

Amore Elderly Care Limited

# Amberley House Care Home - Stoke-on-Trent

## Inspection report

358 Ubbberley Road  
Bentilee  
Stoke On Trent  
Staffordshire  
ST2 0QS

Tel: 01782331200  
Website: [www.priorygroup.com](http://www.priorygroup.com)

Date of inspection visit:  
02 July 2019

Date of publication:  
24 September 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Amberley House Care Home is a care home providing personal and nursing care to 64 people aged 65 and over at the time of the inspection. The service can support up to 74 people. Amberley House Care Home accommodates people across three wings over two floors. Some of the people living in the home are living with dementia, mental and physical disabilities.

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

People's basic care needs were met by staff however staff were not always able to sit with people and offer flexible care. This meant people did not always have time with staff other than when they were offering personal care and support.

Medicines records were incomplete and did not always give guidance for people's 'as required' medicines. This meant people may not always have received their medicines as prescribed and in a safe way.

People were not always supported to have choice over what they ate. People were supported by staff at meal times to ensure they maintained a balanced diet in accordance with their needs. The provider had identified they needed to continue to work on people's dining experience to ensure this was improved.

People had comprehensive risk assessments in place which explored how they would like to be supported and people were supported by regular staff. However, staff did not always have the time to read people's care plans or direct access to people's care notes. This meant we could not be assured people always received care in line with their care plans.

The management team regularly monitored the quality of the service however audits had not identified the areas of concern we found during our inspection such as medicines records not being completed accurately and people being consistently being offered choice. This meant we could not be assured audits were effective at identifying where improvements to people's care were required.

People were supported by kind staff to access a variety of healthcare professionals in a timely way. People were encouraged to remain independent and their dignity was respected. People were supported to communicate with staff where English was not their first language.

People were supported to have some choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt able to raise concerns with staff and the management team. Where people were at risk of abuse, staff reported concerns to the local authority and the management team completed investigations. Accident, incidents and complaints were also reviewed by the management team to reduce the risk of these

reoccurring and to improve people's care and support.

People, relatives, staff and professionals were encouraged by the management team to give feedback about the service to continue to drive improvements in care. The management team acted on feedback to improve people's experience of receiving support.

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 24 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 06 July 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to people being offered person centred care based on their preferences, the safe management of medicines and the continued monitoring and sustainability of quality 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 until we 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# Amberley House Care Home - Stoke-on-Trent

## **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 team consisted of one inspector, an assistant 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

Amberley House Care Home 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 also sought information from 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. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, deputy manager, operations director, quality manager and quality director; senior care workers, care workers and nurses. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staffing and quality assurance records. We spoke with three professionals who regularly visit the service.

# 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 requires improvement. At this inspection this key question has remained the same.

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 records were not always completed accurately by staff. For example, we saw there were multiple missed signatures. Despite this, people told us they received their medicines as prescribed. One relative told us, "[Person] is given their medication regularly and if they are in pain or agitated, they bring them something immediately". This meant we could not be assured people received their medicines safely.
- The management team completed audits of medicines records which did not always identify areas where improvements were required. For example, where people had "as required" medicines prescribed; protocols were not always in place to ensure people received these safely and as prescribed. We brought this to the attention of the registered manager who ensured protocols were in place by the end of our inspection.
- The management team checked staff's competency to administer medicines however despite this staff continued to make medicine's recording errors. This meant the systems in place to monitor and improve staff's competency were not effective at identifying or sustaining improvements and therefore ensuring that people received their medicines in a safe way by competent staff.

At our last inspection the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

### Staffing and recruitment

At our last inspection there were not sufficient staff to safely meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- We received mixed feedback on staffing, although during our inspection we saw people's basic care needs were met. For example, people did not have to wait for personal care. One person told us, "I am still quite capable of helping myself, so I don't need very much help but when I have pressed my buzzer staff do come

quickly." One relative told us, "When I am here, I do see quite a lot of different staff on duty and they always seem quite stretched and busy – I think they have to work very hard."

- During our inspection we saw whilst staff were able to meet people's basic needs they were not always able to be flexible in their approach and did not have time to sit with people. For example, one lounge was unattended for long periods throughout the day. We spoke with the management team about these concerns and they responded immediately. Following our inspection, they implemented a system for staff to regularly check the wellbeing of people spending time in this lounge.
- Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks to people and risk assessments were not consistently followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made to people's risk assessments, however the provider remained in breach of regulation 12.

- People had personalised risk assessments which were comprehensive and gave clear guidance for staff to follow. For example, people had moving and handling and nutrition risk assessments in place.
- The management team reviewed all accidents and incidents to identify areas of future risk and took action, where required to reduce reoccurrence.
- The provider had systems in place to monitor and review the safety of people's equipment. For example, we saw hoists had been serviced.
- Where people had behaviours which challenged others, the provider worked with health and social care professionals to recognise potential causes for behaviours and keep people safe. Staff had training in restraint, although this had not been used in some time as staff knew how to offer people effective reassurance when they were distressed.

### Learning lessons when things go wrong

- At the last inspection we found lessons were not always learnt following accidents and incidents. At this inspection records for accidents and incidents were reviewed and actions were taken to reduce the risk of reoccurrence. For example, investigations were completed by the management team following a moving and handling incident and staff received further training in moving and handling.

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

- People felt safe and able to raise concerns with staff. One person told us, "I do feel very safe here. I only have to press my buzzer and they come to help me". One relative told us, "I am very happy regarding [person's] safety here. I go home quite confident that they are being well looked after and will not come to any harm".
- Staff received training in safeguarding and were knowledgeable about the different types of abuse and how to report them. One staff member told us, "I would report any concerns to the nurse or managers."
- Where safeguarding concerns had been raised we saw they had been reported to the local authority safeguarding team and investigations had been completed by the management team.

### Preventing and controlling infection

- Staff were knowledgeable about protecting people from the risk of infection and had access to disposable



gloves and aprons.

# 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 requires improvement. At this inspection this key question remained the same.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported to choose what they wanted to eat. One person told us, "The food is mostly ok – sometimes there is a choice but not always." Another person told us, "There is not much choice of food – so some days are difficult for me." Whilst we saw menus contained a variety of food options, we did not see staff offer these to people.
- People received support to eat and drink where they required this. For example, we saw staff sitting with people during meal times and giving people assistance. During the inspection we saw one person was not being supervised whilst eating despite this being documented within their care plan and staff being aware the person required support. We raised this with the management team who took action to ensure this person received the correct level of support in the future.
- The provider told us they had made improvements to the dining experience; however, we saw these were ongoing and not always embedded in practice. The management team acknowledged continued improvements were required to ensure people received a consistently good dining experience and had planned further improvements.
- People's weights were monitored and people had access to professionals to support them with their dietary needs. For example, people were supported by speech and language services when they were at risk of choking.

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

- People's needs were assessed prior to and during receiving support and people's care plans were based upon best practice guidance. For example, people's care plans included information from the National Institute of Clinical Excellence. However, staff told us they did not readily have access to people's care plans. We could therefore not be assured that staff were aware of all people's needs and preferences as staff had not read people's care files.
- People were supported to access equipment and technology to promote their independence. For example, people had motion sensor mats in place to alert staff when they needed support and reduce the risk of them falling.

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.

- At the last inspection we found improvements were required to staff understanding of MCA. At this inspection we found these improvements had been made and the provider was working within the principles of the MCA. Staff asked people for consent prior to offering support.
- People had capacity assessments which were decision specific and were reviewed when their needs changed. For example, people had capacity assessments for having bed rails in place.
- Where people were not able to make decisions themselves, best interest meetings took place with people who knew them well and professionals.

Staff support: induction, training, skills and experience

- Staff received an induction which included the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.
- Staff received training in key areas such as moving and handling and dementia care.
- Staff received supervision and appraisals. One staff member told us, "We receive supervisions in specific areas such as supporting people to eat." This supported staff to continuously learn and improve their knowledge.

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 health care professionals where they required in a timely way. For example, people's skin integrity was reviewed by the tissue viability nurses where staff had concerns.
- Staff shared key information about people's care in handovers to ensure people received consistent care. One staff member told us, "Handovers are useful, we go through each of the residents in turn to discuss any changes in their care."

Adapting service, design, decoration to meet people's

- The provider had signs around the service to help people, particularly those living with dementia, to find their way to communal areas such as bathrooms, lounges and the dining area.
- People were able to decorate their rooms as they wished to. For example, people had put pictures up of their choice.
- There was a large garden area which was accessible to people living at the service.

# 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 requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Whilst staff had knowledge of some people's preferences and backgrounds; people's life histories and experiences were not consistently recorded in people's care files and used to personalise their care. The management team told us they continued to develop staff's knowledge of people through working with people and their families and updating care records however this was not yet in place. This meant we could not be assured all people were being supported in a way which respected their lived experiences and the impact this had on their behaviours, specifically those people who were being supported with advanced dementia.
- We received mixed feedback on whether people were treated with empathy when they became upset. One relative told us, "Staff will always listen and demonstrate an understanding towards [person's name] and myself." However, one staff member told us, "If a resident is upset it would be nice to have capacity to sit with them for a time." This meant we could not be assured that staff offered people time and reassurance when they were distressed.
- People were treated in a kind way. One person told us, "I really like the staff; I can have a laugh with them and I enjoy winding them up." Another person told us, "They are very helpful, and kind and I am very grateful to them."

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

- We received mixed feedback on whether people always time had to speak with staff in a meaningful way. One person told us, "[Person's name] loves the staff. Staff take time to laugh and joke with [Person's name]." One staff member told us, "We definitely don't have time to sit down and talk to people." During our inspection we saw staff did not always engage with people other than when completing tasks such as support with personal care. This meant people did not always have the opportunity to talk with staff other than when they were directly receiving support. We raised this with the management team who told us they would look at how staff spend their time to enable staff to be more flexible and offer choices.
- People's gender, ethnicity or faith and sexuality was explored during their initial assessment by the management team. Staff received equality and diversity training and worked alongside people to ensure their protected characteristics were met and understood.
- People had access to advocacy services. The provider had posters signposting people to a variety of support services in their entrance hall.
- People and where they wished, their relatives were supported to make decisions regarding their care. For

example, the registered manager told us people had six monthly reviews to discuss their care.

#### Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always respected by staff. For example, the menus displayed on people's tables at lunchtime did not always reflect the choices of meals available. The menu on 'Maple View' unit read there was chicken chasseur for lunch. The meal served did not reflect this and staff were unable to identify the meal they were serving to people. This showed people were not treated with dignity and respect during meal times.
- People's privacy was respected by staff. For example, we saw staff closed people's doors and curtains when they offered people support. One person told us, "They do respect my privacy."
- People are encouraged to maintain their independence. For example, we saw staff encouraging a person to eat independently with staff support.
- People were supported to maintain relationships which were important to them. One relative told us, "I can visit whenever I like, [staff] have made that clear to me. It's like one big family here."
- People's right to confidentiality was respected and records were stored securely.

## 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 requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant people were not consistently offered choice.

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

At our last inspection people's needs and preferences were not always understood and respected by staff. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's preferences were understood and respected by staff. This was a continued breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were not consistently offered choices by staff. For example, we saw limited choices being offered on the day of our inspection in relation to food and where people would prefer to spend their time. One relative told us, "Things do seem a bit regimented and people are not really treated as individuals. It would be really good if someone could just think outside the box a bit and tailor the care better." This meant we could not be assured people received flexible care.
- People had personalised care plans which included clear guidance for staff on how they liked to be supported however staff continued to report they did not always have time to read these. One staff member told us, "I have only ever read two care plans, we don't really get time." Other staff we spoke with told us only the nurses had access to people's care plans. Staff did confirm they had read each person's 'one page profile' prior to offering people support which supported staff to meet people's day to day care needs. However, we could not be assured staff had an understanding of how people wished their needs to be met as this was documented in people's care files which staff had not read. We spoke with the management team who advised they were training staff to be able to complete people's care plans with them and this was ongoing at the time of the inspection. We will check this at our next inspection.
- Since our last inspection the provider had made improvements to people's care plans by working with people and their families to learn about people's personal histories. However, we saw information about people's lived experiences had not been consistently included in people's care files as the provider told us this was ongoing. Therefore, improvements had not been sufficiently implemented to ensure people's care files reflected their backgrounds and staff had knowledge of and understood how to meet people's needs in a person centred way.

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.

- Whilst the provider had access to information in a variety of different formats on people's request they had not recognised that communication tools to support people to make decisions around their diet were not appropriate to meet people's communication needs. For example, menus were displayed on tables for people to read however not all people living with dementia were able to read and understand the menus. The provider told us they were developing show plates and photographs of meals to support people to make choices about their diet however these were not yet in place. Therefore we could not be assured the provider consistently met the AIS.

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 range of activities such as crafts and entertainers. People were encouraged to engage in activities to reduce social isolation alongside improving their confidence and quality of life.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to complain. One relative told us, "I have never had a complaint but if I had I could just knock on the manager's door and I know I'll get listened to."
- The provider had a complaints policy in place and we saw complaints had been responded to in line with this.

End of life care and support

- People had end of life care plans in place and nurses spoke with professionals to ensure people received the support they required at the end of their life.
- The registered manager was aware of the importance of people being involved in planning their end of life care and had plans to continue to develop the end of life care at the service.

# 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 requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant continued improvements were required to ensure the quality of the service was maintained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had no systems in place to drive improvement and ensure people received the care they needed to keep them safe. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found systems were either not in place or robust enough to demonstrate improvements to people's care had been sufficient, implemented and sustained. This placed people at risk of harm and was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider has failed to implement and sustain sufficient improvements to achieve a rating of 'good' overall for six consecutive inspections. This meant people had not been receiving high quality care for a prolonged period of time which may have impacted on their health and wellbeing.
- Audits of medicines records had not effectively identified errors in medicines recording, missing guidance for 'as required' medicines and gaps in staff's competency. For example, the registered manager told us they completed a daily audit of medicines. Audits had not identified areas of concern we found during our inspection. Therefore we could not be assured quality assurance tools in relation to medicines were effective at identifying areas where improvements were required.
- The management team told us they regularly reviewed staffing however we found a first floor lounge used by people with advanced dementia and profound communication needs consistently unmanned by staff. This placed people at risk of harm as they were unable to alert staff should they have needed support. The registered manager told us they completed a 'walk around' audit. This audit had not identified the people in this lounge were at increased risk of harm despite concerns being raised by the local authority quality team. As such, we could not be assured quality assurance tools in relation to people's experience of care were effective at identifying and driving forward areas of improvement.
- The provider had no effective system in place to consider and improve people living with dementia's experience of receiving care. For example, we saw audits had not identified concerns raised during our inspection in relation to people not being consistently offered choices at meal times or personalised care based on their lived experiences. This meant people were not consistently supported to receive person centred care and make decisions around their day to day support.



- We saw some of the provider's quality assurance tools were effective at identifying areas of improvement. For example, the provider monitored accidents, incidents and near misses to reduce the risk of these reoccurring. We saw lessons were learnt when things went wrong and good practice guidance was shared through the management team meeting with the provider.
- The management team were visible to staff. We saw the management team were committed to continue to work with people, relatives and staff to improve the quality of the service and ensure people received safe support.
- The management team understood their legal duties and submitted notifications to CQC as required and the ratings of the service were displayed on their website and within the home.

#### Continuous learning and improving care

- The provider had made significant improvements since our last inspection and had promoted a culture of learning at the service. Whilst continued improvements were required in areas such as staff offering people more flexibility, some of these had been identified by the management team and were being addressed at the time of our inspection. We will check improvements have been embedded into peoples' care and support at our next inspection.
- The management team reviewed safeguarding concerns and complaints to identify trends and improve care. We saw changes had been made to people's care as a direct result of their feedback. For example, a person had been moved from upstairs to downstairs to reduce their risk of social isolation.

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

- People, staff and professionals were positive about the management team and the changes they had made to the service. One professional told us, "The management team are very caring and very knowledgeable. The regional management team are also very involved and very supportive. The culture of the home and staff has totally changed since the last inspection."
- The management team were open with us about areas of the service which continued to require improvement. The management team worked alongside a variety of professionals to make positive changes to improve people's outcomes.

#### 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

- Duty of candour requirements were understood by the registered manager and being met. For example, when a person fell the registered manager had completed a full investigation and apologised to the person's family.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought regular feedback from people and their families during resident and relative meetings. The registered manager told us they continued to improve the way they engaged with people and had recently appointed a relative ambassador to champion the voice of people's relatives within the home.
- The provider sent feedback surveys to relatives and staff. The registered manager told us, "We look for trends in the feedback and create action plans to improve the support we offer. We also give feedback to staff."

#### Working in partnership with others

- The provider had built relationships with professionals to improve people's care and support. One professional told us, "The manager has been really good and worked alongside me to respond to people's

needs quickly. I was impressed when I visited."

- The registered manager had held a professionals' breakfast to encourage feedback and networking within the home. One professional told us, "It was a great chance to get to know the staff there and build relationships."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People's care files did not consistently contain information about their personal history and backgrounds. People were not consistently offered choices around their care, specifically around their choice of meals. People communication needs were not consistently met by staff to enable people to make decisions.

### The enforcement action we took:

Notice of Proposal to impose positive conditions on the provider's registration.

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	Medicines were not managed safely. There were multiple errors in medicines recording and PRN protocols were incomplete. Staff's competency to complete medicines safely had not identified where further improvements were required.

### The enforcement action we took:

Notice of Proposal to impose positive conditions on the provider's registration.

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	Quality assurance tools in relation to medicines were not effective at identifying errors in recording and missing PRN protocols. Quality assurance tools in relation to the environment were not effective at identifying where people were at risk and deploying staff effectively to reduce increased risk.  The provider has failed to implement and sustain a rating of good overall for six consecutive

inspections.

**The enforcement action we took:**

Notice of proposal to impose positive conditions on the provider's registration.