

The Cedars Healthcare (Midlands) Ltd

The Cedar Grange

Inspection report

453 Stafford Road
Wolverhampton
WV10 6RR

Tel: 01902398112
Website: WWW.THECEDARGRANGE.CO.UK

Date of inspection visit:
09 December 2019
10 December 2019

Date of publication:
20 February 2020

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

The Cedar Grange Care Home is a residential home for up to 58 people who have personal care support needs. However, during the inspection the home was undergoing some refurbishments and reduced the capacity to 42 people. There were 32 people living there at the time of the inspection.

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

We found that people's medicines were not always handled safely. Medicine administration records (MAR) had missed signatures. There were controlled medicines that were not in lockable cabinets. There was no evidence of safe operating procedures relating to medicines within the service. Care files did not contain information on how to give people covert medicines safely.

Care files did not always have hoist risk assessments completed for people that were required to use them to move. Care files did not appropriately identify strategies for risk prevention, to allow staff to ensure people's risk of pressure ulceration was managed in a safe way.

We observed there was limited interaction between staff and people at meal times. People did not always receive their lunch in a timely manner and there was a risk it could go cold before being served. People told us that they did not feel staff respected their independence

Care files were inconsistent with the level of detail when documenting people's end of life wishes.

People did not always feel they could maintain positive relationships.

The registered provider failed to ensure that people's care records were accurate and up to date. Quality audits had been completed, however, they failed to highlight issues that were found during the inspection. The provider did not undertake audits on controlled medicines.

Ineffective quality assurance systems meant that the provider could not always continuously learn, improve and innovate. We found the registered manager did not complete any audits that focused on people's dining experience.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The registered manager had a system to ensure that staff received their mandatory training. The training matrix illustrated that staff had completed the provider mandatory training in a timely manner.

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

Rating at last inspection

This was the first inspection of the service.

Why we inspected

This was a planned inspection based on our published timescales.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement

We have identified two breaches of regulation. Regulation 12 the registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed safely. The registered person failed to protect people from the risks associated with the unsafe management of medicines. Regulation 17 the registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 ●

The Cedar 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

This inspection was carried out by one inspector, one assistant inspector and an Expert by Experience (ExE). 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

The Cedar 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 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 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 sought feedback from the local authority and professionals who worked with the service.

During the inspection

We spoke with the nominated individual, registered manager, assistant manager, four members of care staff, one kitchen assistant, four people, two relatives and four professional visitors. We looked at six people's care records, records of accidents, incidents, and complaints received by the service. We looked at recruitment records, staff supervision, appraisal records, training matrix, and audits completed by the registered manager. 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the services policies and procedures. We spoke with one professional.

Is the service safe?

Our findings

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

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as 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; Using medicines safely

- Medicines were not always handled safely, and we could not be sure people were always having their medicines as prescribed.
- For example, people had been administered medicines, but staff had not always signed the associated medicine administration record (MAR) to say this had been given. There was not always evidence detailed in the daily notes for any reason why this medicine was not signed for.
- In another example, there were two signatures on one person's MAR to indicate medicine had been administered but the records stated there was zero in stock. The management team stated the person could not have received their medicines. It is important that medicines are signed for on MARs to prevent the risk of 'double doses' being given.
- Controlled medicines were not always in lockable cabinets. Controlled drugs are medicines that need extra storage protection and systems to monitor them due to legislation in place. These controlled medicines had also not been signed in to the services controlled medicines book, which is a requirement under the misuse of drugs legislation. There was no evidence of safe handling of medicines procedures within the service.
- There was a lack of accurate stock information about medicines. The management team could not provide documentation of an accurate running total of medication stock that remained in the home. We carried out a random stock check of controlled medicines and found the number in stock did not match the provider's records. This meant we could not be sure people were getting their medicines as prescribed.
- People were not always supported appropriately with their covert medicines. The management team informed us that three people were on covert medicines. We found this was incorrect and only two people were on covert medicines. This meant there was a risk the person who did not require covert medicines could be supported inconsistently as there was incorrect guidance for staff.
- There was limited guidance for staff to assist them in administering covert medicines safely. Care plans did not indicate what measures should be tried prior to resorting to medicines. There was no guidance about how the covert medicine should be given, such as the food or drinks it could be mixed with. If medicines are not mixed with appropriate food, it could alter how effective the medicine is, which could put people at risk. During the inspection, the registered manager contacted the pharmacy to gain information on foods that the medicines could covertly be mixed in.
- People did not always have moving and handling equipment risk assessments completed which we were told should be in place. However, we found one person who used a piece of equipment and there was no risk assessment in their care file. This person was at risk of being transferred inappropriately as staff had not been given clear risk management guidance. However, when we observed people being moved, staff were using the correct techniques.

- People's care files did not appropriately identify strategies for risk prevention, to allow staff to ensure people's risk of pressure ulceration was managed in a safe way. For example, we found two people were being repositioned, but there was no evidence in care files to show why this was being undertaken and care plans did not advise staff how often repositioning should take place. This left people at risk of being supported inconsistently.
- People's care files did not always have care plans in place for when people had a health condition. For example, for one person who had a health condition, there was no plan in place to advise staff what to do, if their health deteriorated. The person was at risk of been cared for by staff that had no guidance on how to support their health condition.
- Water temperatures in the home were not at the recommended temperature for care homes by the thermostatic mixing valve manufactures association and Health and safety excusive guidance.
- Water temperatures were inconsistent within the home. We initially found that water temperatures in the home were cold. Following our feedback, this was fixed immediately on the day by the provider. We then did a second check on water temperatures. We found that one-bathroom, which people had access to, the water temperature was 50 degrees Celsius, which is above the 38 degrees to a maximum 44 degrees recommendation for safe hot water temperatures in care homes. The management team were not aware of this until this was brought to their attention and did not know how long it had been at this temperature. The management team ensured this bathroom was locked off. There was a risk to people and their skin integrity as people could have been burnt or scalded when using the water in the bathroom.

The registered person failed to protect people from the risks associated with the unsafe management of medicines. The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Learning lessons when things go wrong

- Lessons were not always learned when things went wrong. All accidents and incidents were recorded and reviewed by the registered manager. However, one person had five recorded accidents in September 2019 and the registered manager had not followed their own guidance in the falls risk assessment. The assessment was scored as medium risk, where the scoring matrix highlighted they should have been classed as high risk. The risk assessment stated, 'Reassess and document at least twice weekly on condition change'. However, this had not been completed. The registered manager acknowledged this had not been completed. This placed the person at risk of not receiving the appropriate support they needed with their falls.

Staffing and recruitment

- Staff were recruited safely but systems in place required strengthening. Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- However, one staff member's recruitment file did not contain a full employment history, so the service could not be sure of the staff members suitability and reliability. Another staff member's folder did not contain interview notes.
- The registered manager told us they used a system to ensure there were enough staff to meet people's needs and would use agency staff if this was required.
- We found during the days of inspection, there was enough staff to meet the needs of people. However, people, staff and relatives did not always feel this was previously the case. One person told us, "I have a call bell in my room. Sometimes they come quickly but they have other patients to look after. The longest I have waited for the loo, 7 hours I waited. The senior carer said I couldn't use the rotunda. [Staff member] came to

see and I complained to them. They said it was because none of the carers were trained on it [using the rotunda]."

- Relatives told us, "It's getting busier. I suppose they are hiring more staff. It is short staffed at the moment."
- Staff told us, "It would be good to have more staff, that way we could have more time to spend with residents. Especially with all the challenging behaviour we have here." A second staff member told us, "We use agency to cover sickness. Some have language barriers, this makes it more difficult."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.
- People were supported by care workers who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One care worker stated, "Safeguarding means that somewhere along the line there was a neglect, example a resident not being cared for or not given the right medication. I'd report any concerns about abuse or neglect. I'd go to my senior and raise my concerns with them and document in the daily log."

Preventing and controlling infection

- We found the home was clean and fresh and the home generally looked well kept.
- Staff were trained in the infection control.
- Personal protective equipment was available and being used by staff, such as disposable gloves to use to help the spread of infection.

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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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.

- We reviewed care files for some people who had been assessed as having capacity, and found they had not always signed a 'consent to care' or 'consent to share' document. The registered manager did not have robust procedures or processes in place to evidence that a person had been asked and signed that they had given their consent to personal care.
- We found in one person's care file they had a best interest document completed, for personal care and medical treatment. However, the management team told us this person did have capacity. We asked why the best interest form had been completed. The management team told us, "I did this when I first started, and it is wrong, they do have capacity it shouldn't be in there."
- Staff knowledge was good with clear examples being provided of MCA and how liberty may be deprived. The training matrix identified that each area was individually studied and covered as topics by the provider. Staff told us, "It's in the care plan if they have or lack capacity. I always give options. It's how you ask the question, like meal times or getting dressed, show them clothes, encourage choices, even if they lack

capacity, ask, for example, where would you like to sit?"

- We observed staff seeking consent from people and waiting for a response prior to assisting them. If a person declined, this was respected, with staff approaching the person again after a while. Staff supported people to make as many decisions as possible.
- We saw evidence in people's files that referrals had been made regarding people's DoLS. A professional was visiting the service on one day of the inspection to assess this with people.

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

- People were supported to have food and drinks of their choice; however, they were not always supported in a timely manner. People told us their food was sometimes cold. One person said, "One thing I will say is that the meals are cold. I like hot, hot meals." At lunch time it took over fifteen minutes for people to receive their food once it had arrived in the dining area. Food arrived in the dining area with cling film on trays. We could not be assured that food was still hot when this was given to people. We spoke with the management team about this who stated, "We have a hot plate; however, this does not work." And needed to be repaired.
- At tea time, we observed staff putting drinking cups on tables for people. It took over thirty minutes for staff to give people a drink with their meals. By the time this was offered, most people had finished their food.
- The majority of people told us they enjoyed the food and could have a different option if they did not like the daily options. They told us, "The food is alright. It is fair enough. There is a choice of food. One day there was something I didn't want. The cook said, 'Do you want something else?' and they did me an omelette."
- People selected their food for the day at the beginning of each morning. Picture cards were available and used to help people decide which cooked meal they wished to have.
- Where people were on food and fluid charts, we saw this information was recorded to help support people against the risk of malnutrition or dehydration.

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

- We could not be assured that people's assessed needs were being met. People's care plans were not person-centred and did not include information about how they would like their care to be delivered.
- We found that people were not always supported in line with their care plans. For example, one person's care plan stated throughout the day they required bed rest to support pressure ulcer management. The management team stated they would refuse this, however, there was no evidence that this had been offered.

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

- Staff worked in partnership with professionals from health and social care to meet people's needs, however we found that communication between the service and healthcare professionals needed strengthening. One person, who had a pressure ulcer which health professionals reported to the service, did not have any recorded information regarding this in their file. There was a risk that staff were not given up to date information regarding people's health needs. However, this person was being repositioned.
- One professional told us, "People are being repositioned as they should be every two hours."
- Care plans contained evidence of appointments with health care professionals such as General Practitioners, district nurses and dietitians. During the inspection it was observed that a number of professionals were visiting people.
- One person told us, "The doctor came in to give me the once over."

Staff support: induction, training, skills and experience

- The registered manager had a system to ensure that staff received their mandatory training. The training matrix illustrated that staff had completed the provider's mandatory training in a timely manner.
- All staff reported they had received an induction where they completed booklets for subjects and some face to face training.
- Staff confirmed they received supervision and felt that it was beneficial.

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

- The home was undergoing a refurbishment programme at the time of our inspection. The registered manager stated that the refurbishments were due to be completed by April 2020. Due to this the homes capacity had decreased to 42 beds.
- People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences.
- People brought furnishings of their choosing that allowed personalisation of their rooms. For example, people brought in pictures of family and had their own television in the room if they wanted.
- The environment was designed with different street names that were all decorated in their own colour. Hall ways were decorated with different themes, which included pictures of the local football team throughout the decades and different holiday destinations in Britain that people may have visited.

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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as 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

- We observed there was limited interaction between staff and people during meal times in the home. For example, one person was restless at lunch time and verbally abusive to another person. We observed some staff speaking to the person who was restless, where other staff left this to continue. Staff did not offer the chance to move places or consult with the person on the language they were using towards another person. It took staff twenty minutes to support people and deescalate the situation. Once the person was moved they immediately calmed down. Staff did not ensure people's privacy and dignity was respected at all times.
- People's personal, confidential information was stored securely, and staff told us they maintained confidentiality if people ever needed to discuss sensitive matters.

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

- Care plans and risk assessments were reviewed, but people's current needs weren't always detailed and updated to make sure they accurately reflected their current requirements and preferences. Where people's needs had changed this hadn't always been updated within their care file.
- People and their relatives, where appropriate, were actively involved in decisions related to care and support. However, people told us they would like to have a shower more than once a week. People told us, "I have a shower once a week. I am having one this afternoon. I would prefer to have one every morning, but it is not possible because they have too much to do. That is what they told me." One relative stated, "They'd love to have a shower every day, but they can only have one once a week. It's the staffing and I think they needs two people to help them."

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

- People felt they were treated with respect and told us, "The staff are absolutely lovely. There isn't one I could fault."
- Relatives we spoke with all agreed that their loved ones were treated with respect and their dignity promoted. One relative stated, "Yes definitely and I feel happy knowing that [Person] is here."
- Staff always knocked on people's doors and waited for permission to enter.
- All personal care was carried out behind closed doors to maintain people's privacy and dignity.

Is the service responsive?

Our findings

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

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as 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's care plans were not always personalised and did not always place people's views and needs at the centre of the care provided. Care plans were not always updated with current information when people's circumstances changed. Due to this, staff were not given accurate information relating to people's needs. For example, care plans did not state when people required repositioning and how often this should be taking place. We could then not be assured that care given to people was sufficient and personalised to meet their needs.
- People and their families, where appropriate, told us they were initially involved in the planning of care and support needs.
- Staff told us that they got to know people well in the home and found out about hobbies and interests from care plans. One staff member told us, "I feel I can get to know the residents. I get to know them by sitting with them, and who they do not like to sit next to."

Supporting people to develop and maintain relationships to avoid social isolation

- People didn't always feel that they could maintain healthy relationships. One person told us, "I'm alright. If there is a problem I go into their office anytime. I go down and speak my mind, like I want to go out tomorrow and she said we'll see if she (carer) is free. They need more staff, so I can do the stuff I want, live the life I want. I am sad being here."
- All people's care files contained a 'life history' section. However, we found these were not always completed or had conflicting information in them from the initial assessment. People were at risk of staff not having a full understanding of their background or cultural beliefs and needs.
- People had access to group activities. On the days of inspection, it was seen that people and relatives were getting involved with playing bingo.

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.

- The service had ensured that people received information related to the service and their support in a format that they could understand. All care files contained a communication and interaction support plan. However, for one person who was born outside of the United Kingdom, their communication and interaction support plan did not mention their preferred language to communicate in. However, they were being supported to communicate in English, which they could communicate in.

- The registered manager told us they used technology to help communicate with people who were non-English speaking and used prompt and pictures cards in people's language for meal times. We saw that the management team had worked with the persons relatives to ensure the language used on the cards was correct.

Improving care quality in response to complaints or concerns

- The service had received fourteen concerns since their registration. The registered manager stated none of the concerns went to a complaint.
- Where a concern had been raised, the appropriate investigation and action had taken place. We did see evidence of how complaints were managed effectively.
- Staff knew what to do if a complaint was made and relatives and people confirmed they knew the process to make a complaint.

End of life care and support

- Care files were inconsistent when documenting people's end of life wishes. Some people's care files recorded family involvement and had funeral plans. However, others there was limited, or no information recorded about end of life wishes, or whether people had declined to disclose these. This meant there was a risk that some people may not be supported in line with their wishes at the end of their life.
- The management team told us staff received online training in end of life care.

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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as 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; Continuous learning and improving care

- The registered provider failed to ensure that people's care records were accurate and up to date. The registered manager did not have an accurate understanding of all risks associated with people. The inconsistent documentation meant that information was not always reflective of people's needs, and this had not been appropriately identified by the registered manager. This meant there was a risk people may not receive consistent and safe care from new staff or agency staff, that were being used by the service as there was conflicting or insufficient guidance.
- Quality audits had been completed. However, they failed to highlight issues that were found during the inspection. For example, the audits did not identify errors related to people's care files not being updated and incomplete risk assessments.
- The registered manager did not have adequate oversight of the safe management of people's medicines. Audits had been completed in November 2019, but they failed to highlight issues found during the inspection. These audits did not identify that there were missed signatures on MARs and learning was needed. The action section of the audit stated, 'check daily, check medication'. However, we found that signatures were not checked daily and there were still missed signatures on MARs. We cannot be assured this action was taking place or the appropriate governance systems had been put into place.
- The registered manager did not undertake audits on controlled medicines. This meant there was an increased risk to people receiving inconsistent support and best practice guidance was not being followed in relation to these high-risk medicines.
- The registered manager had not ensured the service was working within the principles of the Mental Capacity Act to safeguard people from abuse. Care files did not have signed consent from people who had capacity to do so. Action plans completed in September and November 2019 had identified that people's consent had not been signed. However, we found systems put in to place by the registered manager were not effective to ensure people had consented to receive personal care.
- The service completed monthly maintenance checks that looked at water temperatures. We found these to be ineffective. During the inspection we found that the provider had only one recorded temperature for 'WC's' each month, where they had eight toilets, two bathrooms, one shower room and a communal basin. Audits were not effective in identifying risks relating to unsafe water temperatures.
- Ineffective quality assurance systems meant that the provider could not always continuously learn, improve and innovate. We found the registered manager did not complete any audits that focused on people's dining experiences, so was therefore unable to learn or identify what we found during the

inspection relating to people's dining experience.

- Following the feedback and inspection. The management team told us, "We are working towards resolving the issues highlighted during your visit to Cedar Grange."

The registered person failed to have effective quality assurance systems which meant that they could not always continuously learn, improve and innovate. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The registered manager ensured that notifications were sent to us when required. A statutory notification is information about important events which the service is required to tell us about by law.
- All staff felt supported by the management team.

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

- There were not effective management systems to promote person-centred care. We found that care plans were not specific to people's needs. People told us that they were not supported to be independent and be involved in decisions regarding their care. People were not empowered to achieve the outcomes they wanted.

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 registered manager understood their Duty of Candour, to be open and honest when things went wrong, and had recorded when they had informed the next of kin following an incident or accident. All incident forms highlighted if the next of kin had been informed.

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

- The management team gained feedback from people and their views were listened to and acted upon. The registered manager stated following feedback in meetings and via questionnaires they were looking to improve the laundry system, and for more food options other than mash potato.
- The management team told us they held relatives and people's meetings that had documented minutes.

Working in partnership with others

- The service worked with external professionals. Advice was sought as and when required ensuring people's changing needs. For example, on the day of inspection we saw professionals coming to the home to meet people's medical needs through the day. However, this advice was then not recorded in people's care files.
- The management team told us the service had close working relationships with district nurses, occupational therapists and GPs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to have effective quality assurance systems which meant that they could not always continuously learn, improve and innovate. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>