

Roland Residential Care Homes Limited

Roland Residential Care Homes - 27 Bush Hill

Inspection report

27 Bush Hill
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Roland Residential Care Homes - 27 Bush Hill is a residential service providing personal care for up to 10 people with mental health support needs. The service consists of one adapted building, which includes individual bedrooms and communal spaces spread over two floors and an accessible garden. At the time of our inspection there were 9 people using the service.

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

People and their relatives told us they felt safe with the care and support they or their relative received. Despite this positive feedback, we found risks relating to the premises were not being safely managed. We found concerns with the management of medicines and incidents which placed people at increased risk of harm.

The provider had systems in place to monitor the quality and safety of the service, however they did not identify the issues we found during the inspection. We found CQC had not been notified of several incidents as required.

We have made a recommendation around safeguarding adults.

We have made a recommendation around staff training and support.

We have made a recommendation around offering food choices to people.

We have made a recommendation around managing complaints.

People were supported by staff who had been assessed as safe to work with vulnerable adults. People were kept safe from the risk of infection and COVID-19.

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.

People were supported by kind and caring staff who supported their independence. People were supported by staff who knew them well and understood their likes and dislikes.

Staff told us they were well supported by the management team. People and their relatives told us they were satisfied with the service provided.

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

Rating at last inspection

This service was registered with us on 5 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

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.

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 and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Roland Residential Care Homes - 27 Bush Hill

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.

Inspection team

One inspector and two Experts 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. One Expert by Experience spoke to people during the inspection site visit and the other Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

Roland Residential Care Homes - 27 Bush Hill 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. Roland Residential Care Homes - 27 Bush Hill 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. Inspection activity started on 12 May 2022 and ended on 27 May 2022. We visited the location's service on 12 May and 19 May 2022 and provided inspection feedback on 27 May 2022.

What we did before the inspection

We reviewed information we had received about the service and formal notifications that the service had sent to CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. 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 five people who used the service and six relatives. We spoke with six members of staff including the registered manager, a senior manager, team leader and three support staff. We undertook observations of people receiving care to help us understand their experiences. We reviewed a range of records. This included four people's care records and seven people's medicines records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service and quality assurance were reviewed including accident and incident records. We sought feedback from the local authority and professionals who work with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Risks relating to hot water temperatures and radiators were not safely managed.
- We found sufficient measures were not in place to manage the risk of scalds and burns from high water temperatures and uncovered radiators. During the inspection, water temperatures in people's bedrooms and a bathroom were measured at 58 degrees Celsius. These temperatures were in excess of the maximum temperature of 44 degrees Celsius identified in Health and Safety Executive guidance and the providers risk assessments in order to protect people from a risk of scalding.
- Throughout the service radiators were found to be uncovered which placed people at risk of burns. The service had a risk assessment in place, however we found sufficient measures had not been put in place to manage the risk. The providers risk assessment stated they would explore the option of using radiator covers, however there was no evidence action had been taken.
- The provider was completing regular water temperature checks and a quarterly health and safety audit. However, we found these checks were not comprehensive and did not identify the issues we found during the inspection. We report further on this in the 'is the service well led section?' of the report.

Learning lessons when things go wrong

- We were not assured the procedure in place for managing incidents was effective.
- During the inspection we found some incidents had not been recorded in line with procedure. Some incident records did not contain sufficient details of the event or of actions taken by the service in response to mitigate further risk. Where some incident forms had been completed by support staff, there was no evidence they had been reviewed by the management team to identify further actions in order to manage the risk.
- The registered manager told us about some actions they had taken in response to incidents and lessons learnt by the service, however they had not been appropriately recorded. We were told lessons learnt from incidents were discussed at staff meetings, however we found no evidence of this within the staff meeting records we reviewed.
- There was no system in place to ensure management oversight of incidents. We found reports of several incidents with police involvement which had not been reported to CQC as required. The provider was completing a health and safety audit which included checks on accident records. However, we found this audit did not identify the issues we found during the inspection. We report further on this in the 'is the service well led section?' of the report.

We found no evidence that people had been harmed, however the provider had failed to robustly assess, monitor and manage risks to people. The concerns identified above placed people at risk of harm. This was

a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the provider took action to reduce and monitor water temperatures within the service and on the second day of the inspection we saw radiator covers were being installed.
- The registered manager told us they would take action to improve management oversight of accidents and incidents and following the inspection we were sent an updated incident reporting procedure.
- Other risk assessments in place identified and assessed risks associated with people's care and support with guidance for staff to follow. The service was carrying out other building safety and equipment checks to ensure the safety of people living within the service.
- A health professional who regularly visited the service told us they felt the service was a safe environment where risks to people were assessed. They told us, "Holistic risk assessment is carried out on all residents routinely on admission and this is evident in their care plan."

Using medicines safely

- People received their medicines as prescribed; however, we found several areas where the service was not managing medicines safely in line with national guidance.
- The provider did not always have sufficient guidance in place for staff to know how and when to administer medicines prescribed to be taken as needed (PRN). Where medicines had been opened, we found the date of opening was not being recorded. Body maps were not in place to ensure topical medicines were administered correctly.
- We were not assured the service had an effective system in place to manage medicines stock. We found examples where the stock of medicines held did not match the records kept by the service.
- Staff had completed training and had their competency assessed before supporting people with medicines. However, we found training was being delivered by staff who had not been trained to train other members of staff. We report further on this in the 'is the service effective section?' of the report.
- The service was completing a regular medicines audit; however, it did not detail the areas being checked or identify the issues we found during the inspection. We report further on this in the 'is the service well led section?' of the report.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager, and they told us they would address the issues identified. During the inspection we were sent an updated medicines audit.
- Despite our concerns, people we spoke to told us they were satisfied with the support they received with their medicines. One person said, "I get my medication on time every day."
- Staff told us they felt confident to administer medication safely. One staff member said, "Yes, I was trained for a month. Started by giving medication under observation. When I was confident, I gave it on my own."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse; however safeguarding concerns were not always appropriately reported and managed.
- Most people and relatives told us they felt safe with the care and support they or their relative received. One person said, "Yes, very safe. The staff help me feel safe." However, one relative raised a concern about a person's safety, during the inspection the registered manager was informed and investigated the concern.

- Where safeguarding concerns had been raised, these were reported to the person's social worker, however they were not always referred to the local authority safeguarding hub in line with the providers procedure.
- During the inspection, we found not all staff had completed safeguarding training. Training which had been completed was delivered by staff who had not been trained to train other members of staff. We report further on this in the 'is the service effective section?' of the report.
- However, despite our concern, support staff we spoke to were able to demonstrate an understanding of their responsibility to report any concerns. One staff member said, "I report any abuse, any personal issues of [people] if they are not feeling safe, any discomfort."
- We found the system in place to record and monitor actions or learning from safeguarding concerns was not always effective. Safeguarding concerns were not always well documented and CQC had not been notified of several allegations of abuse as required. We report further on this in the 'is the service well led section?' of the report.
- During the inspection the registered manager told us they would take action to improve management oversight of safeguarding concerns to ensure they are appropriately reported and managed. During the inspection we were told staff had been enrolled on additional safeguarding training.

We recommend the provider review their safeguarding policy and procedures to ensure the service operates in line with best practice.

Staffing and recruitment

- Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
- Pre-employment checks included the completion of an application form, DBS checks, evidence of conduct in previous employment and proof of identity. 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.
- People and their relatives told us people were supported by a consistent team of staff. One person said, "I know all the staff and they know me."
- We observed there were enough staff to keep people safe and meet their needs. People, relatives and staff confirmed this. One staff member told us, "Yes we have enough staff, we have time. We know what our responsibilities are every day."

Preventing and controlling infection

- Effective systems were in place for managing and controlling infection, including COVID-19.
- The provider had an infection control policy in place and staff had access to regular testing and PPE. One staff member said, "Yes, every day [Covid-19 test]. We record on the system, we use sanitiser, mask and gloves."
- People and their relatives told us, and we observed the premises were clean and staff used PPE appropriately. One person said, "Yes, they do when necessary." A relative said, "I can't fault the cleaning, always someone cleaning. I'm impressed by how clean it is."
- However, records showed not all staff had completed training in infection prevention and control. We raised this with the registered manager and during the inspection the training was completed.

Visiting in care homes

- The provider was supporting visits in line with the government's guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they felt supported, however not all staff had completed an induction and mandatory training.
- People and their relatives told us they felt staff were suitably skilled and knowledgeable. One person said, "Yes, staff know what they are doing. Yes, staff are well trained." A relative told us, "When [person] went there, [person] wasn't that healthy and now [person] looks fine. They seem to know what they are doing."
- Staff received regular supervision and staff who had completed a year of employment received an annual appraisal. However, we found not all staff had completed an induction and mandatory training in topics such as safeguarding, Mental Capacity Act and infection control.
- We found staff delivering training to other members of staff in topics such as safeguarding, and medicines had not been trained to train other staff.
- Despite our concern, the staff we spoke to told us they felt supported and satisfied with the training they received. The management team told us, and records confirmed, following internal training sessions staff completed a questionnaire to check their knowledge. One staff member said, "Yes, management team is extremely supportive."
- We raised our concerns with the management team and during the inspection we were told staff would be enrolled on additional training.

We recommend the provider reviews its procedures to ensure staff delivering training have been appropriately trained.

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

- People were supported to access a balanced and healthy diet. However, some people told us they were not satisfied with the food provided.
- The people we observed during a lunchtime appeared to eat well, and staff were aware of people's dietary requirements.
- Some people were supported to shop and cook for themselves which encouraged people to maintain their independence. Feedback from people and their relatives about this arrangement was positive. One relative said, "[person] is able to cook for themselves two or three times a week and [person] doesn't complain about the food."
- However, where people had their meals provided by the service, most people told us they were not satisfied with the food on offer. One person said, "I do not like the food provided by the home. I go to [supermarket] and buy and cook my own." Another person said, "It could be much better. The meals are not

varied enough, mostly pasta and soup."

- We shared this feedback with the management team who told us the food menu was regularly reviewed and options were discussed with people, including during monthly resident's meetings. Notes of meetings showed people responded positively to questions about the food provided.
- Satisfaction questionnaire's completed by people showed some people were dissatisfied with the food provided, however there was no record of actions taken by the service in response to this feedback. We report further on this in the 'is the service well led section?' of the report.

We recommend the provider reviews their procedure for offering and recording people's food choices.

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

- Care plans included details of people's health conditions and provided information and guidance to staff on how people were to be supported.
- People and their relatives told us the service supported them to access support from healthcare professionals. One person said, "Yes, staff contact the doctor for all my appointments."
- Records confirmed the service worked in partnership with other health and care professionals such as social workers, speech and language therapists and psychiatrists. A healthcare professional who regularly visits the service told us, "staff ensure that [people's] needs are understood and met by liaising with all the disciplines involved in their care."
- The service had systems in place such as daily handover meetings which supported the sharing of information about people and their health and care needs.

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

- People's needs were assessed, and care plans and risk assessments were developed using information gathered during initial assessment.
- Overall policies and procedures provided guidance for staff and referred to legislation and good practice guidelines. However, we found medicines were not always administered in line with national guidance, we report further on this in the 'is the service safe?' section of the report.
- People told us they were able to make day to day choices regarding their care and support.

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's care records documented their consent to care in line with the MCA.
- Where people were deprived of their liberty, appropriate referrals had been made to the local authority to

ensure this was done lawfully and in the least restrictive way.

- We observed, and people told us they were asked for verbal consent before being supported by staff.
- However, not all staff we spoke to were able to demonstrate an understanding of the MCA and records showed not all staff had completed training as detailed earlier in the effective section of the report.

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

- The service appeared clean and the gardens were well kept. The environment was accessible to people using the service including the garden and outdoor spaces.
- People's bedrooms included personal items such as photos, pictures and other decoration.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and caring staff, who knew them well.
- During the inspection we observed kind and caring interactions between staff and people using the service. People and their relatives confirmed this. One person said, "They are kind and caring." A relative said, "The carers all seem very nice, I can't fault them. [person] has never complained about the staff. [Person] gets on well with the staff."
- People told us, and we observed staff knew people well. One person said, "They do, staff know me very well and I know them."
- People's care records considered their diverse needs such as their personal history, ethnicity and religious beliefs.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us staff respected their privacy and dignity. One person said, "Yes, staff treat me with dignity and respect." Another person said, "They always knock before entering my room. Yes, they respect my privacy yes, all the staff respect my privacy."
- We observed and people told us the service supported people to maintain their independence. One person said, "I can come and go with members of staff accompanying me."
- Staff told us they supported people to maintain their independence. A member of support staff told us, "We ask people to help with cooking, help them to feel this is their house and they can do whatever they want. People have jobs like gardening or an activity, we are keeping people engaged."
- People told us they made day to day decisions about their care and support. One person said, "Yes, I can. I can come and go when I want. I cook and make my own food. I wash up. I make my own bed. I live quite independently. I go to bed when I want and get up when I want."
- Records showed people attended residents' meetings; which gave them the opportunity to share their views about the service.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which explained the process people could follow if they were unhappy with their care and support.
- Most people and relatives told us they had not had any reason to make a complaint and knew who to speak to if they had any concerns. One person said, "No, no concerns I like it here."
- However, during the inspection we became aware of complaints which had not been recorded in line with procedure. We raised this with the registered manager who told us about the actions they had taken in response to complaints. The registered manager told us they would ensure any future complaints were recorded in line with procedure.

We recommend the provider reviews its processes for managing complaints to ensure records are kept in line with their procedure.

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

- People's care plans were person centred and contained information about their life history, preferences and the people involved in their care.
- Staff knew people well and were able to tell us about people's individual needs.
- The registered manager told us, and records confirmed people's care plans were regularly reviewed by the service and people had regular conversations with their key worker to discuss their service.
- However, people did not confirm they had seen their care plan. We raised this with the registered manager who told us people were regularly involved in care plan reviews and decisions about their care and support. We were told the service would ensure people were more aware of their care plan record.
- People and their relatives confirmed, people could make daily choices about their care and support and staff understood people's likes and dislikes. A relative said, "They know [person] likes to walk, that [person] is active. That [person] likes to be doing things."

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

- The provider had a programme of activities in place, which people from across their services could access. During the inspection we observed people engaged in an art activity.
- People told us they could access the programme of supported activities, the local community or pursue their own interests independently. One person said, "I do knitting, embroidering, painting and colouring." Another person said, I have [computer games], and I go out for walks. I visit [local areas] whenever I want to."

- The registered manager told us activity provision had been impacted by the COVID-19 pandemic and group activities across the providers services had recently resumed. One staff member said, "Yes, there is quite a lot of activities, we make an effort to make sure people do some activities."
- People told us they were supported to maintain relationships with their relatives. One person said, "I see my [relative] when I can. Staff arrange this for me."

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.

- People's communication needs were assessed and documented in their care plan with guidance for staff to follow. For example, a person's care plan documented their use of technology to support their communication.
- We observed staff interactions with people which took into consideration people's individual communication needs.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ; Continuous learning and improving care

- The service had systems in place to monitor the quality and safety of the service such as care plan reviews, health and safety and medicines audits. However, we found these systems and processes did not identify the issues we found during the inspection.
- For example, the service was completing medicines and health and safety audits and water temperature checks. However, these checks did not identify the issues we found with high water temperatures, uncovered radiators and the management of medicines as detailed in the safe section of the report.
- We found there was a lack of management oversight in place in order to monitor, record actions, identify trends and opportunities for learning and improvement in relation to incidents, safeguarding concerns and complaints. During the inspection we became aware of incidents and complaints which not been recorded in line with procedure.
- We found CQC had not been notified of several allegations of abuse and incidents involving the police as required. The management team told us CQC notifications relating to allegations of abuse had not been submitted due to work pressures related to the COVID-19 pandemic and individual oversights by managers. The management team told us they were not aware of their responsibility to notify CQC of incidents involving the police.
- During the inspection we reviewed records of satisfaction surveys completed by people and visiting professionals. Most responses seen were positive, however where people's feedback indicated an area for improvement, for example with food provided, there was no record of analysis or actions in order to improve the service.
- In several areas a lack of effective management oversight within the service placed people at risk of receiving care which was not safe. This also meant learning and improvements could not be identified or implemented.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the management team, and they told us they would make improvements to their auditing procedures to ensure they were more effective in identifying issues. The management team

told us they would ensure notifications would be submitted to CQC as required.

- Where issues were identified during the inspection the management team acted promptly to make improvements. The provider demonstrated a willingness to reflect and learn to improve the service people received.
- Overall people and their relatives felt the service was well managed and spoke positively of the registered manager. One person said, "Yes, I know the registered manager well. I like him and he likes me. I trust him. This place is well managed."
- Staff told us, and records confirmed regular staff meetings were taking place. One staff member said, "We have regular team meetings, we have meetings with the residents."
- The service had other systems in place to capture people's feedback such as resident's meetings and key worker sessions. We were told staff and relatives satisfaction surveys would usually be sent on an annual basis; however, these had been slightly delayed.

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

- The management team promoted a positive culture, which delivered person centred care and support.
- Overall people and their relatives told us they were satisfied with the service. One relative said, "[Person] is very well looked after, I have got no worries." Another relative said, "I get the feeling that [person] feels it is [person's] home and that means a lot. It is wonderful really and we are really happy with it."
- Staff told us the management team was supportive and they could raise any concerns. One staff member said, "Yes, absolutely."

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, Working in partnership with others

- Policies in place identified the actions staff should take in situations where the duty of candour would apply.
- The service worked in partnership with external agencies such as GP's, local authorities and other health and care professionals to maintain the health and wellbeing of people.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not always assessed, monitored and managed to keep them safe.</p> <p>People were at increased risk because medicines were not always managed in accordance with national guidance.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.</p>