

# The Magdalen And Lasher Charity Old Hastings House

## Inspection report

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Date of inspection visit:  
14 August 2019

Date of publication:  
25 November 2019

## 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

Old Hastings House is a residential care home providing personal care to up to 60 people. At the time of the inspection, there were 59 people living at the service. The service provides care to older people, people with conditions affecting their mobility and an area of the service is for people living with dementia.

Care is provided across one adapted building split into two main units. Care is provided on three floors with lift access. There are also lounges and communal dining spaces, as well as garden areas for people to access.

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

People told us they felt safe and received their medicines as expected, but we found shortfalls in how risk and medicines were managed. People and staff described strong leadership at the service and we saw examples of systems and processes that supported this. However, the internal governance systems had not been robust enough to proactively identify and address shortfalls found at this inspection.

People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice because the Mental Capacity Act 2005 was not always followed. People spoke positively about the food that was prepared for them and we saw evidence of people's dietary needs being met. Staff worked alongside healthcare professionals to meet people's needs.

People told us they were supported by kind and caring staff who they knew well. People were routinely involved in their care and staff were respectful of people's privacy and dignity. Care was provided in a way that promoted people's independence.

We received positive feedback on the variety of activities on offer and these were meaningful and reflected people's interests. Care was planned in a personalised way, with end of life care being planned sensitively and in line with best practice. People were informed about how to complain and complaints were responded to appropriately.

People spoke positively about the leadership at the service and staff said they felt supported. There were strong values with systems and processes to ensure these were embedded in care delivery. The service had a strong presence in the local community and people benefitted from their fundraising works and links with local schools.

### Rating at last inspection

The last rating for this service was Good (published 21 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to risks, medicines, consent and governance.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Old Hastings House

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, two assistant inspectors 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

Old Hastings House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 visit, the registered manager was on annual leave. We spoke with the registered manager by telephone the week after our visit.

#### 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with 11 people and two relatives. We spoke with the provider, the HR administrator, the administrator, a kitchen assistant, an activities lead, two senior carers and four care staff.

We reviewed care plans for seven people, including records relating to risks, medicines and incidents. We checked four staff files and looked at records relating to training and supervision. We looked at complaints, incidents and a variety of checks and audits. We also reviewed meeting minutes and surveys.

#### After the inspection

We spoke with the registered manager by telephone and received further evidence and responses to our feedback which we considered.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

### Assessing risk, safety monitoring and management

- Risks to people were not always responded to safely.
- People told us they felt safe. One person said, "It is very safe, there is always someone close by." Despite people's positive feedback, we identified inconsistencies in responses to risk.
- There were not always appropriate measures in place to reduce the risks associated with people's care. For example, one person was prescribed thickener for their drinks and their care plan said they suffered hallucinations. We observed the person's prescribed thickener was not stored safely and in line with other medicines and staff were not aware of this risk. This meant the person was at risk of choking if they ingested the thickener.
- The person's care plan also lacked information about how to respond to their hallucinations and the detail about the texture of food they required to avoid choking was inconsistent. After the inspection, we received evidence to show more detail had been added to this person's care plan.
- Two people had recent repeat falls and their risk assessments had not been reviewed following these incidents. Both people had not sustained injuries, but the risk had not been reviewed in response to these changes in risk. Both people also had measures in place to reduce risk, but potential changes in risk had not been responded to promptly.
- In the part of the service for people living with dementia, two people's risk plans said they required hourly checks at night to reduce risk of falls, but their daily notes did not record these as taking place hourly. We noted one of these people had sustained three minor falls at night in their room in the last month which showed this was a current risk.
- After the inspection, the provider told us they had updated risk plans and introduced further discussion of risk at handover meetings.

### Using medicines safely

- People's medicines were not always managed safely.
- People told us they received their medicines as expected and we observed staff followed best practice when they administered medicines. However, we found shortfalls in relation to medicines records and storage.
- There was not always guidance about how to reduce risks associated with people's medicines. One person was prescribed a blood thinning medicine that meant staff would need to consider additional risks of bleeding or bruising if they sustained a fall. Their care plan did not provide guidance for staff on this risk. Incident records showed the person had regular falls and staff recorded checks for bruising or cuts on each occasion. However, these actions were not in the care plan.

- Medicines were stored securely but we found bottles of liquid medicines without dates to show when they were opened. The dates on the prescription labels were recent, but the lack of opening dates heightened the risk that medicines could remain open longer than the manufacturers guidance.
- Where people were prescribed medicines on an 'as required' basis, there were no protocols for staff about how and when to administer them. The impact of this was reduced because staff knew people and most people were able to express to staff when they required these medicines. However, the lack of documented plans meant staff may not be informed about when to administer these medicines.

The shortfalls in relation to medicines and risk were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- There were systems in place to monitor incidents and they were logged and monitored.
- Incident forms were routinely reviewed by management and analysed on a monthly basis.
- The provider had recently introduced a quarterly report that considered accidents, incidents and complaints at the service, reviewing actions taken and looking for any patterns or trends.

#### Staffing and recruitment

- People were supported by sufficient numbers of staff.
- People told us there were enough staff to meet their needs. One person said, "There is always someone around, you are never on your own."
- We observed people had enough staff to support them and staff responded promptly to requests for support. In the area of the home for people living with dementia, we observed staff providing supervision and meaningful interaction with people throughout the day.
- The provider calculated staffing numbers using a dynamic assessment tool, based on people's needs. Calculated levels were being sustained or exceeded each day.
- The provider had carried out checks to ensure new staff were suitable for their roles. As well as robust checks of staff background and character, people had been involved in the recruitment process and supported management with interviews of prospective staff.

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

- People were supported by staff with knowledge of safeguarding. Staff displayed a good understanding of how to identify potential abuse and how to escalate concerns.
- Records showed that staff regularly liaised with healthcare professionals and the local authority safeguarding team with actions were taken to ensure people were safe.

#### Preventing and controlling infection

- People were protected against the risk of the spread of infection.
- People told us they found the home environment to be clean and this matched our observations. One person said, "The laundry and cleaning are very good."
- The home environment was clean and housekeeping staff were observed cleaning throughout the day. Processes were in place to ensure laundry was separated and people's clothing and linen were regularly cleaned.
- Staff had received training in infection control and were observed washing their hands during the inspection. We observed one staff member washing their hands before lunch was provided. There was equipment and guidance in place to promote effective hand washing and staff had access to personal protective equipment (PPE) such as aprons and gloves.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were not always protected because staff did not always follow the MCA.
- Where people were subject to deprivations of their liberty, the correct process had not always been followed. Whilst three examples showed staff had followed the legal process set out by the MCA, we found two instances where they had not.
- People's mental capacity to make decisions had not always been assessed promptly, which meant the legal process had not always been completed in a timely manner.
- One person lacked capacity and was at the service for a short time and subject to restrictions, but there was not a DoLS application made. After the inspection the registered manager told us this was because it was a short term placement and the local authority took time to process applications. This did not meet the requirements of DoLS which apply regardless of the length of time a person receives care.
- Another person's capacity assessment from 2018 said they had capacity to make decisions, but their care plan said their capacity had changed in the month before our visit. A letter from a healthcare professional in January 2019 also described a deterioration in the person's memory, but this had not led to their mental capacity being reassessed. The impact of this was reduced because the person had previously consented to these interventions.
- However, staff described providing care in this person's best interests, but there wasn't a documented

best interest decision or DoLS application where they could no longer consent to these interventions.

- After the inspection we received a capacity assessment for the person, dated the week after our visit, showing they lacked the mental capacity to give informed consent to receive care.

The failure to always follow the correct legal process where people were unable to consent to care was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received food they liked and their dietary needs were met.
- People's feedback on the food they received was consistently positive. One person said, "It is lovely home cooked food." Another person told us, "The cooks are amazing, if you don't like something, they will do you something else, nothing is too much trouble."
- The kitchen kept a record of people's dietary needs which was regularly updated. Where national food texture guidance had recently changed, care plans did not reflect this. However, this information was recorded on sheets provided by speech and language therapists (SALT) and people received foods in line with the SALT recommendations. After the inspection, we received evidence to show information about the updated textures had been given to staff.
- People were offered a choice for each meal and regularly gave feedback on the menu through meetings and surveys. People had been asked about their food preferences and these had been documented in care plans and used to inform menu planning.

Staff support: induction, training, skills and experience

- People were supported by trained and competent staff.
- People told us staff were knowledgeable and competent. One person said, "If these carers were my staff, I would be jolly proud."
- Staff told us they had received training which was regularly refreshed. A staff member said, "We've just done a load of training and any other training that we feel we want, we can approach the manager and he arranges outside, such as at Bexhill Hospital."
- Staff also received regular supervision and appraisals and records of these showed staff discussed their work and explored further learning. Staff had attended specialist courses in dementia care and the majority of staff had completed further qualifications in adult social care, such as through the Qualifications Credit Framework (QCF). QCF provide vocational qualifications in social care.
- Staff had opportunities to complete leadership qualifications and a high proportion of staff had these qualifications. We also noted staff had progressed into senior roles, with many having worked at the service for a long time.
- The provider kept a tracker for training and this showed some staff had not attended recent courses in areas such as Equality and Diversity and MCA. The provider shared their plan for training with us and we saw training was booked to take place following our visit. We will check if staff training is consistently up to date at our next inspection.

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

- People's healthcare needs were met and staff worked alongside healthcare professionals to provide effective care.

Care records showed people had input from consultants and specialists where required. Where a person had visits from a community nurse, this was all clearly recorded in their care records.

- Care plans reflected people's medical conditions with clear guidance for staff. Care plans contained input from healthcare professionals about how people's health needs should be met. Staff regularly attended

health appointments with people and records showed they updated information where required, ensuring care plans were updated so healthcare professionals' recommendations were followed.

- People had regular check ups from their GP, dentist and optician. These appointments were documented and records showed check-ups took place regularly.

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

- People received an assessment before receiving care. Assessments covered people's needs and what was important to them and the information was used to inform care planning.
- Where a person had recently moved to the part of the service for people living with dementia, their needs had been reassessed and this had captured information about increased support and supervision they required, as well as information about their routine and preferences.
- People's needs in relation to skin integrity and malnutrition followed nationally recognised assessment formats. Staff were knowledgeable about how these worked and records reflected this.

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

- People lived in an environment suited to their needs.
- Care was delivered in one adapted building where people were able to move around freely. Corridors and doorways were wide to enable people who used walking aids to access communal areas. Lounges were spacious and brightly lit to ensure people could navigate them safely.
- In the part of the service for people living with dementia, the environment had been developed based on best practice. There was clear signage as well as familiar items from the past for people to engage with in communal spaces. As well as this, there were secure outdoor spaces with a variety of flowers and plants people had planted.
- Areas had themes to enable people to orientate themselves, such as a different colour scheme on each floor so people knew which corridor they were on. The dining area was in a café style, so people could orientate themselves when it was meal time. People also had photographs and items relating to their lives on the doors of their rooms so they could identify them.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 committed staff who treated them well.
- People's feedback about the caring nature of staff was positive. One person said, "I love it here, the girls [staff] are so good." Another person told us, "I know them [staff] very well, they are excellent."
- We observed people and staff interacting pleasantly throughout the day. During a music activity, a staff member took the hand of a person living with dementia and gently moved it in time with the music, which engaged them in the activity and made them smile.
- Where a person living with dementia became confused and asked staff about their memory, staff provided them reassurance and said, "We all get forgetful; you know what us women are like we have a million things going on at once." The person smiled and looked reassured by this response.
- People consistently told us they benefitted from consistent staff who they had got to know well. Many staff had worked at the service for a long time and there was very good staff retention, which was something people told us was particularly positive. Staff told us they enjoyed working at the service and got on well with people.
- People's relatives and visitors were made to feel welcome. One person said, "They are very accommodating, as soon as they see your family arrive they offer them a hot drink." Care records and meeting minutes showed regular input from relatives into people's care and we saw examples of relatives being supported to spend extended time with loved ones, with care planned around this.
- Staff supported people in a way that was considerate of their cultural and religious needs. We saw evidence of care planning around people practicing religions with important information about their faith documented. Care plans did not provide detail on people's sexuality and gender identity, but we heard examples of how care had been delivered to people in a way that promoted their diversity in these areas.

We recommend the provider reviews their care planning systems and seeks best practice in planning care around people's diversity.

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

- People were involved in decisions and choices about their care.
- During the inspection, we observed people being informed and given choices about activities, food and drinks. For example, staff went around the service, informing people of a walk taking place and gave people time to decide to join them.
- Staff were knowledgeable about how to promote choice and told us this was something management encouraged at meetings and one to ones. One staff member said, "If people can't get to the wardrobe, we

show them a selection of clothes and they pick what they would like to wear."

- There were systems in place to involve people and relatives in the running of the service. As well as monthly meetings for people and relatives, there were resident ambassadors and staff who took the lead on involving people and setting up events to create an inclusive atmosphere.
- A report of a recent visit by Healthwatch in July 2019 reflected people's positive experiences at the service in how they were involved in decisions and made to feel empowered by the provider.
- Records showed people were routinely involved in decisions around staffing, activities, events and food.

Respecting and promoting people's privacy, dignity and independence

- People received care that promoted their dignity and independence.
- Staff had a good understanding of how to provide care in a dignified way. The provider had developed ways to embed this, such as introducing 'Digni-Tea' meetings where staff discussed ways to improve practice. These meetings involved people and the service had staff who were dignity champions, who took the lead on working with people and colleagues to promote dignity.
- People's care plans reflected tasks they could do themselves and staff had a good understanding of people's strengths. One staff member said, "We run their water and then we give them the flannel, so they can wash their face and feet, we do any areas they can't reach."
- Care was provided in a way that was respectful of people's privacy. People told us staff were always respectful. We observed personal care taking place discreetly and behind closed doors.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had access to a range of activities that they enjoyed.
- People told us they liked the variety and frequency of activities. One person said, "Anything going, we do it. We love it; we go out in the mini-bus and [registered manager] takes us out." Another person said, "I enjoy crosswords and TV in my room, and I join in with the activities too."
- There was an activities timetable which catered to a range of interests. Each day had three or four activities which covered areas such as art, exercise, entertainment and quizzes. The service had a mini bus and there were frequent outings, which people consistently told us they enjoyed.
- The provider employed staff who took the lead on activities and planned them involving people. People were regularly asked for feedback at monthly meetings and made suggestions, such as planning a recent tea dance.
- People's life stories were documented and their working lives and interests were used to identify meaningful activities for them. For example, one person's care plan reflected they were creative so they regularly attended an art club at the service. Another person used to play guitar and a member of staff now regularly played the ukulele with them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care.
- Care plans reflected people's needs and what was important to them, with regular reviews to ensure they were up to date. Where one person had particular needs about how they received continence care, there was a detailed care plan in place. Care plans informed staff about how and when people received personal care, with details about how to carry these tasks out in a personalised way.
- End of life care was planned in a sensitive manner. A relative told us how the registered manager had used cards to prompt a conversation about what was important to their loved one. They praised how this difficult conversation had been made easier with this approach.
- People had end of life care plans in place and these followed the Gold Standard Framework, with each person's needs having been assessed in line with this. End of life care plans documented what was important to people when they reached this stage of their lives, such as how and where they received care.

Improving care quality in response to complaints or concerns

- People were informed about how to complain and the provider had systems in place to gather and respond to their views.
- There was a complaints policy on display within the service and where formal complaints had been raised,

these were documented and tracked. Records showed these had been responded to in line with the provider's policy.

- Staff also added information to a 'grumbles book' where people raised verbal complaints or suggestions. For example, a recent entry showed a person had made a suggestion about activities which prompted a change in this area.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in an accessible format and staff communicated with them based on their needs.
- One person with a visual impairment described how staff provided information to them. They said, "They [staff] tell me what they are doing, describe what I am wearing, they make it clear what they are doing at all times." Staff described how they gave verbal information to this person and ensured they were aware of any activities and meetings that took place. The person said, "They read my post for me; they really are so kind."
- In the part of the service for people living with dementia, clear signage and pictures were in place to enable people to orientate themselves.
- Information about how to raise concerns or complain was available in large print and on display in formats people could access.

## 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- There were a variety of checks and audits at the service, but they had not identified and addressed shortfalls found at this inspection.
- Audits of documentation had not ensured records relating to risk and people's mental capacity were up to date. The issues we found with the records of 'as required' medicines had been identified in an external audit in February 2019. A provider medicines audit in July 2019 recorded these protocols were in place. However, action was not taken to address this until after our visit.
- There were gaps in records relating to the safety of the service. Records of weekly checks of fire equipment were incomplete. People and staff confirmed fire alarm tests took place, but these were not always being documented.
- After the inspection, the provider sent us another record of fire equipment checks. This document also contained gaps and showed these were being recorded on multiple formats, which made them difficult to monitor. In the absence of accurate and up to date records we could not be satisfied the appropriate health and safety measures were in place.

The shortfalls in audits and record keeping were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People spoke positively about the leadership at the service. One person said, "The manager is helpful and pleasant; we have a laugh and a joke." Another person told us, "We normally liaise with the Care Leader, she's excellent."
- Leadership at the service had led to recognition and an award. The service had won a Skills for Care Accolade in 2018 for 'Most effective approach to leadership and management'. The award was based on the leadership and values at the service, which people and staff spoke positively about.
- Staff took on 'champion' roles to develop leadership in specific areas of care. Senior staff had been promoted through the service and there was low staff turnover which showed staff were given opportunities to develop at the service. The registered manager was on leave at the time of inspection and we observed senior staff provided leadership throughout the day.



- People were regularly involved in the running of the service through frequent meetings, 'resident ambassadors' who represented people and involvement in important processes such as staff recruitment and training.
- The provider had a set of values which staff were encouraged to embody. The values, such as dignity and choice, were promoted by staff as they provided care. These were displayed throughout the service and records showed they were discussed at one to ones as well as meetings of people and staff.
- One staff member said, "Everyone you ask outside always praises us here at Hastings House and doctors recommend us to other people. The staff turnover is low, we've all been here for a good few years, so you get good teamwork."
- Staff spoke positively about working at the service, they said they felt supported by management and we saw evidence of good practice being recognised and rewarded.
- Throughout the day we observed staff interacting with their colleagues and people warmly and with good humour. Senior staff worked alongside care staff, providing support to people.

Working in partnership with others; Continuous learning and improving care

- People benefitted from strong community links the provider had developed. People spoke positively about links with local schools which had led to visits and links with the church. The service was a major presence in the local community and held regular fund-raising events such as Christmas and Summer fairs and these gave people opportunities to be involved in these.
- There were strong links with local services such as community healthcare and social services. A relative told us how the home had a good relationship with the GP which meant their loved one received care promptly when required.
- There were plans for continuous improvement. The service had recent improvements to the water and heating systems which had been funded through the charity and fundraising events. The provider shared plans with us to develop further lounge and activity areas and people had been involved in these plans.

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

- Where required, the provider had notified CQC of events they were required by law to do so. Records showed that where required, the provider had notified CQC of important events such as injuries and safeguarding concerns.
- Relatives told us they felt well informed and records of incidents showed relatives were routinely updated where there had been any incidents or accidents.

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 11 HSCA RA Regulations 2014 Need for consent  The correct legal process had not always been followed where people were unable to consent to care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Responses to risks were not always robust and some areas of medicines records and storage did not reflect best practice.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance systems had not identified and addressed the issues we found. There were gaps and inconsistencies in records.