

Jade Country Care Homes Limited

# Five Gables Nursing Home

## Inspection report

32 Denford Road  
Ringstead  
Kettering  
Northamptonshire  
NN14 4DF

Tel: 01933460414

Date of inspection visit:  
30 June 2022

Date of publication:  
10 August 2022

## 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

Five Gables Nursing Home is a residential care home providing personal and nursing care for up to 43 older people. At the time of our inspection there were 21 people using the service.

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

Systems and processes to ensure oversight were not always effective. Audits completed had not identified and rectified the concerns found with record keeping, missing information, medicine administration and water temperatures.

Care plans and risk assessments did not always contain factual up to date information. People with specific health needs did not always have the information recorded to support staff to safely support them.

Risks had not always been mitigated and records did not evidence care was completed in line with people's needs. Risk strategies had not always been implemented or followed.

Records of staff completing care tasks were not consistent. We found gaps in personal care records, oral care and food records.

Person centred care required improvement. Some bedrooms were bare, people and relatives told us staff did not always know the people they supported and information on individual preferences had not always been recorded.

Medicine management required improvement. Records were not always completed, and staff did not always have the required information to understand and ensure people received their medicines as prescribed.

Not all staff had the training required to understand and have the knowledge of people's individual needs.

People were mostly 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 not support this practice. Mental Capacity assessments required improvement.

People and relatives did not always feel that all staff were kind and caring. We received mixed views from both people and relatives.

The environment had improved, and the provider had a plan in place to continue to update and redecorate the service. Safety mechanisms were in place. For example, window restrictors, radiator and hot pipe covers.

Referrals were made to external professionals to meet people's needs. For example, to speech and language therapists, Falls team and dieticians.

Relationships were supported and families were made to feel welcome when visiting the home.

Complaints were managed effectively. People, relatives and staff all told us they felt comfortable raising concerns.

Feedback was requested from people, relatives and staff. Meetings were arranged to share and discuss information.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 23 March 2022) and there were breaches of regulation. The provider completed action plans after the last inspection to show what they would do and by when to improve. At this inspection we found not all improvements had been made and the provider was still in breach of regulations.

The service remains rated inadequate. This service has been rated inadequate for the last three consecutive inspections.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 records, risk mitigation, oversight, person centred care and medicine management at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

#### Special Measures:

The overall rating for this service is 'Inadequate' and the service remains 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our well led findings below.

# Five Gables Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

The inspection was completed by two inspectors.

#### Service and service type

Five Gables Nursing Home 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 Gables Nursing Home is a care home with 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 not 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 eight people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including two directors, the manager, nurses, and care workers

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last three inspections the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks, and to ensure the safe administration of medicines had been completed. This was a continued breach of regulation 12 (Safe care and treatment) 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 were not all mitigated. We found missing strategies for supporting people with anxieties that may lead to increased risks to self and others and any risks associated with wardrobes falling on people who were at risks of falls. This put people at risk of harm as staff did not have the information to safety support them.
- Strategies implemented to reduce risks had not always been recorded or evidenced as completed. For example, safety checks and foods eaten. This put people at risk of harm and documentation did not evidence safe care.
- People were at risk from known health conditions. One person did not have any records evidencing that specific tasks had been completed to reduce their known risk. Staff had not always received training in specific health conditions. This put people at risk of receiving unsafe care as staff did not have the information or knowledge required to understand these health conditions and health professionals did not have the information required to evaluate health conditions.
- People were at risk of scalding. When water temperatures (from hot taps) had been recorded above the Health and Safety Executive (HSE) recommended temperatures, there was limited evidence of actions taken to reduce the water temperatures to safe levels at these times. We found eight outlets were above the acceptable temperatures for a period of two months. However, we found no evidence of people being scalded.
- People were still at risk of pressure damage. At the last two inspections we found repositioning tasks were outside of the assessed timeframes. Although some improvements were seen, at this inspection we continued to find repositioning tasks were outside of the assessed time frames.
- Medicine administration records (MAR) had gaps in the recording of medicines being administered. We found no systems in place to identify if this was a missed signature or a missed administration dose. This put people at risk of not receiving medicines as prescribed.
- Staff did not always record the reason a person was given an 'as required' [PRN] medicine. We found four people had no reason recorded to evidence why a PRN medicine was administered and one person's PRN



protocol (A PRN protocol is to support staff to understand why, how and when to give the medicine and the dosage required.) had the incorrect information recorded. This put people at risk of not receiving their medicines as prescribed.

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks, and to ensure the safe administration of medicines had been completed. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us care plans, risk assessments and medicine protocols would be reviewed and updated immediately.

#### Staffing and recruitment

- We could not be assured there were sufficient staff on each shift to meet and understand people's holistic needs. Rotas evidenced staffing levels fluctuated daily. The manager confirmed staffing levels should be eight staff to support 21 people. However, the rota evidenced on some days there were only six staff. Some days there were no permanent Five Gables staff working and all the staff were agency staff. One person told us, "Not many staff are left, they don't always come when you need them as there is not enough." However, we found no evidence of harm.
- Feedback received from people, relatives and staff highlighted not having a consistent staff team was a concern. One relative said, "There used to be enough staff. However, now there is not, it also used to be stable (staff team) but now the team is very unstable." A staff member told us, "Staffing is difficult we use a lot of agency staff and they don't always know the residents or what we do."
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

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

- Safeguarding procedures were in place. Most unexplained injuries had been investigated to identify a cause and reduce the chance of reoccurrence. However, one person who suffered an unexplained injury had no evidence of an investigation being completed. The manager explained this was an oversight.
- When people sustained any injuries, staff completed body maps to identify the injury and to evidence follow up care offered.
- Staff understood and were trained in recognising the signs of abuse and how to report any concerns. Any safeguarding concern was appropriately reported to the relevant professionals.

#### Preventing and controlling infection

- We were 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 followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

#### Learning lessons when things go wrong

- Incidents and accidents were reviewed monthly to identify any trends and patterns. Information was shared with staff within staff meetings.

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

At our last two inspection the provider had failed to have systems in place or systems that were robust enough to demonstrate safety was consistently effectively managed. This was a continued breach of Regulation 12 (Safe care and treatment) 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.

- At the last two inspection we found staff did not always have the required information to support people in line with their individual needs. At this inspection we found care plans and risk assessments still held conflicting and incorrect information within them. For example, at previous inspections we identified one person did not have sufficient information regarding their health condition and another person had conflicting information regarding their required fluid consistency. At this inspection the information was still missing and incorrect. This put people at risk of receiving inappropriate support.
- People's oral hygiene records did not evidence regular support was offered to people who required support. This put people at risk of harm from dental issues.
- When people required their food to monitored due to known risks, the documentation did not evidence these needs were being met. For example, when people were at risk of weight loss, records did not evidence amount or type of food eaten. We found one person had no food recorded for five separate meals in a week period, and one person who required certain foods to be limited due to a health condition also had no evidence amount or type of food eaten. This put people at risk.
- Safe food practices were not consistently followed. Temperatures of cooked food were not consistently taken to ensure the food had been cooked to the right temperature. This put people at potential risk of food poisoning from improperly cooked food.
- People were offered a choice for each meal and snacks. We received mixed views from people regarding the food and food choices. One person told us, "The food is inadequate, there is never enough." Another person said, "The food is not nice, sometimes it is good but other times it is not."

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans held detailed information regarding people's sexuality and religious needs.

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

At our last inspection the provider had failed to ensure the environment and equipment was properly maintained and secure. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Safety aspects of the environment had been improved. We found windows had restrictors in place to protect people from falling from a height and radiators and pipes were covered to protect people from scalding.
- Areas of the home had been updated and redecorated. However, areas still needed completing. The provider had an improvement plan in place to address these areas.

Staff support: induction, training, skills and experience

- Staff training required improvement. The training matrix evidenced not all staff had training in dementia, epilepsy and mental health. Some staff were out of date in their training in manual handling, mental capacity act and safeguarding. The manager was implementing refresher training and was in the process of ensuring all staff had adequate training to meet the needs of people living at Five Gables Nursing Home.
- Staff told us they felt supported by the manager, we saw evidence of supervisions and spot checks being completed.
- New staff had an induction and completed shadow shifts before working on their own.

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

- People were referred to external health professionals as required. We saw evidence of referrals being made to the falls team, speech and language therapists, dieticians and occupancies therapists.
- People at risk had their weights monitored regularly and the service used evidence-based tools to identify risks associated with pressure ulcers and malnutrition.
- People had health passports completed. This document provides healthcare professionals with information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission.

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.

- Improvements were required to the mental capacity assessments completed to ensure they were all decision specific. The manager was already aware and was in the process of updating people's mental capacity assessments.
- People's capacity was assessed as required and records were clear in the assessment of whether a person had capacity or not. Best interest meetings were completed when a person lacked capacity and a decision was required. Relevant people were involved in best interest decision appropriately.
- There were DoLS in place for people using the service to keep them safe from harm. The service applied for them appropriately and kept a record of the authorisations and any conditions imposed.

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

At the last inspection the provider had failed to design care and treatment with the view to achieving people's preferences and ensuring their needs are met. This was a breach of Regulation 9 (3)(b) (person centred care) 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 9.

- Not all people felt they were treated with dignity and respect. Multiple people told us; night staff were 'rough'. The manager agreed to investigate these allegations.
- People told us they had to wait for staff to tend to their needs. One person said, "When I press my (call) bell I have to wait, staff are not always responsive to me."
- We observed mealtimes were very task orientated. Staff did not take the time to talk to people. We saw staff coming in and out of the dining room while people were eating. This did not make the atmosphere relaxed.
- We received mixed feedback from people and relatives regarding how involved they were in care planning. One relative said, "I have never seen or been involved in the care plan. [Person] would not be able to be involved." Another relative said, "I have seen the care plan, but we were not involved or had any input into what was written." Care plans did not contain the evidence that all people or their relatives were involved in care planning.

The provider had failed to design care and treatment with the view to achieving people's preferences and ensuring their needs are met. This was a continued breach of Regulation 9 (3)(b) (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We observed staff interacted well with people during our site visit. Staff appeared friendly and relaxed during the inspection. People told us day staff were kind.
- Staff told us how they respected people's dignity by knocking on doors before entering and closing curtains when completing any personal care.
- Staff received training on equality and diversity. The provider had systems and processes in place to

ensure people's protected characteristics were respected and people were not discriminated against.

# 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 requires improvement. The rating for this key question has remained 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

The provider had failed to ensure care and treatment met people's needs and preferences. This was a breach of Regulation 9 (1)(b)(c) (person centred care) 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 9.

- Care plans did not always contain person centred or factual information within them. For example, one person's care plan stated they required their urine output monitored. However, the manager told us this information was incorrect. Not all records contained evidence of if a person had a preferred gender of staff to support them.
- Records did not always evidence person centred care was delivered. We found gaps in the records of personal care tasks being completed and not all people felt staff were responsive. One person told us, "Staff don't have time to talk to us, we get told nothing and they can't sit and chat." Another person said, "They (staff) tell my [relative] things, not me. I can understand so I don't know why." Another person said, "I can shower when I want, but I can only have a bath once a week."
- Not all bedrooms were person centred. We observed three rooms which were very bare and had very limited personal effects within them. The manager was aware of this and told us they would be sorted 'soon'.
- A relative told us that staff did not always support their relative appropriately. The relative explained that [the person] could eat independently if the food was cut up. However, "Some staff just put (uncut) food down in front of [person] then come back and take it away, without talking or establishing why the food has not been eaten."

The provider had failed to design care and treatment with the view to achieving people's preferences and ensuring their needs are met. This was a continued breach of Regulation 9 (3)(b) (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Care plans had information on people's life history, wishes and information on their culture, religion and faith.

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 included people's communication needs and how staff should support them to meet these needs.
- The service was able to make information available to people in different formats such as easy read, large print or a different language.
- Signage was in place to support people to orientate themselves around the home.

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

- Activities had not been recorded to evidence people's participation, However, people told us they were activities offered regularly. One person said, "I'm quite happy with what is on offer here. A man comes in and plays hoopla." Another person told us, "I know there are activities offered, but I don't really want to do them."
- People and relatives told us they were supported to stay in contact with significant people. Relatives said they were made welcome when they visited, and telephone calls or video calls were supported.
- People were supported to maintain relationships both inside and outside of the service. Couples were offered shared rooms and beds.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was people, relatives, and staff were aware of.
- People told us if they did have concerns, they would raise it with a manager. Most people felt that any concerns or complaints would be dealt with. One person told us, "I will speak up if I'm not happy." A relative said, "I have raised complaints previously and these were addressed and rectified for me."
- Complaints had been investigated, and action was taken to address the issues and prevent reoccurrence in the future where possible.

End of life care and support

- At the time of our inspection no one using the service required end of life support. However, when appropriate, people had a 'do not attempt cardiopulmonary resuscitation' [DNACPR] order in place.
- Care plans were in place for end of life care and included funeral arrangements and identified people's individual preferences at the time of death. For example, who would be there, if they wanted any music or sounds playing or if they if they wanted a priest or minister to deliver their last rites.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last three inspections the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of regulation 17 (Good governance) 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.

- Systems and processes were still not effective in identifying when support and care was not delivered in line with best practice. There were, gaps in recording of food, repositioning checks, oral care, personal care, and seizure records. This put people at risk of malnutrition, skin pressure damage, health conditions and dental issues.
- Systems to ensure staff had all the required information were still ineffective. Care plans and risk assessments did not always contain sufficient information regarding conditions, or the support required to manage these conditions. This meant there was a risk of people not receiving their planned care and the risk of unsafe care would not be identified.
- Audits completed on medicine management were not effective. The audits completed did not consistently identify missed signatures, incorrect information or reasons for PRN administration not completed. This put people at risk of not receiving their medicines as prescribed and health professionals would not have the required information to review the effectiveness of medicines prescribed.
- Systems and processes were ineffective in rectifying issues within the kitchen. Audits had previously identified gaps within food temperatures records. However, the issues found with food temperature calibration system not being completed and gaps in the cleaning schedules had not been identified. We continued to find gaps in the recording of food temperature. This put people at risk of food poisoning from potentially undercooked meats.
- Systems and processes to ensure competent, skilled and knowledgeable staff were deployed to meet the individual needs of people living at Five Gables Nursing home was not always effective. This put people at risk of not having their needs met due to staffing.
- Systems and processes had failed to mitigate risks of scalding. The action recorded when hot water

temperatures were too high was not effective. This put people at risk of scalding.

- Staff told us due to the inconsistency of staffing and agency staff use the outcomes for people were not always fulfilled. One staff said, "Staff are not consistent, we are not able to spend time with people."

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some improvements had been seen since the last inspection. Systems and processes to identify and investigate any concerns regarding safeguarding or unexplained injuries had improved and was embedded.
- Systems and processes to ensure the environment was safe and people received adequate fluids were in place. However, records still contained inconsistent information about fluid consistency which meant that risks remained.

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 manager was clear about their responsibility to be open and transparent in line with their duty or candour responsibility. Records evidenced the duty of candour had been completed as required.

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

- People, staff and visitors were asked to feedback on the service. These responses were in the process of being reviewed, and actions put into place.
- Staff and people were invited to meetings to discuss and share information.
- The provider and manager had been working closely with the local authority to identify and mitigate risks and improve the service. However, this had not effected enough change in a timely manner, to ensure people received safe care.
- The manager and staff worked closely with the GP surgery and district nursing team.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider had failed to design care and treatment with the view to achieving people's preferences and ensuring their needs are met.
Treatment of disease, disorder or injury	