Shaftesbury Care GRP Limited

Henwick Grange

Inspection report

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28 October 2019

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Henwick Grange is a care home that provides personal and nursing care for up to 56 people within one adapted building over two floors. At the time of our inspection, 27 people were living at the home.

People's experience of using this service and what we found
The provider's quality checking arrangements were not consistently strong enough and effective in ensuring there was a sufficient oversight of the home. The potential risks to people's safety and welfare were not effectively identified and reduced by the management teams own checking procedures. The provider had not taken action to ensure all fire safety requirements had been met.

The provider had not taken steps to assess and review the risks to people's safety and welfare. They had not taken action to consistently ensure risks from fire were reduced and people could safely escape in the event of a fire.

The provider needed to improve infection prevention and control practices to better protect people from the risks of cross infections. There were inconsistencies in staff practices when cleaning and storing items within communal areas which evidences staff did not apply their training to effectively reduce risks of infections.

People received their medicines as intended from trained staff, but written guidance available was not always sufficiently detailed on the use of 'when required' (PRN) medicines.

The provider were making improvements to the home environment which needed to continue so they could assure themselves people's needs were met safely and effectively with their wellbeing enhanced.

Staff did not always protect people's personal information, by ensuring this was accessible by authorised persons only.

Some relatives of people who lived at the home did not consistently feel people's needs were responded to in a personalised way. The manager was not able to provide evidence of how they assured themselves people's needs were consistently met when people used their call alarms.

The provider had not consistently ensured there were arrangements for people to express their views and make suggestions about the management of the home.

People were supported by staff who had received training and knew how to report witnessed incidents of potential abuse. The provider had procedures, so they could assure themselves potential new staff were suitable to support people who lived at the home.

Assessments were undertaken so risks attached to people's health and physical needs were identified

alongside any equipment required so these could be met safely.

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

People were supported with dignity and respect and end of life care was centred around each person being comfortable and pain free.

People were provided with choices of meals and drinks to meet both their dietary requirements and effectively reduce the risk of dehydration. Staff worked with health and social care professionals to gain advice and support to meet people's individual needs in the right way for each person.

The management team had identified further improvements could be made to the things for people to do for fun and interest to further enhance people's wellbeing. Information in different formats to meet people's needs was made available.

The provider's complaints procedures were followed, and the manager ensured ongoing complaints were receiving attention to resolve these.

Staff were complimentary about the manager who had come into post in August 2019. They felt the manager was supportive and were confident their views and suggestions would be listened to with action taken. The manager showed throughout the inspection they were active in promoting duty of candour in their role and showed they were motivated in driving through the improvements required.

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

Rating at last inspection
The last rating for this service was good (published 30 January 2018).

Why we inspected
The inspection was prompted in part due to concerns received about care standards, staffing and general management. A decision was made for us to inspect and examine those risks.

Enforcement
We have identified breaches in relation to potential risks to people's safety and monitoring and oversight of the service.

You can see what action we have asked the provider to take at the end of this full report. For requirement actions of enforcement which we are able to publish at the time of the report being published.

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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Henwick Grange

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
On the first day, the 24 October 2019 the inspection was carried out by three 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. On the second day, 25 October 2019 two inspectors returned to the home and on the third day, 28 October 2019 one inspector concluded the inspection by providing feedback.

Henwick Grange 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 in post who will be making an application to register with the Care Quality Commission.

Notice of inspection
This inspection was unannounced on the first day. On the second and third day the inspection was announced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at information we had received about the service since the last inspection. This included

information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local 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 all of this information to plan our inspection.

During the inspection
We spoke with six people who lived at the home, seven relatives [one by telephone] and a visitor about their experience of the care provided. We also spoke with the regional manager, regional support manager, manager and a deputy manager. In addition, we spoke with one nurse, three care staff, a domestic staff member and maintenance staff member.

We looked at a range of records. these included three people's care records, multiple medicines records, staff rotas, staff training records, and staff recruitment records. We also looked at incident and accident records, complaints, selected policies and records relating to the safety of the premises and management of the service.

After the inspection
We looked at additional information provided to us by the manager.

Requires Improvement

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; preventing and controlling infection

- The provider did not have effective procedures for monitoring the risk of fire, so actions were taken to ensure people's safety. This included the majority of fire doors not fully closing into their frames, doors with no handles and holes and missing pieces of wood so were potentially ineffective in the event of a fire.
- There were a number of cupboards, such as those storing towels and bed linen which were not closed so added to the potential risks in the event of a fire.
- On the first floor a room which led to the fire exit was blocked by various pieces of equipment. This equipment could have hampered people's means of escape in an emergency.
- Fire drills were not regularly undertaken. The records of weekly fire drills documented the last fire drill was in September 2019 however it was unclear when the last fire drill took place at night. The manager gave assurances they would take action so fire drills were undertaken regularly including at night.
- The provider's arrangements to fully protect people from other risks associated within the home environment was ineffective. For example, a light switch on the first floor was loose and contained live wires, a radiator panel was loose with nails protruding and a curtain rail in the lounge on the first floor was loose at one end.
- People were at risk of cross infections due to ineffective infection control and prevention practices. This included an unclean shower chair, loose toilet rolls left in communal toilets and bathrooms, toilet brushes were standing in liquid and a congealed substance was found on a thermometer used to test water temperatures.
- Decoration within communal toilets, bathrooms and shower areas added to the potential risks of cross infections, such as chipped paint on a wooden plinth around the base of a toilet.

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

The concerns we had about fire safety risks were brought to the attention of the manager and regional support manager on the first day of our inspection. In addition, we contacted Hereford and Worcester Fire Service about the fire risks we identified, and they visited the home. On the second day of our inspection visit the provider had employed a contractor to undertake work on the fire doors.

- Staff were knowledgeable and understood risk assessments which included ways to support people safely such as when using equipment to assist people's physical needs.
- Staff had assessed people's safety and well-being needs and these had been considered when planning their care. For example, where people had health conditions staff had specific guidelines to follow to

support people's safety.
● Staff confirmed they were supplied with enough personal protective equipment such as disposable gloves and aprons to help prevent the spread of infections. We saw staff wearing gloves and aprons where required.
● People told us their rooms and communal areas were cleaned. We found some communal toilet areas where the floor did not look clean and the manager acknowledged this. Other areas of the home environment were clean and odour free.

Using medicines
● The provider had systems and procedures in place designed to ensure people received their medicines safely and as intended. Staff confirmed they had received appropriate training in the provider's medicines procedures.
● Monthly medicines stock checks were completed to enable the provider to identify and investigate any discrepancies.
● Staff maintained accurate and up-to-date medication administration records (MARs). However, where people had been prescribed medicines on a 'when required' (PRN) basis, staff had not always been provided with sufficient written guidelines on the expected use of these.

Systems and processes to safeguard people from the risk of abuse
● People told us the support from staff helped them feel safe. One relative told us, "I am pleased with the treatment provided. Just lately they [staff] seem to have a more professional attitude." Another relative said, "[My relative] is alright. [They] think they [are] in a nice hotel and [relative] is happy with that."
● The manager and staff had received safeguarding training and understood what action to take in the event of any concerns for people's safety. They knew how to identify signs of abuse and to protect people from harassment and discrimination.

Staffing and recruitment
● People and relatives had varied views about staffing arrangements. One person told us, "It's different on different days with staffing. But they [staff] seem to get through it." One relative said, "I don't think there are enough staff, no. I think that's why they leave [my relative] in bed."
● Staff we spoke with told us staffing arrangements supported them to meet people's needs safely.
● During our inspection visits, we found staffing arrangements met people's needs so their safety was not compromised.
● The provider carried out pre-employment checks to assess whether prospective staff were suitable to work with the people who lived at the home. These included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions by checking police records.

Learning lessons when things go wrong
● The provider and manager had procedures in place to record and review incidents and accidents to reduce the risk of reoccurrences. Staff knew how to record accidents and incidents.

Requires Improvement

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.

Staff support: induction, training, skills and experience

- Where staff had received infection prevention and control training they did not always put their knowledge from training into practice. For example, not cleaning a shower chair after this was used to prevent the risk of cross infections.
- Staff participated in ongoing training, so they had knowledge and skills to work safely and effectively. Staff spoke positively about the training they received.
- New staff underwent the provider's induction training to help them understand people's needs and settle into their new roles. Staff's induction incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff spoke positively about their induction experience. One staff member told us, "I was able to ask questions and shadowed staff until I felt confident."
- People and relatives had varied views about the standard of staff's practices in meeting their needs. One person said the staff helped them with their needs and were happy with their care. However, one relative did not feel confident their family members needs were consistently met as they should be.
- During our inspection visits, we saw examples of staff using their knowledge when using equipment to assist people with their physical needs and when assisting people to take their medicines.
- Staff told us they participated in regular one-to-one meetings ('supervisions') and staff meetings which they felt supported their caring roles.

Adaptation

- We looked at how the adaptation, design and decoration of the premises reflected people's individual needs. We found there were suitable arrangements in place, and appropriate space available, for people to eat in comfort, participate in leisure activities, receive visitors or spend time alone.
- A refurbishment programme was underway to improve the overall of standard of accommodation, which had led to the upgrading of flooring in parts of the home environment. We saw the carpets in other areas of the home environment was worn and or stained in places, for example in the ground floor lounge area. The manager gave assurances there were plans in place to replace the flooring in this and other areas of the home environment in the coming months.

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

- People's individual needs and requirements were assessed before they moved into the home, to ensure effective care could be planned and provided.

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

● The provider ensured people had the support they needed to eat and drink enough. Staff encouraged and supported people to choose what they ate and drank on a day-to-day basis.

● Any complex needs, or risks associated with people's eating and drinking were assessed, with appropriate specialist input, and plans put in place to address these. This included providing people with thickened fluids and texture-modified diets, where appropriate.

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

● People and relatives told us they were supported to access healthcare professionals to meet their needs. One person said, "The GP comes every week, and I see an optician when my eyes need testing. I've got my own chiropodist who comes." One relative commented, "They [staff] sorted new dentures for [my relative]. The GP comes every Wednesday, and the opticians come every so often."

● People's medical needs were documented in their care records to give staff insight into their health needs. This included staff using different tools to support people in meeting their needs, such as for oral hygiene.

● Staff and management worked with a range of health and social care professionals to ensure people's individual needs were monitored and met.

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.

● The management team were reviewing people's formal mental capacity assessments and records of best-interests decision-making were in place where these were required for significant decisions about people's care.

● Staff we spoke with understood the need to respect and promote people's right to make their own decisions. We saw they helped people make day-to-day decisions about, for example, how they wanted to spend their time or what they wanted to eat.

● The provider had made applications for DoLS, based upon an assessment of people's mental capacity and their individual care and support arrangements.

Requires Improvement

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

Respecting and promoting people's privacy, dignity and independence
- Staff did not fully protect people's rights to privacy and confidentiality. People's care records were left unsecured where they could potentially be accessed by unauthorised persons. People's care documentation was stored in a cabinet which was not locked and the door leading to the office was left unlocked. These practices did not ensure confidential records were secure such as handover information.
- In another area of the home environment information relating to people had been left in an unsecured cupboard in a communal area on the first-floor landing area by the lounge.
- We discussed these issues with the manager who acknowledged our concerns and the importance of maintaining people's privacy and confidentiality. The manager assured us they would take action so people's right to confidentiality was consistently protected.
- We saw and heard examples of how staff maintained people's right to privacy and dignity in other aspects of their care. For instance, staff respected the wishes of people who lived at the home when they wanted to spend time alone in their rooms and staff knocked on people's doors and waited for them to answer before they came in.

Ensuring people are well treated and supported; respecting equality and diversity
- People had varied views about how staff treated them. One person told us, "They [staff] are very nice and I get the help I need." Another person said, "It depends who it is. "Well, some of them [staff] just don't want to help do they?" One relative commented, "They [staff] are very caring. I can't fault them at all" whilst another told us, "The attitudes [of staff] are difficult sometimes."
- The provider's approaches to ensuring quality checks and oversight were effective did not reflect a caring approach to promoting people's safety.
- We saw a number of warm, caring and respectful communications between individual staff members and people they supported. These were limited to times where staff were directly supporting people. For example, whilst people were supported to eat and drink, and or take their medicines.

Supporting people to express their views and be involved in making decisions about their care
- Staff understood how each person required support to express their care needs.
- When people had expressed their views about their likes and dislikes these were respected which included supporting people to lead their lives as they wished.

Requires Improvement

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 now deteriorated to 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

- People and relatives had varied views about how people's needs were met in the way they wanted. Some people were satisfied their needs were met at times they wanted assistance such as getting up in the mornings. However, one relative told us their family member was still in bed late morning when they visited, and they had to ask staff to support their family member with their personal care. Another relative said, "I regularly find [my relative] still in bed for no obvious reason."
- Although we saw instances where people's needs were responded to in a personalised way. For one person they were not supported by staff with their meal such as reminding the person about their meal and checking whether this continued to be at the right temperature. On another occasion we informed the manager of our concerns about a person and they ensured the person's needs were responded to.
- We asked the manager how they assured themselves people received personalised care to meet their needs and preferences. Although the manager used the provider's tool to assess staffing arrangements they did not have measures in place to monitor the responsiveness of staff to people's call alarms. The manager gave assurances they would review the monitoring of people's call alarms.
- The manager told us they had made significant improvements to people's care plans and were implementing an electronic care planning system. People's care plans held important aspects of their care, including their personal safety, physical needs and the equipment required to support each person.
- Staff confirmed they were given the opportunity to read people's care plans and refer to these as needed.
- We found there was limited information in people's 'social profile' which included people's history and for one person this information had not been reviewed since 2017. However, the manager told us they had recently held meetings with relatives of people who lived at the home. The manager informed us the information gained from these meetings would be added to people's care records to further support a personalised approach towards people's care.
- Staff told us, and we saw they were kept up to date with people's changing needs. Staff we spoke with felt the daily meetings to handover information about people's needs was useful in providing the knowledge of any changes to people's care needs.
- Staff confirmed, and we saw they used electronic handheld devices to note the care and support provided to people.

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' who lived at the home and relatives expressed mixed views about the support people had to participate in fun and interesting activities. One person told us, "We seem to play bingo a lot." Another person said, "I keep myself busy with my knitting and with crosswords. My family come to take me out as

well." One visitor commented, "[My friend] watches the TV, reads and watches videos. [My friend] goes out every Sunday to a service whilst a relative said they did not see the activities planned for take place. The relative felt their family member had no stimulation so they had something to get up for.

● The activities coordinator spent individual time with people during our inspection. This included chatting with people and ensuring people were supported to follow their own interests, such as knitting. They spoke with us about their role and explained, "We do a lot of things. Residents [people who live at the home] choose what they want to do. This can be watching television, knitting, playing Connect 4 and colouring. [The] activities planner is like a menu and 'not set in stone.' I also write letters with residents."

● The management team had already identified how they could further improve the amount of support people had to follow their interests. This included employing another staff member to assist with recreational activities. We will follow up on any improvement in the support people had to pursue their interests and take part in recreational activities at our next inspection.

● People were supported to spend time in private with their visitors if preferred and or go on trips out with their visitors.

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's communication needs were known and understood by staff. This included what action staff should take to support each person to achieve positive outcomes.

Improving care quality in response to complaints or concerns

● People and their relatives told us they knew how to raise any concerns or complaints. One person told us, "I would tell them [staff] if there was anything, but I've never needed to." One relative said, I've never had reason to complain." Another relative shared with us how they had raised a concern with the manager about a staff member's practice and was happy with how this had been resolved.

● The manager told us they were made aware of concerns shared by a person's family and were looking at ways to resolve these.

● We looked at the provider's complaints records and found complaints had been recorded and investigated in line with the provider's procedure. Where necessary, an apology was provided to the person raising the complaint.

End of life care and support

● Staff told us they supported people with end of life care when this was needed including ensuring people were comfortable and pain free. They were knowledgeable about how to respect people's needs and wishes.

● People's care records had some information regarding people's wishes and choices.

● One person's relatives were complimentary about the care of their family member. The relative said, "They [staff] have always been very caring and kind. When it came to [my family members] end of life they [staff] were beyond amazing. Especially the two nurses. They even stayed beyond their shifts."

Requires Improvement

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

- The provider and management team had a number of quality checks in place to monitor the quality of the care provided to people. However, we found the provider's governance and quality assurance systems were not effective. They had not enabled the provider to identify and address the shortfalls in quality we identified during our inspection, including the potential risks to people from fire and infections and environmental hazards.
- On the first day of our inspection we found people's personal information stored in areas that were accessible to anyone visiting the home. We also identified environmental hazards such as the kitchen and sluice doors left open and a person's call alarm had come loose from the wall. Although the provider had regular checking systems, these environmental issues had not been identified. We found health and safety checks which confirmed no improvement actions were needed with items such as fire doors when we found this was not the case. These examples showed there was a lack of effective oversight of the service to ensure people's safety was fully promoted.

The provider did not have effective systems and processes in place to monitor the safety and quality of the service and to drive improvement. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a new manager in post since our last inspection. Having been in post since August 2019. The manager was in the process of registering with the Care Quality Commission [CQC].
- The manager acknowledged the concerns we identified and showed they were motivated in making the improvements required.
- Staff were complimentary about the manager and had confidence in the support provided to them in their caring roles.
- The provider was aware of the requirement to display their rating following an inspection and to ensure it was also upon the provider's website for people to see.

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

- People and relatives held positive views about the manager. One person told us, "I get on well with the new manager. He brings the newspapers every day." One relative said, "I've met the new manager. [The

manager] seems okay so far." Another relative commented, "We actually had a care plan review with the new manager, which I was so relieved about because there wasn't much before that."

● The manager understood their role in promoting personalised care and had supported a change in culture whereby staff were taking breaks when people's care still needed to be provided.

● Staff spoke about people who lived at the home with a commitment to support people's health and welfare.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider understood their responsibility to be open and honest with people in event things went wrong in the delivery of their care and support. The manager told us they were working to resolve the concerns expressed by a person's relatives.

● When any notifiable incidents had occurred, they had been reported to the CQC as required.

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

● Since coming into post the manager had individually met with relatives to talk through people's care which relatives had appreciated.

● The manager was aware group meetings to provide people with the opportunity of being involved in the home and sharing their views had not consistently taken place. The manager assured us they would be arranging group meetings and sending surveys for people to complete so they were able to share their views.

● Staff were satisfied with the support they received from the manager and felt confident any issues or concerns brought to their attention would be acted on. One staff member told us, "They [the manager] is helpful and supportive when you have a query. I enjoy working here."

● The manager understood the need to consider people's protected characteristics in the planning and delivery of people's support needs.

Continuous learning and improving care

● The manager was supported by two deputy managers/clinical leads. During our inspection the manager was also supported by a regional support manager who showed they were eager to identify and make improvements. This included checking the nurse call alarms for all people as we found one person's had come loose from the wall.

● During feedback about our inspection findings the manager as well as their regional manager were responsive when we highlighted areas in need of improvement. The manager showed they had a responsive and accountable management style to our overall feedback at the end of the inspection visit.

● Staff meetings provided an opportunity for reflective learning such as ensuring people's support was helping them to achieve positive outcomes.

● The manager had plans to further improve quality of care which included staff having lead roles in various subject areas.

Working in partnership with others

● The manager and staff understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people. For instance, there is a suspension on new people coming to live at the home whilst the provider works on ensuring improvements are made.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always robustly assessed the risks relating to the health safety and welfare of people.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had systems in place to monitor the quality of care people received, however these were not always effective.

The enforcement action we took:

To issue a Warning Notice.