments that reflected the person.
- People had access to aids and equipment to support them with their daily lives, and assistive technology was used to support people's independence in line with their best interests.

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

- We observed on both days some people had to wait for assistance with their meal. This meant some people had finished their meal before other people were provided with theirs.
- A menu was in place, which reflected choices, was available on most days except the days where a roast dinner was provided. People were not asked their choice of meal before the meal was served. They were asked when the food was served. Pictorial aids were not used to assist people living with dementia to make an informed choice. We did see a staff member show one person two meals to enable them to choose between them.
- A person told us, "Food is good, but they don't have much choice."
- People had equipment such as adapted cutlery to promote their independence to eat their meal.
- Discussions with the chef demonstrated their knowledge about people's dietary requirements, and food consistency. Records were in place containing this information for staff to refer to.

Staff support: induction, training, skills and experience

- Not all staff had the skills for their role. For example, a staff member did not think a person without teeth required support to clean their mouth. Some staff also told us they had not received in-depth training on how to support people with behaviours that could challenge staff. The registered manager told us staff had completed training on how to manage distressed behaviour, and this gave staff the skills to provide reassurance and redirection.
- People and relatives, we spoke with did think staff had the skills and knowledge for their role. One person said, "The staff are good, and they seem to know what they are doing."
- Staff told us they had access to regular training opportunities. A staff member said, "We have training by watching dvds I have completed all of these." Where required, new staff completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Records we reviewed did not show people received support in all areas to maintain their health. For example, records of oral health support were not completed daily, and where people had refused this support there was no evidence to support this had been escalated.
- People and relatives confirmed arrangements were in place to access healthcare services when needed. One person said, "They get the GP when needed, and I have had my eyes tested whilst being here."
- The provider told us in the information shared with us (PIR), how they worked with outside agencies to ensure people had access to a variety of services. Records we reviewed showed referrals had been made to

various agencies such as speech and language, and dietician, when required to ensure people's healthcare needs were met.

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

- People's needs were assessed prior to moving into the home. A relative told us, "We were asked lots of questions about (name) needs and what they can do. I have also been asked to share information about (name) past life history".
- We reviewed the care records and saw 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, culture, religion, ethnicity and disability.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Although staff were caring in their approach and spoke positively about the people they supported, the systems and processes implemented by the provider had not always supported staff to display their caring values. For example, ensuring the environment was safe and repairs undertaken in a timely manner and ensuring enough staff were available to spend time with people and promote their wellbeing.
- People told us they were treated well and respected. A person said, "The staff are good and do a good job, they always speak proper to me." A relative told us, "All the staff are friendly and caring and they have a bit of joke with (name) which is good."
- Staff told us they enjoyed their role. One staff member said, "I enjoy my job and helping others, people come first."
- People's records included some details of their life histories, religious beliefs and wishes and preferences.

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

- There was little evidence in people's care records to confirm their involvement in their care plan and any reviews undertaken.
- Some people choose to remain in their bedrooms and not use the communal areas and this choice was respected. However, their care records did not fully reflect this. Records did not always reflect where decisions were made in people's best interests to return to their bedrooms for rest or pressure relief.
- People told us they were involved to make daily decisions about their care. One person said, "The staff do ask me if I want to come out of my room and if I want a wash and things."
- People and relatives told us they felt staff listened to them. A person said, "They do listen to me and respect my decisions they have no choice."

Respecting and promoting people's privacy, dignity and independence

- We observed instances where people's dignity was compromised for example a staff member knelt on the floor when supporting a person to eat their meal as opposed to sitting with the person. They also left the person for periods of time as opposed to remaining with them to encourage them to eat their meal.
- People were asked if they wanted to sit at the table for their meal and most people declined. People used their table to eat their meal and for some people these were not close enough resulting in some people dropping their food onto their laps. These observations were shared with the registered manager who agreed to address them.
- People told us staff supported them in a respectful and dignified manner. One person said, "The staff do make sure the door is closed when giving me a wash." We also observed staff discreetly ask people if they

wanted to use the toilet.

- We saw people were encouraged to be self managing such as eating their meals. One staff member said, "I always ask the person if they want to wash certain parts of their body, and if they can do more I encourage them to."
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always made to feel welcome.

## 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 remained the same. 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

- Some people told us that they chose to stay in their rooms but felt socially isolated as they did not see staff unless they had to complete certain tasks. One person said, "I'm stuck in this room all the while. I'm in here most of the time. I used to enjoy knitting and I can't even do that anymore." Another person said, "I spend a lot of time in my room and only see staff when they need to do things to me like move me so I don't get sore skin, be nice to have more time with staff to just have a chat."
- We observed people on the dementia unit sitting with no meaningful engagement or objects to occupy their minds such as therapy dolls, rummage boxes etc. These issues were raised at our last inspection. When we asked staff if these items were available, a staff member said, "Yes I think so, but this is for the activities staff to use." This meant staff did not see it as their role to support people to have something meaningful to do. The television was on, but we could not see anyone watching it.
- A personal activities leader (pals) was employed, and they showed us all of the activities they supported people to undertake such as balls games, tennis, and walks around the grounds. This also included one to one time with people in their rooms. We were advised there used to be two pals but due to circumstances, the other staff member was away from work, and their role had not been covered. This meant the staff member had to work across both units in addition to visiting people in their rooms. From the records we saw people received contact from the pal at least once a week.
- The provider told us in the information shared with us (PIR), how people were able to participate in religious observance of their choice. We heard that some people went out to visit their preferred place of worship, but services were not currently provided at the home. The pal advised this was something that could be arranged based on individual needs.

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

- Not all of the people we spoke with knew a care plan was in place, and records did not reflect their involvement. Where people would be unable to contribute to their care plan records were in place to confirm this.
- Permanent staff demonstrated their knowledge of people's needs and preferences and how they wanted to be supported. For example, a staff member knew which song a person particularly liked and would promote a response from them.
- Staff did respond to changes in people's needs. For example, one person was not feeling well, and they called the nurse who completed observational checks on the person.
- Systems were in place to monitor and evaluate the needs of people that live at the home and these were undertaken on a monthly basis by the nurses.

### 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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required. However easy read versions of documents such as the complaints procedure were not available to us to see.
- Information about how people communicated was obtained when people were assessed and then included in their care records. Staff knew how to communicate with people who did not use speech. For example, one person used their own signs which the staff knew the meaning of.

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

- People and their relatives said that they knew how to make a complaint and felt any concerns raised would be listened to and addressed.
- People's concerns and complaints were responded to and used to improve the quality of care. We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.
- Complaints were reviewed and analysed to look for trends.

### End of life care and support

- We were advised no-one was currently receiving end of life care. We reviewed two people who had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR). Both forms had an advanced plan attached which stated where the resident would like to receive care at this stage of their life, but neither had an end of life plan stating their preferences and choices for how they would wish to be supported spiritually and emotionally.



## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although audits were in place and had been completed these had not identified the issues we found during our visit.
- The service has not had a consistent clinical lead since the deputy manager left last year. This means the registered manager has not received daily support in her role to monitor and have clinical oversight of the service.
- Records relating to people's support needs and care provided were not always accurate and did not contain up to date information to reflect people's current needs. Care plan audits had been undertaken and action recorded but there was no timescale for when missing records should be completed by.
- There was gaps in monitoring charts such as pressure relief. This meant we could not establish if people received the support they required to maintain healthy skin.
- Where people were at risk of dehydration their fluids charts were not totalled each day to ensure they had had a enough to drink. There was no oversight of this to ensure any issues could be escalated.
- Audits of medicines were completed but lacked detail of how improvements would be made, sustained and monitored.
- Following the Boots chemist audit of the medicines, nurses were reminded to ensure they checked stock balances and notices were displayed detailing this. However, no-one was checking this action was being taken.
- Systems were not in place to ensure people that remained in their rooms had access to a call bell in order for them to request assistance.
- Systems in place did not ensure risk assessments were completed for staff when information was disclosed before they commenced working at the home.
- We saw evidence that requests had been made for replacement items such as a freezer since last year but on the day of our inspection these had not been authorised.
- Timely action has not been taken by the provider to ensure areas of the home were safe for people to use and reflect a homely environment for people to enjoy.

Systems and processes were not robust enough to demonstrate the service was operating effectively. This placed people at risk of potential harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the provider took immediate action to address some of the areas of concerns we had shared. We received an action plan the day after our visit to demonstrate the action that would be taken. This included a full audit of the medicines systems, and arrangements were put in place to provide clinical support to the registered manager.
- Throughout the inspection we found the registered manager to be honest, open and transparent about any issues we brought to their attention. They were receptive to our feedback and demonstrated their commitment to making any required improvements.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed both within the home and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Not all of the people knew who the registered manager was. One person said, "I don't know who the manager is." This information was shared with the registered manager who told us, she did walk around the units to monitor standards of care and checked in with people.
- Systems were in place to seek feedback from people. A touch pad screen was available in the reception area along with suggestion cards.
- Feedback from the most recent survey was displayed in the reception area and reflected positive comments had been received.
- A relatives meeting was planned and facilitated on the first day of our inspection to discuss the service and any issues relatives wanted to raise.
- Staff we spoke with felt supported in their role. One staff member said, "The manager is approachable and does her best, I feel confident raising any issues with her." Staff confirmed regular meetings were arranged to discuss the service and sharing of 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; Continuous learning and improving care.

- The registered manager understood her responsibilities in relation to the duty of candour regulation.
- The registered manager aimed to promote an open culture within the service and was able to describe the actions she had taken and discussions that had taken place in staff meetings to ensure the service learnt from any previous incidents that had occurred. For example, ensuring they check the full name of the person a healthcare professional wishes to visit.

Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues, local authority and other community groups as part of ensuring people received a personalised 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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.  People did not receive their medicines as prescribed and were not protected from potential risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance  Systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of potential harm.