Chantry Retirement Homes Limited

The Old Rectory

Inspection report

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13 July 2022

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
The Old Rectory is a residential care home providing personal care to up to 28 people in one adapted building across three floors. The service provides support to older people who may have a physical disability and/or live with dementia. At the time of our inspection there were 17 people using the service.

People's experience of using this service and what we found
Staff were not competent in how to prepare food for people who required a textured modified diet and people who required this were given food which was unsuitable for them, which posed a risk of potential harm. Staff were not fully competent of what procedures they would follow in the event of a fire and how to safely evacuate people. The provider put immediate steps in place to ensure staff's knowledge in this area improved.

Aspects of the home's environment posed a potential risk of harm to people. The call bell system had not been working for one month. The process that was in place to ensure people were safe while the call bell system was not working was not effective. Environmental shortfalls had not been identified by the provider in order to mitigate potential risk of harm. The provider put steps in place to address these areas promptly. There were areas of the home which would be difficult to keep clean.

People's medicines were mostly managed in a safe way; however, improvements were needed to ensure staff waited with the person to ensure they had taken their medicines safely. Improvements were also required for better monitoring for people who required medicine through a patch, to ensure this remained in place. Medicines was stored and disposed of in a safe way.

The provider did not have effective systems in place to identify shortfalls in a timely way. We found areas that required improvement such as staff training and record keeping that the provider was not aware of. Record keeping was not always, accurate, contemporaneous, complete or dated.

People told us they felt safe and supported by the staff who worked in the home. Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse; however; improvements were needed in processing unexplained bruises, to ensure these were reviewed and responded to. We received mixed views from people and staff about sufficient numbers of staff on duty to keep them safe. Rotas did not always reflect there was sufficient staff on duty particularly during the weekends.

People's care needs had not always been assessed and some reviews of people's care had not consistently taken place. People were supported to have a healthy balanced diet and were given food they enjoyed. However, people who required a textured modified diet, were not supported by staff who knew how to prepare and provide this. Staff worked with external healthcare professionals however, some care records were not clear, so the provider could not be assured staff were following their guidance and advice about

how to support people following best practice. 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 did support this practice.

Some improvements were needed to truly reflect people's individual choices. People told us staff were kind and treated them well. Staff treated people with care and respect.

People's care was delivered in a timely way, however changes in care were not always communicated and written clearly to the staff team. People were not always supported to maintain their hobbies and interests. People had access to information about how to raise a complaint. People's end of life care needs were met in line with their preferences in a respectful and dignified way.

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

Rating at last inspection
The last rating for this service was good (published 31 October 2019).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive 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 The Old Rectory on our website at www.cqc.org.uk.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, recruitment and the governance of the service provision.

Full information about CQC's regulatory response to the more serious concerns can be found at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-Led findings below.	**Inadequate**

The Old Rectory

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 carried out by one Inspector and an Expert by Experience on 11 July 2022, on 13 July 2022 one Inspector continued 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
The Old Rectory 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. The Old Rectory 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.

What we did before the inspection
We used information gathered as part of monitoring activity that took place on 13 April 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with seven people who lived at The Old Rectory. We spoke with 10 staff including the kitchen staff, care staff, agency care staff, a supporting manager, and the registered manager. We also reviewed five records in relation to people's care, including the medication records. We also reviewed a range of records held by the service including, staff training and rota's, recruitment records, audits and checks. After the site visit, we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

● People who required a textured modified diet, were given food that was unsuitable, which posed a risk of potential choking. Staff had not received training to support people who required a textured modified diet. We raised safeguarding referrals in relation to these concerns. The provider put urgent training in place to ensure staff who prepared food had the relevant training and knowledge.

● Call bells throughout the home had not worked since 16 June 2022, the measures that had been put in place to support people to call for help were not effective. One person said, "I don't ever get a response so I give up." Another person said, "I feel isolated without the buzzer." The provider told us that clearer direction would be given to staff so frequent checks on people would take place, while they waited for the installation of a new call bell system.

● Staff were unaware of the procedures to evacuate people from the home safely in an emergency situation. The provider took subsequent actions to address this including organising fire training for staff in August 2022.

● Window restrictors were not compliant with the Health and Safety Executive Standard to ensure they were fit for purpose and reduced the potential risk of people falling from open windows. Following our inspection, the provider sent us an update that this was being actioned so that windows were safe.

● People's individual health and social risks had not always been reviewed accurately. For example, where people had fallen, these had not consistently been reviewed to consider whether additional measures were required to reduce the risk of further falls.

● While staff appeared to know people's most up to date care needs, staff told us they did not have time to read care plans and risk assessments. We saw an example where staff were not clear how much a person should drink and how they monitored their fluid intake to ensure they were drinking the right amount.

Learning lessons when things go wrong

● Incident and accident monitoring was not robust or complete. Accident records were found within people's care records and had not been added to the registered managers analysis to form part of the monthly monitoring. For example, where one person had a fall in June 2022 the monthly accident audit stated there were no accidents or incidents in June 2022.

● Therefore, the provider could not be assured that incidents and accidents were fully assessed, mitigated and reviewed. This posed a greater risk of potential avoidable harm when the call bell system was also not working within the home.

Using medicines safely

● People told us they received their medicines, however two people we spoke with about this told us staff left their medicine with them and would come back later to ensure they had taken them. This is not in line

with best practice, to ensure the person had taken their medicines.
● Where people received medicine through a patch on their skin, this was not always managed effectively. Records showed for one person that sometimes the patch had fallen off or could not be found. There were no daily checks in place, to ensure the patch remained in place. Without daily checks, the provider could not be assured the person was receiving all of the prescribed dose.

Risks to people individual health needs and aspects of the environment had not been identified so that mitigation could take place. This placed people at risk of potential harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider was following safe protocols for the receipt, storage and disposal of medicines.

Staffing and recruitment
● The provider carried out recruitment checks before employing staff to work in the home. However, we found improvements were required to make this process more robust, as we found gaps in employment history were not explored, identification had not always been sought and one person did not have a DBS prior to starting their role. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The staff member without a current DBS completed the relevant documentation to begin this process on our second day of inspection. The provider confirmed staff files would be reviewed to ensure they held all of the required information. We did not find any evidence this had put people at risk of harm.

Employment checks were not always robust to ensure safe recruitment of new staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● People gave mixed views on staffing levels. One person said, "There's not enough staff always, at first it was alright, then gradually it's gone down." While another person told us they had not been supported with personal care or had their bed made, which they told us was unusual as they are usually supported with this each day. Our observations showed staff were attentive to people's needs.
● Staff also gave mixed views on staffing levels. While some staff felt there were enough to keep people safe, others told us they had concerns for the late shift, as sometimes there were only two care staff working, and people would be unattended in communal areas. The registered manager told us that catering staff supported for late shifts in the communal areas when there were two carers working, catering staff confirmed this.
● Rotas showed days were there were three care staff working in the morning and afternoon. However, some days, particularly weekends, rotas showed there were only two care staff working in the morning and afternoon. Therefore, the provider could not always be assured there were sufficient staff on duty to keep people safe and meet their care needs.

Systems and processes to safeguard people from the risk of abuse
● The registered manager understood their responsibilities regarding the action to take to protect people from harm. However, improvements were needed where staff had recorded unexplained bruising within people's care records, as they had not been escalated and explored by the registered manager to determine whether there was a safeguarding concern.
● All people we spoke with told us they continued to feel safe by the staff who supported them. One person said, "The staff are friendly and make me feel at home."
● Staff demonstrated an understanding of different types of abuse and what approach they would take in

the event of any concerns.

Preventing and controlling infection

● There were areas of the home which would be difficult to keep clean. Armchairs in communal areas were seen to be worn, dirty and stained; bins for disposing of gloves and face masks were disposed of in unlidded bins, meaning that it would be difficult to reduce the risk of spread of infection.
● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was not following government guidance in line with allowing visitors into the home. Visitors were still accessing a separate garden area and dedicated visiting room.

Requires Improvement

Is the service effective?

Our findings

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

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

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

- People's care needs had not always been assessed and planned in line with best practice as we found an area of concern for people who required a textured modified diet. However, we also saw examples where peoples care needs had been assessed and planned in line with best practice. For example, where a person needed support with maintaining their skin integrity, this was provided in line with the visiting healthcare professionals guidance.
- People's care needs were assessed prior to them moving into the home.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- Staff did not always complete training that was appropriate for the people they cared for. We saw examples where people new to care had not completed some training, or where they had completed training, their knowledge and understanding had not been checked. Staff we spoke with felt it would benefit them if they had training in areas relevant to their role.
- People who required a textured modified diet, were not supported by staff who knew how to prepare and provide this.
- People told us they were given a choice of meals to eat during the day. People confirmed they had plenty to eat and were offered food they enjoyed.
- Staff understood people's dietary preferences and understood how to meet these. Where people required assistance to eat, this was done at the person's own pace and in a respectful way.
- Staff monitored people's weight to ensure this remained stable and people remained well. Where people required support with weight management, this was monitored and where necessary discussed with the person's doctor.
- We observed people were provided with drinks throughout the day, with a variety of different options.

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

- The registered manager told us they were working with the provider to improve the environment, design and decoration to meet people's individual needs. We observed some bedrooms that people were living in were in a poor state. For example, rucked and thread bare carpets, large plaster areas on walls where there

had been previous damage and partially repaired. We also found bedrooms held items that were no longer in use, such as headboards, or moving and handling equipment stored in a person's bedroom.
● We saw improvements had been made to communal areas, and some bedrooms. The registered manager was keen to ensure all bedrooms were decorated to a good standard; however the provider had not shared clear timelines of when this work would take place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Improvements were needed with record keeping, to ensure all healthcare professional advice was documented within people's care records.
● Healthcare professionals visited the service where necessary, or as part of routine rounds. We saw care records which demonstrated people had appointments when they required them.
● Records showed people were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.
●Staff were aware of people's upcoming health appointments, and so ensured people were ready and prepared to attend these appointments on time.

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

People can only be deprived of their liberty to receive care and treatment 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People told us staff asked for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them. We heard staff seeking consent prior to supporting people.
● Records demonstrated external professionals had been contacted in a timely way, and a multi-disciplinary approach had been taken to ensure the least restrictive practice was provided.
● We saw people were able to move freely around the home and were supported to sit in the garden areas as they wished.
● Where the registered manager had deemed people were being deprived of their liberty, applications had been sent to the local authority for authorisation.
● The registered manager met their legal requirement to notify the CQC where a person had been legally deprived of their liberty.

Requires Improvement

Is the service caring?

Our findings

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

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

Supporting people to express their views and be involved in making decisions about their care.
- The provider could not be assured people were supported to make decisions about their care.
- Staff told us there was a weekly bath rota for people, so each person had a bath or a shower once a week. People confirmed and records we viewed showed people had a bath or shower on a set day. We asked people if they were able to have a bath or shower when they wanted. One person told us how they were not sure if they were able to have a bath more frequently if they chose. This approach was not personalised and did not fully promote people to be involved in decision making about their care.
- Staff told us that people who were required to be hoisted to transfer were placed in one lounge together. One staff member said, "It makes it easier for staff." However, this approach does not demonstrate people were given a choice about where they chose to spend their day.

Respecting and promoting people's privacy, dignity and independence
- The provider could not be assured people were consistently supported to maintain their dignity and privacy.
- Some people who were supported to transfer with the use of a hoist were not always supported to maintain their dignity. We raised this with the registered manager who advised they would speak with staff.
- Some people raised concerns with the laundering of their clothing. One person said, "Sometimes you don't get [clothes] back, sometimes you do. Then you see someone else with [your clothes] on." Staff also raised concerns with the management of people's clothing. One staff member told us how there were days when people did not always have undergarments available and said, "We do have a lot of laundry and we're waiting for it."
- People's personal information was not always kept confidential. Offices where records were held and had information about people's care needs written on walls were unlocked with doors left open. The provider could not be assured that visiting professionals and people's relatives and friends would not see this confidential information.
- People were supported to remain as independent as possible.
- We observed staff were respectful towards people when speaking with them and worked with the person at their own pace.

Ensuring people are well treated and supported; respecting equality and diversity
- People told us staff treated them in a kind and caring way. One person told us, "They're all very friendly and helpful."
- Staff were kind and caring towards people. Staff chatted to people and to see how they were.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Staff knew people well and communication within the team was good, however where people's needs had changed, records were not consistently reviewed and staff told us they did not always read them, to ensure the information they had and acted upon was accurate.
- While people were involved with aspects of their care, there were some areas of care delivery which did not fully promote care that was personalised to people's choice and preferences.
- While new information about people's changing care needs was shared with staff, staff were not always clear about specific details or how this should be recorded in the care records.
- Staff knew people well and recognised when they were 'not themselves' so that prompt action could be taken to support them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans detailed the support people needed to access written or verbal information. For example, whether a person wore spectacles or hearing aids. We saw people had been provided with the aids they needed.

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

- People told us there were not many activities happening within the home. One person said, "I don't really do very much, just sit and watch TV and keep an eye on everyone." While another person said, "They used to have an activities lady who used to come in and organise different things but there's nothing to do now." The activities co-ordinator had left their employment and the registered manager was actively seeking a new activities co-ordinator.
- The communal lounges were sparse and lacked in stimulation, triggers for memory or conversation. Where people lived with dementia there was a lack of items to interest them. Where people were not independent with activities, we saw they spent their time sat around the edge of the rooms with the television on, but not actively watching it.
- People who were more independent spent their day according to their preferences. Some people

preferred to spend their time in their own rooms, while some preferred to spend time in the communal areas. Where people were independent in getting activities, we observed them enjoying jigsaw puzzles and reading.

● The provider had not re-opened the home to visitors since the change in government guidance came into effect on 31 January 2022. While visitors were able to meet in the garden or a designated meeting room, visitors were unable to enter the main part of the home. The registered manager told us the visitor restriction had remained until the home was properly decorated. People and staff told us they had had a barbeque in the garden one weekend, but relatives and friends had not been invited.

Improving care quality in response to complaints or concerns

● People we spoke with did not know who the registered manager was, however felt if there were any concerns, they would raise this with the staff on duty. People did not raise any complaints to us during the inspection.

● The registered manager told us they had not received any complaints recently. The provider had a complaints policy in place, should a person who has used the service require this.

End of life care and support

● Information gathered as part of monitoring activity identified that end of life care plans had not been completed. At the inspection we found that work had been undertaken to understand people's end of life wishes.

Inadequate

Is the service well-led?

Our findings

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

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

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

- The provider did not have systems in place to monitor quality and safety of the service provision. Without robust oversight the provider had not identified shortfalls so they could be addressed.
- Systems for ensuring staff were trained and competent to provide care to people were not effective. Staff had not been adequately trained in key areas which exposed people to risk of potential harm.
- Processes to review the effectiveness of the systems in place to ensure people remained safe while call bells were not working were not in place. Without reviewing these systems, the provider had not identified that people were not always able to receive support when they needed it.
- The provider did not have systems in place to identify unsafe environmental issues, for example, wardrobes not always being secured to the walls. It was also identified that window restrictors were not in line with the Health and Safety Executive guidance, with added risk of the potential of people being exposed to harm due to the window having single pane glass, which may cause harm if fallen against. We raised our concerns with the provider who provided assurances these areas would be addressed promptly.
- Care and recruitment records were not always accurate, up-to-date or complete. We found some records were written on loose pieces of paper, or notes written on hand paper towels. We also found care records were not always dated, for example, food, fluid and turn charts and handover records. This meant the provider could not be sure when the information was recorded.

Continuous learning and improving care

- Systems for continuous learning and improving people's care were not effective.
- Staff did not have regular supervision, to receive feedback on their performance and constructive feedback on how this might be improved.
- Incident and accident monitoring was not effective or complete. Accident records were found within people's care records and had not been added to form part of the monthly monitoring. Therefore, the provider could not be assured that incidents and accidents were fully assessed, mitigated and reviewed. In addition to the call bell system not working, this shortfall posed a greater risk of potential avoidable harm.

The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The lack of effective quality assurance systems and processes, audits and regular staff meetings meant management and staff did not have a shared understanding of challenges, concerns and risks in relation to people's care.

● Surveys had been sent to relatives to seek their views on the service provision. We found that for 2022 three responses had been returned, which shared positive feedback about the service.

● We saw evidence that individual meetings with people's relatives were taking place. These were not always formal reviews of people's care needs; however, relatives, where appropriate, were provided with key updates.

● Staff said they worked well as a team and felt supported by management in their role. Staff told us the registered manager was approachable and listened to their views and opinions and acted upon these.

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 registered manager understood their responsibilities for reporting events and incidents that were legally required to the CQC. However, the provider had not fully understood their responsibilities for reporting events that were legally required to the CQC.

● The provider was displaying their previous ratings from the last CQC inspection within the home.

Working in partnership with others

● The service worked alongside external agencies to support them to meet people's needs. Where we identified concerns with staff's knowledge providing safe textured modified foods, they liaised well with the advance nurse practitioner to mitigate risk of harm.

● Feedback from external healthcare professionals was positive, as they found staff knew people well, and recognised when they required additional support to keep them well.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Employment checks were not always robust to ensure safe recruitment of new staff

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 Risks to people individual health needs and aspects of the environment had not been identified so that mitigation could take place. This placed people at risk of potential harm

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service.

The enforcement action we took:

Warning Notice