

# Action for Care Limited

# Northfield House

## 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Northfield House is a residential care home for up to eight younger adults living with a learning disability and/or autism. At the time of the inspection, eight people were living at the service.

Northfield House is a detached property. Bedrooms are across two floors with en-suite facilities, shared communal spaces and a shared bathroom.

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

The registered manager had made significant improvements at the service since the last inspection. However, there was further work to be done to make sure changes and new systems introduced were effective.

Risk around COVID-19 were not always reduced and staff were not always wearing personal protective equipment (PPE). The registered manager acted quickly to provide training to staff in this area.

Guidance for staff and risk assessments had not been reviewed after an incident which led to harm, this wasn't identified by the providers systems and checks.

The environment was better maintained, and cleaning had improved since the last inspection. The home was more welcoming, and staff were passionate about how they could further improve the service and lives of people they supported.

Staff, families and professionals all remarked on the improvements made especially around communication, responsiveness and acting on feedback and suggestions.

People took part in activities and their sensory needs were being met. This was a work in progress to ensure activities were more in line with people's personal choices. People were encouraged to learn new things and plan new goals.

Changes to the layout of the home meant people had space when they needed it and noise levels were more manageable for people who preferred this.

People were involved in meal choices and making meals where they were able. The use of pictures and

Makaton to communicate with people was encouraged. The registered manager was exploring the use of technology to empower people to communicate their needs and choices. At the time of the inspection, improvements had not been implemented.

Staff had the relevant training and checks in place to work with vulnerable adults.

We made a recommendation about the continued work needed around application of the mental capacity act and best interest decisions.

One family member told us, "[Person] is happy and I can see the difference in the way things are run. [Person] seems happy to go back, after a visit they asked to go back to the home."

Another family member told us, "The staff look after [person] like a relative. We now get regular updates. Staff are happy when they visit with them."

Based on our inspection of the safe, effective and well-led domains; the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

People were supported by staff to pursue their interests and try out new activities for the first time in their local community. The service gave people care and support in a safe, clean environment that met their sensory and physical needs. More was being done to refurbish bedrooms and improve the sensory experience for people. People had personalised their bedrooms and changes had been made to the layout of the home that worked better for people and their needs. Staff communicated with people in ways that they preferred.

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff knew people's individual ways of communicating, using body language, sounds, Makaton (a form of sign language) and pictures. Some staff had the necessary skills to communicate using Makaton and more was being done to ensure all staff had those skills to improve communication.

People could take part in a range of activities and pursue interests that they enjoyed. The service was at the early stages of developing tailored activities for some people and had started to support some people to try new meaningful activities, that enhanced and enriched their lives. Some people were being reintroduced to activities that had not been available to them throughout the pandemic as restrictions were lifted.

### Right Culture

Peoples quality of care, support and treatment was improving because staff had received training and were working with specialists to meet their needs and wishes. Staff knew and understood people well and were responsive. More work was needed to engage people in a meaningful way and improve their quality life. The registered manager had improved engagement with people families and staff were taking a proactive approach to develop the service. Staff valued and acted upon people's views.

People's quality of life was improving as the service's culture improved, people's needs, and quality of life was becoming the focus of the service. The registered manager had plans to increase the use of technology to improve people's ability to communicate and be more empowered and involved in their care.

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 inadequate (published 11 October 2021) and there were five breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and however the provider was still in breach of two regulations.

At our last inspection we recommended that the provider reviewed their recruitment processes. At this inspection we found that they made improvements and recruitment checks were now in place. We also recommended that the provider reviewed their practices around the Mental Capacity Act in line with best practice guidance. We found that work had started to improve in this area, but further work was still needed.

This service has been in Special Measures since October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We used this inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We also assessed whether the service is applying the principles of Right support right care right culture.

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.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

#### Enforcement and Recommendations

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 safe care and treatment and person-centred care at this inspection.

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

## 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 well-led?

The service was not always well-led

Details are in our well-led findings below.

**Requires Improvement** ●

# Northfield House

## 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.

This inspection also looked at whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

One Inspector, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Northfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Northfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

#### What we did before 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 annually 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 one person who used the service and six relatives about their experience of the care provided. A lot of the people who used the service were unable to talk with us, they used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language.

We spoke with seven members of staff including the registered manager, deputy manager, operational manager and support workers.

We reviewed a range of records. This included five people's care records and eight medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and quality assurance records. We spoke with seven professionals who regularly visit 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider failed to assess and mitigate the risk to health and safety of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 12.

- People's care records didn't always ensure people had the support they needed. Care records were not always up to date, and risk assessments were not easy for staff to access due to the volume and repetition of information they included.
- A risk assessment and care plan had not been reviewed and updated following an incident that resulted in harm to a person. This put the person at further risk of potential harm.
- Risk assessments and care plans in place around COVID-19 were not sufficient in reducing known risk. This put staff and people using the service at increased risk of contracting COVID-19.
- Guidance for staff around known risks in relation to a person's physical health needs were not clear. It was not clear to staff how and when to monitor the person for signs of the condition and how this should be managed.
- The service recorded any use of restrictions on people's freedom. Managers needed to ensure they regularly reviewed use of restrictions to look for ways to reduce them.

The provider failed to assess and mitigate the risk to health and safety of people. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

Preventing and controlling infection

At the last inspection the provider failed to manage the risk of preventing, detecting and controlling infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 12.

- The service did not always practice effective infection, prevention and control measures to keep people safe.
- The service did not always supported visits for people living in the home during an outbreak in line with current guidance.
- The service did not always follow shielding and social distancing rules.
- Staff did not always use personal protective equipment (PPE) effectively and safely.

The provider failed to manage the risk of preventing, detecting and controlling infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager arranged for further Infection Prevention and Control (IPC) training for staff provided by the community infection prevention control team.

- The service prevented visitors from catching and spreading infections.
- The service admitting people safely to the service.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Visiting in care homes

- The homes visiting policy was aligned with current government guidance. However, the home had not considered the role of essential care givers in line with government guidance. People had not had the option to receive essential care giver visits during a COVID-19 outbreak.
- This resulted in blanket restrictions to visiting during an outbreak that lasted three weeks. Risk assessments and care plans did not reflect the impact a lack of visitors had on people using the service and how this could be reduced.

The provider failed to support and enable the relevant people to make or participate in making decisions about the person's care and treatment. This is a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were reviewing visiting arrangements to ensure guidance was followed during any future outbreaks, following our feedback.

- There were no restrictions on visitors when there was not an outbreak of COVID-19.

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

At the last inspection the provider failed to safeguard people from the risks of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to safeguarding people from the risk of abuse and the provider was no longer in breach of regulation 13.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- One family member told us, "[Person] is really happy there. I feel they are safe, and staff are doing their best. Things have improved."

#### Staffing and recruitment

At the last inspection the provider failed to deploy sufficient and suitably qualified staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made in relation to staffing that the provider was no longer in breach of regulation 18.

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The service used agency staff to cover staffing shortfalls. However, recruitment was on-going and agency staff used were regular and knew the people they supported well.
- Staff deployment in the service was clearer and better managed by senior support workers. Managers arranged shift patterns so that people who were friends or family did not regularly work together.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

#### Using medicines safely

At our last inspection the provider failed to ensure proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to the proper and safe management of medicines that the provider was no longer in breach of Regulation 12.

- Medicines were stored securely, and procedures were in place to ensure adequate supplies of medicines were maintained.
- Each person had a detailed medicines support folder which contained person centred information, risk assessments and guidance to support staff in the safe administration of medicines.
- All medicines including those purchased over the counter were recorded on medicines administration records (MAR). We saw one MAR chart produced by staff which required double signatures to ensure accuracy of transcribing and we brought this to the attention of the home manager, and this was immediately rectified.

# 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 inadequate. At this inspection this key question has now improved 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we recommended that provider considered current guidance and best practice on implementing the Mental Capacity Act 2005; taking action to improve practice accordingly. The provider had made some improvements, but further action was needed.

We recommend the provider continues to take action to implement current guidance and best practice around the Mental Capacity Act 2005.

- Staff knew about people's capacity to make decisions where they didn't use words to communicate. However, this wasn't always well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff didn't always clearly recorded assessments and any best interest decisions.
- Work had started on improving the MCA and best interest assessments and documentation, but this was still a work in progress.
- People had DoLS authorisations in place where this was needed to authorise restrictions in place.

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

At the last inspection the provider failed to do all that was reasonably practicable to mitigate risk. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made that the provider was no longer in breach of regulation 12.

- People had care and support plans that were personalised and included physical and mental health needs.
- The home was working with people who were unable to use words to communicate, to better understand their needs and choices. This included use of Makaton (a type of sign language) and picture cards.
- The registered manager had plans to introduce more technology to improve communication for those people who enjoyed using computers.
- Staff had worked with external professionals to develop and improve a person's positive behavioural support plans. This had led to better outcomes for that person.
- One family member told us, "My concerns are now dealt with immediately, medical concerns are dealt with faster. They are now working together, and I have a great relationship with them now."

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure staff were competent, skilled and experienced. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made that the provider was no longer in breach of regulation 18.

- New staff received an induction and shadow shifts before working directly with people. Staff had received the relevant training to carry out their roles and responsibilities safely. The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- If staff had to use restrictive practice, teams held debriefing meetings and reflected on their practice to consider improvements in care.
- The registered manager was looking to provide further training to support people in leadership roles within the service and to support staff's areas of specialism.
- Staff told us, "The training is good. At first it was a bit overwhelming, but I really appreciated it and have learnt a lot. Both online and in person training, and it's good to have training sessions with others."

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

At the last inspection the provider failed to assess the risk to health and safety of service users. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made that the provider was no longer in breach of regulation 12.

- People received support to eat and drink enough to maintain a balanced diet.

- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. The home had introduced a healthy snacks fridge to encourage independence and healthy choices.
- People were involved in choosing their food and planning their meals with a picture menu.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- Action had been taken to seek professional support for those who were at risk due to being overweight. Further work was needed to develop guidance for staff, which the registered manager had started to develop at the time of the inspection.
- One family member told us, "[person] seems happy because they have put on weight, which is a sign that they are eating well and happy."

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

At the last inspection the provider had also failed to address and meet people's care and treatment needs through collaborative working with others. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made that the provider was no longer in breach of regulation 9.

- People had health passports these hold vital information and communication preferences. To be used by health and social care professionals outside of the home.
- People were supported to attend annual health checks, screening and primary care services
- People were registered with their GP's and reasonable adjustments were made to meet their individual's needs.
- People were supported by all the professionals required to ensure their care was improved.

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

At the last inspection the provider has failed to ensure the premises were clean, properly maintained and suitable for purpose. This is a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made that the provider was no longer in breach of regulation 15.

- The environment was homely and stimulating.
- Changes had been made to the design of the home since the last inspection. The layout worked better for people using the service and facilities in shared areas supported people's needs. For example, sensory equipment was set up and available for people to use when they chose to.
- Improvements had been completed to address issues raised at the last inspection. further redecoration was also planned.

# 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 inadequate. At this inspection this key question has now improved 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; Continuous learning and improving care

At the last inspection the provider failed to operate effective systems and processes. This was a breach regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made that the provider was no longer in breach of regulation 17.

- Governance processes were not always effective in holding staff to account, keeping people safe and protecting people's rights. This has led to breaches of regulations and recommendations at this inspection.
- Several audits had been introduced to ensure oversight and monitoring of new systems and processes put in place. Further time was needed to embed these new ways of working and review progress made to ensure their effectiveness.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. They had a good oversight of the services they managed.
- Medicines governance processes were now in place to ensure that medicines were handled safely. Audits were completed on a monthly basis and captured areas for ongoing improvement and target dates were set.
- The provider invested sufficiently in the service, embracing change and delivering improvements.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

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

At the last inspection the provider failed to improve the quality of the service impacting on the experience of the service user. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made that the provider was no longer in breach of regulation 17.

- Management were approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Staff were passionate about improving the lives and experiences of the people living at the service. They were keen to develop person-centred activities and new ideas to improve people's lives.
- Staff felt their ideas and feedback were listened to and acted upon by leaders in the service. One staff member told us, "I feel listened to by the manager in supervision and other senior members of staff. The registered manager and deputy check that we're doing alright. They always walk around the unit, so they are visible to people. They listen to others and listen to suggestions".
- The registered manager was clear about the further improvements needed in the service and the staff were supportive and actively involved in making the improvements.

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

At the last inspection the provider failed to seek and act on feedback to improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made that the provider was no longer in breach of regulation 17.

- Staff and people's family members told us that they felt listened to and involved in the changes being made to the service. Feedback was sought from family, staff and professionals to improve the service.
- Work had started and was on-going to engage people who use the service in a meaningful way with decisions.
- One family member told us, "The new manager is proactive and has good communication skills. They kept me informed when [person] got COVID-19 and I could not visit".
- Professionals that work with the service told us, "The registered manager is open, honest and asks questions. The service is noticeably well-led when they are there".

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 failed to operate effective systems and processes. This was a breach regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made enough improvement that they are no longer in breach of regulation 17.

- CQC had not always been informed in a timely manner when there was a requirement to do so. The registered manager was quick to respond and reviewed processes to prevent this happening again.
- The provider had improved their processes to ensure families were kept regularly updated and informed of changes to care.
- External agencies such as the local authority were notified of incidents and safeguarding concerns in a timely manner.
- One family member told us, "In the past, staff lacked communication skills and never replied to my e-mails however, things are getting better. They updated me about medication in good and bad situations".



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to support and enable the relevant people to make or participate in making decisions about the person's care and treatment. This is a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 9(3)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess and mitigate the risk to health and safety of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had failed to manage the risk of preventing, detecting and controlling infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>12(1)(2)(b)(h)</p>