Mr Adrian Lyttle

Mr Adrian Lyttle - Erdington

Inspection report

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Date of inspection visit:
30 October 2018
07 November 2018

Date of publication:
13 December 2018

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

We carried out this unannounced inspection on the 30 October and 07 November 2018.

We carried out this inspection because we had received concerns in relation to poor care, safeguarding concerns and staffing levels.

At our last inspection carried out on we judged this service as 'requires improvement' in the key questions of safe, responsive and well led and rated the service as 'requires improvement' overall. At this inspection we found that the provider had not made the required improvements we identified at our previous inspection and we identified additional concerns. We found that the provider had failed to make sufficient improvements to the efficiency of their quality assurance systems. This meant that this was the second consecutive inspection whereby the provider had failed to achieve a 'good' rating in the well led area of our inspection. As a result of our finding we found that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. We also found that the provider You can see what further action we have taken at the end of this report

Mr Adrian Lyttle- Erdington 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. provides care and support for a maximum of ten people who are living with a learning disability. There were 10 people living at the home at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider's quality monitoring systems had either not identified some of the areas for improvement that we found during our inspection or when identified by their own system had then not been followed up on in a timely way.

People's needs had been assessed and care plans developed to inform staff how to support people. However, care records did not fully reflect the detail of specific health care conditions. Some risks to people were not always well managed.

The provider was not fully aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions, although records of this were not always maintained.

Staff had received training however this had not always been effective. Staff received supervision from managers and were support to carry out their role.

People were supported for by staff who were trained in recognising and understanding how to report potential abuse. People's dignity was maintained and people were communicated with in their preferred way.

People were supported to take part in activities and were involved in their day to day care and chose how to spend their day. People were encouraged to maintain their independence and were supported to meet religious and cultural needs.

People spoke positively about the care staff .Staff were caring and treated people with respect. We saw people were relaxed around the staff supporting them. There was a friendly and calm atmosphere within the home.

People were supported to maintain a healthy diet that met their cultural and dietary needs. Systems were in place to ask people their views about the home and to listen to concerns and complaints.

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

Risks to people were assessed but not always well managed.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members of staff, who had been safely recruited, to ensure that they were kept safe and their needs were met.

People received their prescribed medicines as required.

Is the service effective?

Requires Improvement

The service was not always effective

Systems and key processes did not ensure effective use of the Mental Capacity Act.

People received care from staff who knew people well. Staff received training, however this had not always been effective.

People were supported to eat food that they enjoyed and to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring

People were supported by staff who knew them well and were kind and caring in their approach.

People were encouraged and supported to make decisions about their day to day lives.

People were supported to maintain and develop their independence where possible.

Staff supported people with dignity and respected their privacy.

Is the service responsive?

Good

The service was responsive

People had the opportunity to engage in activities that were based on their interests and meaningful to them. People's diverse needs were recognised.

Systems were in place to listen and respond to concerns.

Is the service well-led?

Requires Improvement

The service was not well led

Systems and processes in place to assess and monitor the safety and quality of the service had not always been effective.

A registered manager was in post and staff told us that they felt supported in their role by the management team.

Mr Adrian Lyttle - Erdington

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 30 October and 07 November 2018 and was unannounced on the first day of our inspection. The inspection team consisted of one inspector and an inspection manager on the first day. On the second day just one inspector returned to complete the inspection. We carried out this inspection because we had received concerns in relation to poor care, safeguarding concerns and staffing levels.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. The provider had also submitted to us a Provider Information Return (PIR). A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted local authorities who provide funding for people to ask them for information about the service and Healthwatch. Healthwatch is an independent organisation that champions the needs of people that use health and social care services. This helped us to plan the inspection.

During our inspection we met with nine people who lived there and spoke with four people bout the care they received. We observed how staff supported people throughout the day. We also 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 also made general observations around the home.

We spoke to four support staff, the assistant manager and the registered manager. We also spoke with four relative's. We looked at records relating to the management of the service including care plans for three people, incident and accident records, two staff recruitment records, Medicine Administration Records

(MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 04 May 2017 we rated this key question as 'requires improvement'. We found that an incident had not been reported to the local authority in accordance with safeguarding procedures.

Prior to our inspection we received concerning information about poor care, safeguarding concerns and staffing levels. This resulted in a safeguarding investigation by the local authority which was ongoing at the time of our inspection. We brought forward our planned inspection for this service and we explored these concerns during our inspection.

At our last inspection we found that safeguarding procedures had not always been followed. At this inspection we found that some improvements had been made. Staff we spoke with understood how to keep people safe and had received training which included recording and escalating their concerns to senior staff. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that a person might be at risk of abuse and what action to take if they had any concerns about people's safety. A staff member told us, "If I had any concerns and I would tell the managers and they would do something about it." The registered manager told us that they were clear about what needed to be reported to the local authority in accordance with safeguarding procedures.

At our last inspection we found that risk assessments were largely generic and related to risks around the home. Following our inspection, the provider told us that they had implemented risk assessments that were person centred. At this inspection we found that although some minor improvements had been made further improvements were still needed. Risk assessments that were in place lacked detail and we saw that no risk assessments were in place for some areas of care that were risks for individuals. For example, a person was at risk of falling and had recently had some falls resulting in injuries. Although staff knew the person's needs and their associated risks and staff took action to reduce the risk of further falls there was no risk assessment in place. Because the provider had recently recruited new staff and was reliant on the use of some agency staff, risk assessments would be pertinent in ensuring that staff had the information they needed to keep people safe. We also found that other areas of risk had not been fully assessed for example, the use of a wheelchair and the support in place for a person who accessed the community independently.

Staff we spoke with were able to tell us about how they would recognise if a person was physically unwell. They told us that they would notice changes in the person's behaviour. We saw that a person was unwell during our inspection and staff were attentive to their needs. Staff told us about how they supported the person with ongoing health care appointments and medical procedures. We saw that care records contained some information about people's health care needs and how they might communicate for example if they were unwell or in pain. However, records lacked specific information related to people's specific health conditions and how staff should support people to meet these needs safely and effectively.

We saw that following an accident or incident there was a system in place to record the detail and for a manager to review the information and record any actions that need to be taken to minimise further occurrence.

We saw that people were relaxed and comfortable while in the company of staff. One person told us, "I am happy living here. I talk to my key worker [staff member's name] if I am not happy about anything. Everything is good". Another person told us, "It's good". A relative told us, "Yes I do feel [person's name] is safe living there."

Staff told us about what actions were completed on a regular basis to help keep people safe. For example, records showed that fire checks took place and fire drills. We saw that personal evacuation plans (PEEP) were in place for people. This tells staff how to support a person in the event of needing to leave the building in an emergency. Staff told us and the registered manager confirmed to us that all staff had completed basic first aid training as part of their induction. The registered manager told us that some staff who had left had been trained in first aid to a more advanced level. They told us that they would review the current level of staff training in first aid and ensure that if further training needs were identified this would be provided.

One of the concerns that was raised with us before our inspection was about medicine practices. People who required support to take their medication said they were happy with how staff assisted them. One person told us, "The staff help me do that." We observed staff administering medicines to one person and saw that the person received the required support to take their medicines safely. Staff that we spoke with told us that they had completed medicine management training and had no concerns about medicine management. We saw that medicines were stored securely. The records of the administration of medicines (MAR) looked at had been completed accurately by staff to show that prescribed doses had been given to people. We saw that one person had been prescribed a medicine that had specific instructions regarding when the medicine should be taken (at least a half hour before food). Staff that we spoke with were aware of this instruction. However, the (MAR) record did not have this information recorded. Staff and the registered manager told us that they would ensure that information regarding this would be made available alongside the MAR records for staff to refer to. The registered manager told us that staff's competency to administer medicines were assessed as part of their induction. Following discussion during the inspection the registered manager told us that they would be introducing a system where staff competency to administer medicines was assessed at least annually.

Staff we spoke with told us that there had been some recent staff departures. The registered manager told us that although they had a core team of staff who had worked at the home for a while. They had also experienced a turnover of staff, with some staff leaving after a short period of time working in the home. Because the home has a small staff team this had had some impact on the running of the home and on occasions agency staff had been used. The registered manager told us that currently two care staff were on each shift and additional support was provided by the assistant manager across the day. Records we saw confirmed this. They told us that during the hours of 09.00 and 15.30 Monday to Friday, most of the people attended day care services and adult education services. People and staff, we spoke with told us that some of the people spend time with relatives on a regular basis so there is less people living at the home at weekends. One of the concerns that was raised with us prior to our inspection was in relation to staffing levels dropping to one staff in the morning. From talking to staff, people and looking at records we found no evidence to support this. The registered manager told us that this had not happened. Relatives that we spoke with told us that there had been a turnover of staff that could be unsettling for their family member. However, they told us that there were usually at least two or three staff on duty when they visited. The registered manager confirmed to us that there was an ongoing recruitment drive to address the staff shortage and when fully staffed the use of agency staff would stop.

Staff spoken with told us that all recruitment checks had been completed before they commenced employment. We checked two staff recruitment records and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining

Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

We saw that staff had access to appropriate cleaning materials and person protective equipment (PPE) and we saw that this was used appropriately during our inspection. We saw that laundry waiting to be placed in the washing machine was stored in an uncovered laundry basket in a corridor. The registered manager told us that they would review this practice. This would ensure that any infection control risks were minimised.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 04 May 2017 we rated this key question as 'good'. At this inspection we found that improvements were needed and we rated this key question as requires improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met. At our last inspection the acting manager at the time showed us that where people were deemed to lack capacity to consent, applications to deprive the person of their liberty within their best interest had been sent and they were waiting on the authorisation documentation. At this inspection we found that the provider had no system in place for the oversight of applications and any approvals that had been received. Staff and the acting manager that we spoke with on day one of our inspection were not able to tell us if any of the people had a DoLS authorised or if one was being considered. They told us that they had received training in MCA and DoLs but we found that this training had not been effective as not all staff understood the principles of this legislation. The registered manager told us that following feedback on day one of our inspection that they had made two further applications to the local authority to be authorised.They told us that a previous DoLs application that had been made had been refused but they had been unaware of this outcome until now. We found that although the provider took steps to make the required improvements at the time of our inspection the system and process in place were not effective and they had not acted in accordance with the requirements of the MCA and associated code of practice. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 Need for consent.

Observations we made showed that staff gained consent before providing care to people. We saw that staff offered choices and gave a verbal dialogue about what it was they were going to do to help the person. For example, when proving support with meals and drinks. A staff member told us, "We encourage people to make choices about what they want to do." We saw another staff member support a person with making a choice by using their left and right hands as prompts so the person could point and make the choice that they wanted.

We saw positive interactions and staff knew people's preferences and choices. We saw during our inspection that staff made attempts to involve people in all day to day decisions, such as what they wanted to do and how people wanted to spend their time. The assistant manager and registered manager told us that when

needed best interest discussions and meetings had taken place. However, we found that this information had not always been documented in people's care records to show that they were made in people's best interest.

We saw that some people had a health condition which was referred to in their care records. However, people's care records had limited information about how their health needs were being met holistically and how staff were supporting the person to manage the health condition and any associated risk. Staff told us and we did see that people received support to attend medical appointments and staff had sought advice from health professionals in relation to people's health care. Records we looked at contained information about healthcare appointments and we saw that referrals had been made to other health care professionals. For example, referrals had been made to speech and language and occupational therapy for advice and support to maintain people's good health and wellbeing.

Staff that we spoke with told us that they felt supported by the assistant manager, registered manager and provider. Staff told us if they had any concerns they could approach any of the managers and they were satisfied with the training and support they received to carry out their role. The registered manager told us that because they are such a small staff team supervision of staff takes place and often this is done on an informal or on an as and when needed basis. New staff recruited to the home had been provided with the Care Certificate as part of their induction. The Care Certificate is a set of nationally recognised standards that provides staff with the skills and knowledge they need to support people safely.

People were provided with enough to eat and drink. We saw that people were involved in decisions around food and drink choices. We saw people who required support to eat did so in a way that met their needs. One person told, "The food is nice, I like it and we get a choice". Another person told us, "I get my own breakfast and can have drinks when I want one". Staff we spoke with had a good understanding of people's specific dietary requirements and what support they required with meals. We saw that people, who required their food to be prepared in a certain way and required staff assistance at meal times to eat safely, received the support they needed. We saw people helping in the kitchen and laying the tables.

The premises were suitable to meet the needs of the people living there. It consisted of two domestic houses that had some adaptations so the properties were linked internally. There were some shared areas for people to access including a kitchen /dining room and lounge. We saw that people were able to make a choice about spending time with other people or choosing to spend time on their own in their bedroom. There was an accessible garden area.

Good

Is the service caring?

Our findings

At our previous inspection on 04 May 2017 we rated this key question as 'good'. At this inspection this key question remains rated as 'good'.

People we spoke with told us that staff were kind and caring to them. One person told us, "The staff are nice, I like [staff members name]. We saw that people were relaxed and comfortable with staff. Staff we spoke with were able to tell us about people's care and support needs. Conversations with staff confirmed that people were valued and supported to express themselves in ways that reflected their individual and diverse preferences.

We observed staff spending time with people and they were not rushed. We saw that staff had developed friendly, relaxed relationships with the people they supported. We asked staff their views about the care people received and they told us that people were well cared for and that the staff team were caring. We asked staff to tell us a little about each of the people who lived in the home, they focussed on people's personalities and likes and dislikes. This showed that staff knew people well and focused on people as individuals.

Relatives that we spoke with told us that staff were caring especially some key staff who had worked at the home for a long time. A relative told us about the important relationships their family member had developed whilst living in the home. They told us, "[Person's name] is very happy at the home. They have lived there a long time and have formed friendships with a number of people who live there." Another relative told us, [Person's name] loves the manager and owner, they think the world of them. It is their home and they are very happy there."

We saw that staff respected people's privacy and dignity. We saw that staff knocked people's doors before entering their bedroom. Staff were able to tell us how they would promote people's privacy and dignity when supporting people with their personal care and people were assisted discreetly with their personal care needs. A staff member told us, "I always make sure the door is shut and people's privacy is respected when providing personal care". We saw that people were well presented and looked well cared for. This showed that staff recognised the importance of people's personal appearance and this respected people's dignity. The registered manager told us that in recent years improvements had been made to the home so that all people living there had their own bedroom with ensuite facilities provided.

We saw that people were supported to take part in everyday living skills. One person told us, "I go shopping with the staff to buy food. I clean my bedroom." We saw people helping in the kitchen, preparing their own snacks, helping with household chores such as sweeping the floor and laying the table for meals. We saw that staff sought opportunities to promote people's independence. For example, we saw that people were promoted to help with household tasks.

Good

Is the service responsive?

Our findings

At our previous inspection on 04 May 2017 we rated this key question as 'requires improvement.' At this inspection we rated this key question as good.

People told us that staff ask them about their care. One person told me, "My key worker talks to me about the things I like to do". Another person told us, "I do the things I like to do. The staff help me. I like to have a lie in at the weekend." Staff we spoke with could describe people's preferences and how they liked to be supported. One member of staff told us, "We know people well and what they like to do". Staff were able to tell us about the level of support people required with their personal care and health care needs.

People we spoke with told us that they have occasional meetings where they all meet together to discuss things about the home. One person told us, "We have meetings and we talk about our holidays and things that we want to do. Like parties and going out".

Staff told us that a verbal handover took place at the changeover of a shift and we saw this taking place. We saw that staff discussed forthcoming appointments and arrangements for people. All of the staff spoken with felt they were provided with the information they needed to support people effectively. The registered manager told us that they would be adapting the current system so that the diary, message book and job allocation records were adapted to formulate a more structured written handover to support the current practice.

We saw that people took part in a range of activities that they enjoyed. We saw that people were supported to follow their own interest and we saw evidence of this throughout our inspection. We saw that most people went out to day centres and adult education classes. On the first day of our inspection some people were visiting family and some people were away on holiday with relatives. One person told us that they enjoyed watching wrestling and we saw that they spent time in their bedroom watching DVD's. Another person told us that they were enjoying a week's holiday from their college course. They went on to tell us about all the things they liked to do including swimming and football and spending time with family and friends. On the second day of our inspection we saw that when people returned from the day centre some people liked to spend time in their own room relaxing and enjoying their own hobbies and interest. One person told us about forthcoming birthday celebrations and that they would be inviting friends to a party to be held at the home.

Through our discussions with staff it was clear they were non- discriminatory in their approaches. Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are

given. The provider had some information regarding the service in different formats to meet people's needs, for example easy read. People's care records contained some information about their communication needs. We spoke with the registered manager and staff about how they provided information to people with limited verbal communication. They told us that pictures, photographs and objects of reference were used to support people's communication and we saw some evidence of this during our inspection.

People told us that they would speak to staff or the registered manager if they had a concern. One person told us, "I speak to [staff member's name] they are my key worker. Another person told us, "I would tell the staff if I wasn't happy." The registered manager told us that they had not received any formal complaints since our last inspection. Most relatives told us that the registered manager was helpful and approachable, although some relatives told us that this was not the case. A relative told us, "If I need to I can ring the home and ask the manager or the owner, they are approachable. I haven't had any real concerns. It's just discussing [person's name care]". The provider told us that they had received some grumbles about aspects of people's care and that these matters had been dealt with as they arose. They told us that they would look at how they could capture this information in a written format to demonstrate that they had listened to and responded to relative's query's in an appropriate and timely way.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 04 May 2017 we rated this key question as 'requires improvement.' At this inspection we found that the provider's quality monitoring system had either not identified some of the areas for improvement that we found during our inspection, or when identified by their own system had then not been followed up on in a timely way. In addition to this the home required improvement in the key questions of safe, responsive and well led at our previous inspection. This shows that the registered manager has been unable to make or sustain the improvements required.

We saw that there were some systems in place to improve the quality of the service. The registered manager conducted checks and audits in areas including health and safety and spot checks of staff practice. However, the system in place was not always robust and effective. For example, we found that risk assessments lacked detail or were not in place for some risks. People's care records lacked detail, where not person centred and not always kept under review. There was no system in place to oversee DoLS applications and monitor there progress. The system in place had not identified that staff were unclear about DoLS, the system in place had not identified that there was no infection control policy and designated lead person for this, the system in place had not identified that key policy and procedures required updating to reflect current practice and legislation. The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

Some accident records we asked to see were not available and could not been located by the registered manager. The registered manager advised that following our inspection they had investigated this matter, reviewed their storage of records and put steps in place to minimise the risk of this happening again.

The registered manager told us that the home had experienced an unsettled time and had experienced staff and management changes and some periods of sickness and this had all impacted on the running of the service. The registered manager spoke very passionately about the care and welfare of people living at the service. They recognised the challenges they face as a small sole provider and that improvements were needed. They told us that they would be seeking some professional advice and support so that they could make the changes needed.

Staff we spoke with understood their roles and responsibilities. Staff were caring and showed commitment to their role and the people they supported. All staff that we spoke with told us that they felt confident in approaching the registered manager with any concerns and had been informed on how they could whistle blow if they had any cause too.

At our last inspection we identified that improvements were needed to how the provider consulted with relatives about their family members care and how they sought feedback from relatives about the quality of the service. At this inspection we again received some mixed feedback from relatives about this and most relatives that we spoke with told us that some improvements in this area could be made. The registered manager told us that since the last inspection they had not made the improvements that they had intended to make regarding this. They told us that they recognised that they needed to improve how people's reviews

of their care were organised. The Registered manager told us that although they had a developed a questionnaire to ask relatives for feedback about the quality of the service they told us that they wanted to improve on the frequency of these being sent out and how they responded to suggestion made. They told us that they would also like to develop a newsletter to improve communication about the service.

Relatives that we spoke with were concerned about the turnover of staff but also recognised the difficulties for the provider regarding this. Some relatives also felt that there should be more opportunities for people to take part in activities. However, most relatives that we spoke with told us that their family member was safe and well cared for and happy living at the home. People told us that they were very happy living at the home. One person told us, "I like living here this is my home." Another person told us, "This is my home and my friends live here."

The registered manager also had responsibility for a second location nearby and they told us that they split their time between the two homes. The registered manager was supported by two assistant managers. The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission. Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events that have taken place. The registered manager was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their rating at the service and they told us that they don't currently have a website.

A Provider Information Return (PIR) was sent to the provider to complete and was returned to us in May 2018. The PIR included areas identified by the registered manager that they were going to make improvements to. We identified that some of the provider's quality monitoring systems referred to in the PIR were not always consistently applied within the home.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager understood their obligation in relation to their duty of candour. The registered manager was able to tell us their understanding of this regulation. We found that the registered manager was open with us about where the service needed to improve. We requested some additional information from the registered manager following our inspection and we were provided with all the information we requested in a timely manner.

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 system and process in place were not effective and the service had not acted in accordance with the requirements of the MCA and associated code of practice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality monitoring system in place was not always effective at identifying where improvements were needed.