

Harbour Healthcare Ltd

# Hilltop Hall Nursing Home

## Inspection report

Dodge Hill  
Heaton Norris  
Stockport  
Cheshire  
SK4 1RD

Tel: 01614803634

Website: [www.harbourhealthcare.co.uk](http://www.harbourhealthcare.co.uk)

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hilltop Hall Nursing Home is a care home providing personal and nursing care to up to 54 people. The service provides support to older people. At the time of our inspection there were 43 people using the service. The care home accommodates people in one adapted building across 3 floors.

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

There had been a lack of stability of management since our last inspection which had impacted on how effectively change and improvements had been progressed. Audits and checks were being completed although these were not always robust and had not identified and resolved some of the issues we found during the inspection. Where shortfalls had been identified and action taken, these were not always followed up to ensure they became embedded into practice. A service improvement plan was in place, and this was being progressed prior to, and during the inspection.

Medicines were not always safely managed and suitably robust assessments of staff competency in this area was not always in place. There were generally enough staff to meet people's needs, but they were not always suitably deployed within the service. Records did not always demonstrate a robust recruitment process had been followed. Shortfalls in the environment had been identified and work was ongoing as part of a service improvement plan. The home was generally clean, and people felt safe. We found some improvements were needed to the recording and management of risk.

Staff completed a variety of training but further work to ensure staff on shift had the relevant knowledge, skills and competency was needed. Assessments were in place, but these were not always accurate, and records did not always demonstrate that the appropriate levels of care were being given. Work to improve the mealtime experience was being undertaken at the time of inspection and these improvements needed to be completed and embedded.

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 although records needed to be more robust in demonstrating how the service was working within the principles of the Mental Capacity Act.

The provider was making progress in providing personalised care and although care plans had improved, further work was needed and currently being completed to ensure these were personalised to include people's wishes and preferences. Activities were available for people, but the records did not always demonstrate how people were supported fully to engage in their hobbies and interests. People and families felt able to raise concerns, but feedback from staff about this was mixed. Care plans were in place to support people who may require care at the end of life, but these needed to be personalised.

Staff were kind and caring and were seen to promote people's independence and dignity as much as

possible. People felt involved in making decisions about their care although records did not always reflect this.

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 requires improvement (published 29 June 2022). 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 requires improvement and in breach of regulations. The service has been rated requires improvement for the past three inspections.

#### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches in relation to how people's medicines were managed; the need for further improvements to ensure people received care and support that was individualised, appropriate and met people's needs; and the oversight of the service to drive improvements and ensure robust record keeping at this inspection.

At our last inspection we recommended that the provider refers to current guidance to prioritise meaningful individual activities for people cared for in bed. At this inspection we found some changes had been made but further improvements were needed.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hilltop Hall 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 undertaken by two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hilltop Hall 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. Hilltop Hall 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 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 not a registered manager in post. A manager was in post but was leaving post and the provider had taken steps to advertise for the position of registered manager of Hilltop Hall.

#### Notice of inspection

This inspection was unannounced on both days of site visit.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. All this information was used to plan the inspection.

#### During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 15 people who use the service, 1 relative and 6 members of staff including members of the senior management team, manager and deputy manager, unit manager, nurses care workers, and auxiliary staff including domestic and kitchen staff and activity workers.

We reviewed a range of records including 7 people's care records. We looked at 4 staff files in relation to recruitment, training and support. We observed how staff supported people to take their medicines, reviewed records of medicines and systems of oversight regarding the safe management of medicines. A variety of records relating to the management of the service, including policies and procedures were examined during and following the site visits.

# 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 comprehensive inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always kept safely. We noted several occasions when thickening powders were left unattended on drinks and medicines trolleys and thickening powder prescribed for one person's individual use was used to thicken multiple people's drinks. We spoke to the manager about this on the first day of inspection who told us staff were aware that this was not acceptable practice. However, when we returned, staff were still using one person's prescribed thickening powder to thicken multiple people's drinks. Other medicines were being securely stored at the correct temperature.
- We saw medicines being administered in a caring way. However, records showed that two people did not always receive their time sensitive medicine at the right time.
- Application of people's non medicated creams was poorly recorded, and we could not be certain the people were having the creams they needed applied. The provider took immediate action and by the second day of inspection changes in practice had been made. This was not yet embedded, and we will review this when we next inspect the service.
- Medicines audits were not effective because no actions to improve medicines management were recorded.
- Competency records were in place for staff. However, many of these were incomplete and we could not find evidence that staff administering medicines had been observed to ensure they were safe to do this.

Systems to ensure medicines were safely managed were either not being used or not effective to ensure people received their medicines as prescribed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The provider was responsive to our concerns and took steps between the two days of inspection to drive improvement in how medicines were managed. We will review how this has progressed and become embedded when we next inspect the service.

### Assessing risk, safety monitoring and management

- Equipment was in place to help mitigate risk, for example call bells, floor sensors and bed rails for people who may be a fall risk. However, call bells were not always responded to quickly and bed rail assessments did not always demonstrate that the decision to implement bed rails had been safely made. Inspector's intervened to find staff on one occasion when a person was found with their legs over their bed rails and asked that the decision for bed rails was reassessed for this person. Inspectors also alerted staff to a person who was laid in wet bed sheets. However, when the inspector returned after staff had attended to the person, they found the person's bedsheet had not yet been changed. This is discussed further in the

responsive section of this report.

- There were checks of the environment and at the time of the inspection a lot of work was being completed as part of the service improvement plan. Checks of the environment and equipment were being completed and externally contracted maintenance checks completed as needed. Environmental risk assessments were in place, however these needed reviewing and checks completed to ensure staff were following these.
- Individual risk assessments were in place and subject to reviews, with care plans developed to guide staff on how to manage and mitigate these risks. We found some instances where risk assessments were not accurately completed. This meant that a person's level of risk may not be accurately identified, but found no indication that people were not receiving the correct support.

### Staffing and recruitment

- At the time of the inspection there were enough staff to meet people's needs, however they were not always effectively deployed across the service. There were times when people were left waiting for significant periods of time before receiving support. For example, people were not always supported to get ready and often had to wait until people who required the support of two staff had been supported; and people were supported to the dining room but then had to wait for significant periods of time before staff were available to serve meals.
- There was ongoing work in relation to recruiting staff in all areas of the home. At the time of inspection, the domestic team were fully staffed. However, the hours allocated meant that at times some aspects of cleaning were not always getting completed.
- Agency staff were used when needed. However, records did not demonstrate that the service had oversight of any agency staff's profile to ensure they had the relevant skills and experience needed. Only one agency staff was found to have records of an induction to orientate them to the layout and expectations of the service and needs of the people living there. This was fed back to the provider during the inspection.
- Recruitment processes were not always robust. Checks with the Disclosure and Barring Service and reference checks from staff's previous employers had been gained. However, we found records did not always demonstrate that gaps in employment had been explored. We noted that some work had been completed as part of the service improvement plan to ensure recruitment records were complete, but this had not identified or addressed the shortfalls in two of the recruitment records we reviewed. These shortfalls are discussed further in the well led section of this report.

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

- Feedback from people was that they generally felt safe. One person commented, "Staff are nice." Families generally felt the service was safely supported their relatives, with one family member commenting, "Staff are very good, especially those that have been here a while."
- Policies and procedures were in place to guide staff with the action they needed to take to safeguard people. Whilst staff generally understood their responsibilities to keep people safe, some staff commented that when they had raised concerns these were not investigated or addressed. The manager gave us examples of when they had responded to safeguarding concerns. However, we were unable to find records to reflect conversations about concerns staff told us they had raised. This is discussed further in the well led section of this report.

### Learning lessons when things go wrong

- Processes to ensure lessons were learnt were not always clear. The manager gave examples of how lessons had been learnt. However, records did not always demonstrate that incidents were always correctly captured in the recording systems in place making oversight difficult. Staff told us about events, but we were unable to find records in relation to the information we were given.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of 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 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

There were no restrictions on people receiving visits from friends and family and throughout the inspection we saw people enjoying visits with their loved ones. The manager told us in the event of an infection outbreak they would seek support from the local health protection team and follow any advice given in relation to supporting visiting.

# Is the service effective?

## Our findings

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

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

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

- People had initial and current assessments of needs, although the level of detail and quality of these assessments varied. Evidence based risk assessments including MUST, to assess risk of malnutrition and Waterlow, to assess risk of pressure injury were not always effectively completed although they were reviewed regularly.
- Assessment of skin integrity and wound care was well documented, and records detailed, and it was evident that for some people, wounds were improving well. Further work to demonstrate that equipment was in place and repositioning completed to support the healing of wounds was needed as the records did not always demonstrate that the right level of care was being provided.

Staff support: induction, training, skills and experience

- A variety of training was available to staff and overall compliance and progress with training was good. However, there were some staff on shift who had not completed all the mandatory training required and some essential training, such as practical manual handling and fire safety was recorded as urgent for some staff on the training matrix. We discussed the need to support staff to complete all the necessary training with the provider.
- Systems were in place to ensure staff's competency to deliver care. However, a significant number of the records we were given to review had not been completed; some were self-assessments and did not include independent assessment and observation; and there was not sufficient oversight to have identified this shortfall in the management of staff, quality assurance processes and record keeping. This is discussed further in the well led section of this report.

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

- The provider recognised improvements were needed regarding support with people's nutrition and targeted work to improve the mealtime experience was in progress.
- People's view of the food was mixed, and work was ongoing to ensure people had their modified diets correctly met. On the first day of inspection, we noted one person, whose preference was for a level 6 diet, did not receive this, no alternative options were offered and consequently they did not eat their lunch. One person told us, "The meals are up and down. Staff tell us what's available."
- Alternative options were not always clearly available and offered to people, although the chef told us they were happy to prepare alternatives for people if they wished. There was clear information about those who needed a specific diet due to allergies or religious and cultural beliefs.
- People had access to drinks in their rooms and these were mostly within people's reach, and drinks were

available in communal areas. However, it was not clear that everyone on a fluid watch target to ensure they remain hydrated were meeting these, or that oversight of this need was in place.

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

- People were supported to access other services as needed. Information, such as that from speech and language therapy, was incorporated into care records and one visiting professional spoke positively about how staff engaged with them. They told us, "I feel the staff's knowledge has improved recently. They know the people they are supporting. I usually liaise with regular staff who are good." The GP visited the home regularly and completed ward rounds to review people's needs.
- One family member told us communication could be difficult for health care services contacting the home about people's health needs. They told us, "[family member] has just come back from hospital. The hospital tried unsuccessfully to contact the unit to discuss [family members] medication and they were unable to notify them until they were on their way home. Contacting the home by telephone can sometimes take over an hour."
- Oral care needs were generally being assessed but it was not always clear that these were linked to care plans or care delivery. We found instances where people had not been supported with oral care on the days of inspection, and there was not enough oversight of how oral care needs were being delivered.

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

- People had personalised their bedrooms and the home was generally clean and tidy. There were some areas of the home which were less clean or in need of redecorating to aid cleaning.
- At the time of the inspection the lift was broken meaning that some people were unable to go outside if they wanted and had to stay in their bedrooms. The provider had taken action and was waiting on parts to be delivered.

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.

- Mental capacity assessments and best interest decisions were being completed but were not always robust enough to demonstrate a full assessment of people's capacity had been completed and the viewpoints of relevant people had been documented.
- DoLS application were being made for people who were subject to restrictions. However, care records did not clearly evidence where a DoLS had been applied for, or when this has been granted. Where conditions were in place these were not always explicitly referenced with in care plans and documentation completed to demonstrate how these conditions were being met.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 generally supported by consistent staff who knew them. We noted at busy times staff were not always as responsive, and there were, at times, delays in responding to a person's support needs which we discussed further with the provider. However, staff were kind and caring and supported people patiently and gave reassurance when needed.
- Care plans were in place which generally had enough information to guide staff on how to support a person.

Supporting people to express their views and be involved in making decisions about their care

- People generally felt listened to and respected. One person commented, "Staff are nice and chatty and ask me what I need help with."
- Records did not reflect how people had been involved in decisions regarding their care. People we spoke with were unsure if or how they had been involved in developing care plans although they were generally happy with how the care being provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was generally respected. We saw staff knock on people's door before entering a room. However, staff did not always ensure people had access to their drinks, or call bells or were sat up at the best position to promote a good diet if a person chose to eat in bed.
- Care plans contained information about what people could do for themselves and when they may require additional support. Staff understood the importance of prompting independence.

# 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

At our last inspection we found the provider had failed to ensure staff provided people with individualised care that met their needs. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Although we noted some improvements further work is needed and the provider remains in breach of this regulation.

- At our last inspection we found that though people had care plans and risk assessments in place it was not evident that people or their relatives had been involved in developing and reviewing these. At this inspection we found care records did not evidence that people or their families had been involved in any reviews. People were not aware of the content of their care plans and told us they had not been involved in developing these.
- At our last inspection we found care plans contained information to direct staff on people's everyday care needs but limited information about people's personal histories, cultural needs and preferences. At this inspection we found care plans continued to be primarily task focused and further work was needed to ensure care plans were personalised and reflected people's preferences. The provider told us they had allocated additional hours for relevantly trained staff to address this, but work was ongoing. We will review how this has progressed and been embedded when we next inspect the service.
- At the last inspection we found care was not always delivered in line with information detailed within care plans, and people did not always have access to a call bell. At this inspection we noted some improvements, although call bells were not always in reach, there were occasions when care was not delivered in line with a person's needs, and records were not always robust enough to demonstrate individual care needs were being met.

Further improvements were needed to ensure that people received individualised care that met their needs. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

At our last inspection we recommended that the provider refer to current guidance to prioritise meaningful individual interaction for people cared for in bed. At this inspection we found some action had been progressed, but further work continued to be needed and this work was ongoing.

- Activity workers were in place to support people and the manager told us they were attempting to recruit additional hours for activities. Time was allocated to individual activities with people including those cared for in their bedrooms. However, the records did not reflect that people cared for in their bedrooms were receiving personalised activities and feedback from people was very mixed.
- During the inspection we observed the activity worker encouraged people to engage in some group activities and activities included time in the garden, a beach themed event and a film.

#### 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 care plans provided guidance for staff. The manager told us they would arrange the necessary resources for anyone who had specific communication needs, such as providing information in large print or other languages.

#### Improving care quality in response to complaints or concerns

- People and families felt able to raise concerns and make complaints. Records of complaints were maintained, and the manager investigated and responded where complaints had been made.
- Staff gave us examples of where they had raised concerns, but we were unable to find any records of the concerns being made or investigated and therefore could not be certain that opportunities to learn and improve were always taken.

#### End of life care and support

- Nobody was receiving end of life care at the time of inspection, although some people had been placed on a palliative care pathway due to a decline in their health. People generally had a care plan about this, but these lacked personalisation and detail and were predominantly task focused.

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

At our last inspection we found the provider had not always ensured full oversight of the operation of the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider remains in breach of regulation 17.

- There was no registered manager in post and during the inspection the management team of the home were working notice. They told us the support from the provider had improved and members of the provider's quality team were supporting and completed targeted work to improve the quality of the service. This had not yet been embedded or led to the necessary changes in practice and culture within the home.
- Family members commented on the lack of stability in the home. One relative said, "In the last three years there have been four changes of manager. We had a meeting the other week, this was to introduce the manager to us; they had been in post since January, but we had not been notified. They did apologise for the error."
- At our last inspection we found concerns with staff practice and the environment. Some but not all of our concerns had been addressed. At the time of this inspection work was being undertaken to address the damage to the roof, and radiator covers were now in place. However, kitchenette's were not always kept secured and there were occasions where thickening powder was left unsecured on drinks and medicines trolleys when people, but no staff, were present.
- A variety of audits and checks of the safety and quality of the home were completed by both the manager and the provider. These were identifying and actioning a response to shortfalls identified. However, these had not always identified or addressed some of the concerns we found during this inspection such as the use of thickening powders, and recruitment records. Some of the audits were not always accurately completed due to confusion around the wording of questions. Inaccuracies in records were not always being identified, and accurate and contemporaneous records maintained.
- The provider had identified some shortfalls in recruitment records through their own systems of checks which included themes which we continued to identify at this inspection. They had taken action in response to specific cases but had failed to ensure a robust approach to recruitment records was implemented, shortfalls in records remedied and lessons were learnt as a result.

The provider had not always ensured full oversight of the operation of the service and that systems to assess, monitor and improve the quality and safety of the service were being used effectively. This placed people at risk. This was a continuous breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Continuous learning and improving care

- The provider was submitting information to CQC as required and was working alongside safeguarding services when investigating safeguarding concerns. Apologies were being offered when something had gone wrong, or in response to a concern or complaint being made by a person or family member. However, we could not be certain that all concerns were addressed as staff told us they had raised concerns, but we could find no evidence of these concerns or how they had been addressed.
- There was a service improvement plan in place and the provider had recently increased the presence of their own quality improvement team to support targeted pieces of work within the service, and drive improvement across the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The provider had systems of obtaining feedback via surveys. However, no surveys had been recently completed.
- Meetings were not always being completed consistently in order to keep people and families informed due to the changes in leadership. One family member comments, "A meeting was called recently, the first time in three years." Feedback from people and families was mixed, with some people feeling able to share their views and raise concerns, and others feeling less confident that the necessary action would be taken.

Working in partnership with others

- The service was working with external services including health care services and local commissioners to ensure improvements were made within the home. One external professional told us staff were supportive of their work and responsive to feedback.
- Staff and the provider were responsive to feedback throughout the inspection and keen to make improvements where possible. Following the first visit to the service the provider implemented some changes in practice to address some of the concerns found, although these had not been fully embedded by the time we return to the service.

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  |
| Treatment of disease, disorder or injury                       | Further improvements were needed to ensure that people receiving individualised care that met their needs.(1) (3) (b) (c)  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment   |
| Treatment of disease, disorder or injury                       | Systems to ensure medicines were safely managed were either not being used or not effective to ensure people received their medicines as prescribed. (1) (2) (g) |

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 17 HSCA RA Regulations 2014 Good governance  |
| Treatment of disease, disorder or injury                       | The provider had not always ensured full oversight of the operation of the service and that systems to assess, monitor and improve the quality and safety of the service were being used effectively. |

### **The enforcement action we took:**

Warning Notice