Five Rivers Living LTD.

Five Rivers Living

Inspection report

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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 well-led?	**Inadequate**

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
Five Rivers Living is a residential care home providing personal care to 23 people, at the time of the inspection. The service can support up to 50 people.

People's experience of using this service and what we found
Right Support: 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.

Medicines were not always managed safety.

People were not always referred to relevant healthcare professional when needed and the provider failed to ensure advice and guidance from healthcare professionals was followed.

Right Care: People's care was not always person-centred. A lack of care planning, registered manager awareness of people's individual needs and staff training, meant care did not always promote people's dignity, privacy and human rights.

There was no effective process in place to ensure people were protected from the risk of abuse, as staff were not always trained in safeguarding and did not all know the processes of escalating a concern if they had one.

Staff were not appropriately skilled to meet the needs of people and keep them safe.

People's care, treatment and support plans had not reflected their range of needs and this therefore had not promoted their well-being and enjoyment of life.

Right Culture: People did not live inclusive and empowered lives. For example, where Deprivation of Liberty Safeguards (DoLS) conditions were in place, these were not always followed.

People were not supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people had not received compassionate and empowering care that was tailored to their needs.

People and those important to them, including advocates, were not involved in planning their care.

The provider had not enabled people and those important to them to work with staff to develop the service. There was a lack of structured feedback sought through questionnaires and meetings.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 20 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
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 received concerns in relation to care plans and risk assessments not containing up to date information to guide staff how best to care for people and mental capacity act assessments not always being in place. Additionally, we carried out an inspection of this service on 5 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the dignity and respect, and consent practices at the service. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.
The overall rating for the service has changed from Requires Improvement to Inadequate based on the findings of this inspection.
We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Five Rivers Living on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to need for person-centred care, consent, dignity and respect, safe care and treatment, good governance and staffing at this inspection.

Our regulatory response has concluded and will be published 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 time-frame 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 well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Five Rivers Living

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
Two inspectors visited the service and 1 of these inspectors made calls to relatives and staff after the on-site inspection had concluded.

Service and service type
Five Rivers Living 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. Five Rivers Living 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 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. We used all this information to plan our inspection.

During the inspection
We spoke with 6 people who use the service and 4 relatives about the experiences of the care provided. We spoke with 11 members of staff, which included a nominated individual, registered manager, chef, housekeeper, laundry staff, care workers and senior care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 8 care plans and multiple medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training records, policies and procedures were reviewed. After the inspection we continued to seek clarification from the registered manager to validate evidence found.

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 Requires Improvement. 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

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Risks such as diabetes and choking had not been adequately assessed and mitigated at the time of inspection. People's care plans lacked detail and staff did not always know what action to take when emergencies occurred. We identified 1 person with very high blood sugars and action had not been taken by staff to address this in a timely way and health professional's advice had not been immediately sought. This meant the person was exposed to the short term life-threatening risks of high blood sugars, and the inspectors had to intervene to encourage staff to get medical support.
● Where people required repositioning in bed to reduce the risk of pressure damage to their skin, documents to record the repositioning were not being completed and when they had been completed sometimes it was recorded as 'bed' rather than the position the person had been supported to move to, for example right side/left side/back. One relative told us, "When [Name] first came out of hospital, [Name] was supposed to be turned so often and the chart hadn't been filled in." This meant people were exposed to the risks of skin damage.
● Environmental risks had not always been addressed. We saw a large kitchen knife left unattended in the dining area and the kitchen door was not always closed. This put people at risk of exposure to dangerous kitchen equipment and possible injury. We spoke to the registered manager and they addressed these concerns by removing the knife, ensuring staff closed the kitchen door and remedial action was taken during the inspection to ensure that the kitchen door was able to close easily.
● We found two wardrobes not fitted to the wall as required, in one person's room, putting people at risk of the wardrobe toppling on to them and sensor lights went off too quickly. The lights not staying on for enough time meant the corridor went dark rapidly as people passed through, and increased people's risk of falls. These environmental risks put people at risk of unsafe care and treatment.
● Personalised emergency evacuation plans (PEEP) guide staff and the fire service how best to support someone if they needed evacuating. These were lacking in detail. The PEEP did not have people's photographs displayed, which meant emergency services may not recognise the person and identify their needs in an evacuation. This put people at risk of unsafe care and treatment should there be an emergency.
● The way people were supported to move around the building by care staff was not always in line with the

training the staff received. Two care staff were seen to support people to move in a way which was unsafe, as the care staff were not following the recommended way to support someone when walking with them. This put people and staff at risk of injury.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following inspector's prompting around diabetes, advice was immediately sought and continued to be sought from health professionals for the one person identified as having very high blood sugars. Diabetes and dysphagia care plans have all been updated following the inspection.

Using medicines safely; Preventing and controlling infection
At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. Medicines were not always managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Medicines practices were not always safe. Allergies were not always recorded on the medicine administration records (MAR) which meant people were at increased risk of receiving the incorrect medicines, which may cause an adverse reaction.
● Medicines documentation was lacking. As required (PRN) medicines charts did not always contain all the detail needed. Topical medicines, medicines applied to the skin, were not always accompanied by appropriate topical medicines information charts to guide staff where to apply the creams. This meant staff may provide PRN medicines unsafely or apply topical medicines in the incorrect location.
● Medicine ordering, storage, and disposal were not always in line with best practice guidance. There were incorrect drug counts and due to a lack of stock 1 person did not receive their pain-relieving medicine on 4 consecutive dates. This put people at risk of not receiving their medicines in a safe way.
● Cleaning schedules had not always been followed. Daily night-time cleaning schedules were not regularly completed, we were provided with the last night-time cleaning schedule, which was from August 2022. This meant the environment was not being checked regularly to ensure it was clean and tidy. However, when we inspected, the service did appear clean.
● The provider's policies around COVID-19 were not all up to date. We were provided with one policy dated June 2022, which contained outdated information. The registered manager provided information which conflicted to that within the policies, and with government guidance. The registered manager lacked understanding of their role around admitting people to the service safely. This placed people at risk of the spread of infections when a new admission came to the service.
● Infection prevention and control (IPC) and personal protective equipment (PPE) training had not always been completed. This meant staff were not following guidance on disposal of PPE. We saw used PPE disposed of in an open bin. This placed people at risk of transmissible infections.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was not aware of current guidance about visiting in an outbreak. The registered

manager told an inspector, relatives of people who are COVID-19 positive are asked not to visit the home. This is not in line with government guidance which stated in an outbreak, 'One visitor at a time per resident should always be able to visit inside the care home'. This meant in the event of an outbreak, people may not have been supported to have visitors appropriately.

We have signposted the provider to resources to develop their approach around COVID-19 practices.

● People received supported from staff to make their own decisions about medicines wherever possible. People could take their medicines independently following appropriate assessment.

Staffing and recruitment
● Staff were not always recruited safely. Staff did not always have a full employment history as part of their recruitment. This meant people may be at risk of care from staff who are not suitable to work.
● Some staff were working in excess of 70 hours per week, which put people at risk of being cared for by exhausted staff and increased risk of errors occurring. There were no risk assessments in place to ensure the hours staff worked ensured people received safe care.
● There were enough staff working at the service at the time of the inspection to fully cover the rota and for one-to-one support. However, there was not additional staff available for people to take part in activities and visits how and when they wanted. People and relatives gave us mixed views about the staffing levels at the service. A relative reported, "Sometimes you can't find anyone when you need them." Whilst one resident told us, "There is a lot of them [staff], the carers work very hard." One staff member told us, "Sometimes you get the right amount of people, and sometimes you don't get enough. You get strong staff and weaker staff and mostly agency, it can be difficult at times. We used to have regular agency, now it is some people who are completely different. It is harder at the weekends."
● We saw Disclosure and Barring Service (DBS) checks had been completed prior to staff commencing in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong
● Accidents and incidents were reported, recorded and acted on appropriately. However, there was no process in place to review these events for any patterns or trends. This meant opportunities to learn lessons were lost, such as looking for trends when or how people had fallen.
● A lack of staff meetings meant opportunities to share lessons learnt with the staff team had been lost.

Systems and processes to safeguard people from the risk of abuse
● Staff had not all received training on safeguarding and abuse and they did not all know how to recognise or report it. One staff member was unable to tell us how or who they would raise concerns with should they need to report abuse. Training will be covered further in the Effective section of the report.
● However, most people and their relatives told us people felt safe at Fiver Rivers Living. One person told us they felt safe and said, "If I had concerns, I would tell the staff".
● Where safeguarding concerns had been raised, they had been investigated and the relevant agencies had been notified of events and appropriate actions taken.

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 Requires Improvement. The rating for this key question has remained 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 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.

At our last inspection the provider had failed to ensure service users were not always supported in line with the Mental Capacity Act. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- For people the provider had assessed as lacking mental capacity for certain decisions, there were not always recorded MCA assessments and best interest decisions for all restrictive practices. For example, 1 person, who lacked capacity about the decision to monitor their movements, had a sensor to alert staff to the person getting out of bed. This was not accompanied by an MCA assessment or best interest decision, which meant this person was at increased risk of inappropriate or abusive restrictive practices.
- The provider had made appropriate DoLS applications. However, we found 2 people had DoLS conditions which the provider could not evidence they were compliant with. For example, 1 person's condition stated the care plan should be reviewed every month and we saw evidence this had not happened. We were not assured the provider was complying with the DoLS authorisation and placed these people at an increased risk of unnecessary restrictions.
- Staff's understanding of the MCA was not always sufficient. One staff member told us if someone lacks

capacity, they cannot make any decisions for themselves. However, capacity should be assessed for each decision to establish what decision they can make and then to provide them with support for the ones they cannot make once an MCA assessment and best interest decision are recorded. This lack of knowledge of staff meant people might not be offered choices when it was appropriate for them to make them.

People were not always supported with the consent of the relevant person. This was a continued breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to ensure service users were treated with dignity and respect. This was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 10.

● Care and support plans did not always reflect people's needs. Not all people had relevant assessments in place, such as communication and sensory assessments. The registered manager was unable to tell us the first language of 1 of the people they support. Understanding people's communication and/or sensory needs is fundamental to planning and delivering good quality person-centred care. The lack of knowledge by the registered manger showed a lack of dignity and respect of people's needs and choices.
● At the last inspection, an action plan was produced by the nominated individual, which stated, 'All staff will be required to complete the care certificate module in dignity and respect'. At this inspection less than half the staff had completed this training in the last 12 months. This is the time frame set by the provider when the mandatory training should be completed by. This lack of training meant staff were not all aware of how to treat people with dignity and respect.
● Bedrooms were not always personalised with items special to the person who lived in the room. This may have been the person's choice, but it was not documented as such within the care plan. This meant they may not be cared for in an environment of their choosing.
● Signage on walls was sometimes confusing. There was a sign for a 'bus stop' randomly placed on the wall on the first-floor corridor. When inspectors asked the registered manager for its purpose, they replied saying, "It's there for the dementia residents". They were unable to describe its intended purpose. This lack of person-centred care may be misleading for people and could lead to increased confusion, it also showed a lack of respect by the registered manager as they did not take the time to learn about individual people's communication needs.
● People's care and support plans were not personalised, holistic, strengths-based and did not fully reflect people's needs and aspirations, included physical and mental health needs. This meant care plans did not contain enough information to guide staff in a person-centred way.

People were not always supported with dignity and respect because care plans did not always reflect people's needs and training had not been completed by all staff. This was a continued breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always supported in a person-centred way. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● People and relatives gave us positive feedback about staff supporting them with dignity and respect. One person told us, "Carers always knock on the door."

Staff support: induction, training, skills and experience

● Training records showed training had not been delivered for staff to be able to fulfil their role effectively. This included statutory training such as safeguarding, infection control and moving and handling. As well as training specific to the service such as dementia and learning disabilities awareness. The provider supported people with a learning disability and ensuring staff were trained appropriately would improve the experience and outcomes for the people they supported.

● Staff had not been supported with consistent supervisions or team meetings. Staff we asked about supervisions reported they have not had one since the new registered manager took over their role in June 2022. We also saw no evidence of supervisions in the 3 recruitment files we viewed. This meant staff were not being supported to maintain their knowledge of best practice.

● Staff employed directly by the service had not all received a formal induction into the service. We were told this by staff and observed it within their recruitment files. This meant staff were not all adequately trained, with the skills, knowledge and competence required.

The failure to have suitably qualified, competent, skilled and experienced staff was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were observed to have a long wait in the dining room before their meal was served. One person told us, "We often having to wait for food to be served." This meant people's experience of meal-times was not always positive and people were frustrated by their wait for food.

● People who received a modified diet were not offered alternative meal choices when they did not want to eat what they were served. This meant they may not eat enough to maintain a balanced diet if they didn't like the option offered.

● The provider monitored people's health, care and support needs, but did not consistently act on issues identified. Weight loss audits had been completed however information was sometimes incorrect. This meant action which should have been triggered to reduce risk in significant weight change, had not always been taken.

● People were not always referred to relevant healthcare professional when needed and the provider failed to ensure advice and guidance from healthcare professionals was followed. At inspection there were concerns with diabetes management, the guidance provided by the GP was not being followed. When this was brought to the attention of the provider, they then made people safe.

● People told us they could access drinks and snacks when required. One person told us, "If I'm thirsty I can ask for a drink."

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 Inadequate. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider had failed to ensure good governance of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider's systems and processes continued to not be effective and the registered manager had not identified the concerns found on inspection. For example, wardrobes were not always fitted to the wall, light sensors turning off the lights in corridors too quickly and diabetes and choking risks had not been adequately addressed.
- Systems and processes to oversee the service were lacking. For example, a bi-monthly health and safety audit has been completed just once in the last 7 months. A lack of follow up was recorded by the registered manager in this audit, placed people at risk of unsafe care and treatment as potential issues identified had not been acted on.
- A lack of oversight by the registered manager exposed people to prolonged risks. We identified a broken hoist which the registered manager explained was still in use. There had been no mobile hoist audit since June 2022. This put people at risk of unsafe care and treatment when being mobilised with the hoist as the registered manager had failed to identify it was broken.
- Where audits were in place, they were not always effective. The IPC audits failed to identify the concerns we did at inspection, for example we identified several staff had not completed their IPC training, which was not identified and acted on in the IPC audits.
- People, their relatives and staff reported communication could be improved. One relative told us, "Handover from the staff regarding incidents has been poor. Sometimes senior staff will ring me but will not be fully informed about the incident."
- People, their relatives and staff reported not receiving requests for feedback about the care provided on a regular basis. Records supported this. This meant systems and processes were not in place to gather structured feedback to drive improvement at the service.
- Systems and processes were not in place to ensure staff had access to appropriate support, supervision and appraisal.

● People and relatives told us they were not involved with care planning. One relative informed us, "We looked at the original one (care plan), there were so many errors in it. Like [Name] cleans [their] teeth – [Name] hasn't even got teeth." And, "In the care plan it felt like it was more guess work than actual facts."
● Staff were not always fully aware of their roles and responsibilities. Staff did not always understand their duty of care to safeguard people using the service or how to identify concerns regarding people's care and when to report concerns to health professionals. The providers induction procedures had failed to ensure staff were aware of these essential duties.

There were widespread shortfalls in the way the service was led. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff gave mixed feedback about the registered manager. One staff member said, "Managers are fine – you can approach them at any time." Whilst another staff member said about the support they receive from management, "I don't get any support really".

Working in partnership with others; Continuous learning and improving Care
● Timely support from healthcare professionals had not always been sought. Following the inspection, the registered manager contacted the GP surgery to get a review of all people with diabetes. However, this had not been identified as necessary by the registered manager's own processes.
● We continued to have concerns regarding the provider's understanding of their regulatory requirements. For example, the provider had failed to review their existing policies and procedures around IPC to ensure they were fit for purpose for the service and remained effective.
● The provider acted on areas identified as concerning during the inspection. For example, wardrobes were attached to the wall by maintenance and lighting concerns were addressed the same day this was identified to the provider.
● When concerns were raised during the inspection, the management team took some remedial actions. However, we remain concerned that the governance at the service did not recognise and rectify these concerns prior to our inspection highlighting the risks to the management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;
●The culture of the service did not reflect our Right Support, Right Care, Right Culture guidance. People were not adequately supported to have maximum choice, control and independence over their lives. Care was not always person-centred and the poor leadership by the provider did not ensure people led empowered lives
● Staff reported the culture was positive. One staff member said, "It's nice to work here, people are really friendly." Whilst another said about staff morale, "It is good. I feel like everyone one is willing to do the work and gel quite well."
● Relatives reported staff support people in a positive way, "Staff were amazing, they have a bit of banter with (them). I have never seen any-one come out of themselves so quickly."

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 was open and honest during the inspection about challenges and shortcomings at the service. Since the inspection the provider has taken action to improve quality of service.
● The registered manager was able to explain the duty of candour and evidenced they applied this when required. The registered manager apologised to people, and those important to them, when things went wrong.

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 9 HSCA RA Regulations 2014 Person-centred care People did not always receive care and treatment that reflected their preferences and met their needs

The enforcement action we took:

Issued a Notice of Proposal to cancel the registration of the provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect.

The enforcement action we took:

Issued a Notice of Proposal to cancel the registration of the provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's care and treatment was not always provided in line with the Mental Capacity Act 2005,

The enforcement action we took:

Issued a Notice of Proposal to cancel the provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always provided with safe care and treatment.

The enforcement action we took:

Issued a Notice of Proposal to cancel the registration of the provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care	governance There was a lack of good governance at the service.

The enforcement action we took:

Issued a Notice of Proposal to cancel the registration of the provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always adequately trained.

The enforcement action we took:

Issued a Notice of Proposal to cancel the registration of the provider and registered manager.