

People in Action

# People in Action - 132 Manor Court Road

## Inspection report

132-134 Manor Court Road  
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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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

People in Action - 132 Manor Court Road is a residential care home providing accommodation with personal care for up to 8 people. At the time of our inspection, there were 6 people living at the home. The home is an adapted domestic property where care and support are provided across 2 floors.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** Improvements had been made and people now received the right day to day support to meet their physical, emotional and social needs. Records showed assessed staffing numbers had been maintained to provide safe and responsive care for people. Staff understood their responsibilities to safeguard people from the risk of abuse. However, systems did not always promote safe care. For example, medicines were not always managed safely, some environmental risks remained, the provider's policy did not support the safe management of people's money and records did not show people's capacity was assessed to ensure people were involved in decisions about their care.

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 did not always support this practice.

**Right Care:** At our last inspection we found people were not consistently supported to follow their interests or engage in meaningful activities they enjoyed, to help prevent boredom, isolation and a lack of stimulation. Improvements had been made. People were being supported to pursue their interests in their community and records showed people regularly left the home to do things they enjoyed.

**Right Culture:** A new, experienced manager from within the provider company had transferred to the home and had focused on improving the culture. The provider had made a significant number of staff changes to ensure people were supported by skilled and competent staff who treated people with dignity, respect and kindness. However, further improvements were needed. The provider's systems and processes failed to assess, monitor and drive forward enough improvement in the quality of care to be compliant with the regulations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 21 June 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but the provider remained in breach of regulations.

This service has been in Special Measures since 21 June 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to continue to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for People in Action - 132 Manor Court Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to safe treatment and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Good** ●

The service was 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.

# People in Action - 132 Manor Court Road

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

People in Action - 132 Manor Court Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. People in Action - 132 Manor Court Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager for this location. A registered manager from

one of the providers other locations had transferred to the home and had submitted their application to become registered at this location. This was approved shortly after our site visit.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 3 January 2024 and ended on 8 January 2024. We visited the service on 3 January 2024 and 5 January 2024.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked the local authority for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who use the service and monitoring its quality. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 relatives and received email feedback from 3 people's advocates about their experience of the care provided. We spent time with the 6 people who lived at the home observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to communicate verbally with us. We spoke with 9 members of staff including the registered manager, 2 assistant managers, 4 support workers, the operations manager and a director from the provider company. We also spoke to a healthcare professional about their experience of the care provided.

We reviewed a range of records. This included information contained in 3 people's care and medicine records. We also looked at 2 staff recruitment files and records related to the overall management and quality assurance of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a continued risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider continued to be in breach of regulation 12.

- Medicines were not always managed safely. The medicine room and medicine stock cupboard were left unlocked which meant people could access medicines not prescribed for them.
- The system for booking medicines into the home required improvement. It was not always clear how much medicine had been booked in or how much medicine was in stock to enable effective auditing.
- Medicine administration records were not completed in line with best practice guidance which put people at potential risk of harm. For example, handwritten entries did not always detail the medicines strength, form, dose, how often it should be given or the route of administration.
- Topical medicines (medicines applied to the body such as creams and ointments) were not always managed safely. Staff did not know when these medicines needed to be used by as their expiry date was not recorded. We found 1 cream was potentially no longer effective as it had not been discarded in line with the manufacturer's instructions.
- One person previously had surgery due to a medical condition. Records did not contain detailed information about this medical condition to inform staff how to identify further risks or how to support the person with ongoing medical appointments.
- Some environmental risks remained. The legionella risk assessment instructed staff to complete specific water temperature control tests which were not all done. The registered manager told us a new boiler system had been installed and these checks were no longer required but we received no evidence of this.
- Fire doors had been identified as non-complaint in a Fire Safety Inspection in January 2023. There had been a significant delay in fitting new fire doors. This work was being done at the time of our inspection.
- Staff did not always understand the importance of managing environmental risks. We found a paint pot propped open a fire door and cleaning chemicals left in an unlocked cupboard which posed a risk to people's safety.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (1) (2) Safe

- Despite this, other areas of risk management had improved. At our last inspection, we found widespread concerns with the management of risks related to choking, skin integrity, catheter care, epilepsy, and diabetes. Records showed these risks were now being managed well.
- Some people had been diagnosed with dysphagia (swallowing difficulties). Records were detailed about how to support people with this risk and staff knew people well.

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

- Improvements had been made and staff now understood their safeguarding responsibilities. One staff member told us, "It is making sure people are safe and protected from harm. I don't have worries or concerns here. We have all had our training."
- People appeared comfortable in the presence of staff and one relative told us, "I never really felt her safety was at risk."
- Feedback from staff demonstrated a culture where poor practice would be challenged and reported to ensure standards of care and safety remained paramount. One staff member said, "I'm not paid to make personal relationships with staff. I'm here to keep people safe. If I see something that isn't right, I report it."
- The provider acted as an appointee for 5 people living at the home. Although we found no evidence of misconduct, the provider had not done all that was reasonably practicable to mitigate risks of financial mismanagement. For example, there was no policy, risk assessment or evidence of an appropriate best interest's decision for their appointeeship.
- The registered manager understood their responsibilities to report any safeguarding concerns to the local authority and us, CQC, for external scrutiny.

#### Preventing and controlling infection

- Infection control practices had improved. Staff wore appropriate Personal Protective Equipment (PPE) and some improvements had been made to ensure the environment was clean and tidy.
- However, at our last inspection, we saw 1 person moving around on the floor using their hands. Staff made no attempt to encourage this person wash their hands before eating their meal. The same failure to support good hygiene practices was found at this inspection.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough suitably skilled staff, who were competent to fulfil their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough skilled and competent staff to provide people with safe care.
- The provider had made significant changes within the staff team. Where poor staff practices had been identified, staff had either left, been dismissed or re-trained. A relative commented, "Staffing levels are a lot better. Staff now have more of a professional attitude."
- Records showed assessed staffing numbers had been maintained to meet people's needs.
- Staff told us safe staffing had improved at the home and that they were able to support people more effectively. Comments included, "I've never had a day when I've been an assistant manager when it's felt unsafe. We can slot in if someone calls in sick last minute" and, "There are no times where we are short now."



We do have to use agency staff sometimes, but I would say there are enough staff. We can do all the things people want to."

- Staff were recruited safely. Pre employment checks included reference requests and Disclosure and Barring (DBS) checks had been sought. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Visiting in care homes

- People could have visitors when they wished.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report and record accidents and incidents in line with the provider's expectations
- The registered manager reviewed accidents and incidents to identify patterns and trends to avoid re-occurrence.

# 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 our last inspection we rated this key question requires improvement. At this inspection, the rating for this key question has remained 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider's records did not always show people's capacity had been assessed. There was limited evidence of best interest decisions being made and it was not always clear if people's family had been involved in decisions about their care.
- People had not always been given information to support decision making in a way they might understand. It was not always clear if staff had taken all reasonably practicable steps to support people to make decisions such as how to manage their finances or on-going health support.
- Overall staff understood the principles of the MCA. However, at lunch time, people were not always given a choice of what they wanted to eat.
- The registered manager had identified this was an area that required improvement and understood their responsibilities under the Act. Where people were potentially being deprived of their liberty, DOLS applications were authorised by the authorising body.

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

- Decoration improvements had been made since our last inspection which included new flooring. However, further improvements were needed.
- Some furniture and fixings such as door frames and skirting boards continued to be heavily chipped which meant they could not be cleaned properly. Kitchen cupboards were also peeling away from the wooden frame. This had been raised with the provider and works were due to be completed within 3 months.
- People's bedrooms were personalised, and the registered manager had started to continue this

personalisation throughout the rest of the home.

Staff support: induction, training, skills and experience

- Improvements had been made to staff training and development. People were supported by staff who had the right skills to be able to support them effectively.
- At our last inspection, staff had not received sufficient training to support people with specific health conditions. This training had now been completed such as catheter care and diabetes awareness.
- Most staff had completed training in line with the provider's expectations.
- Staff spoke positively about their training. One staff member commented, "I can't fault the training, I have enjoyed it."
- Some people living at People in Action - 132 Manor Court Road were autistic and staff had received training to enable them to support these people effectively. One staff member told us, "We spoke about how autism can affect a person, what it means for that person and how to talk to people. I have a good understanding of how people here like things done in order to get the best outcome for them."
- Staff had regular opportunities to discuss their training needs with the registered manager. One staff member told us, "I felt I needed more guidance and support, so I've been put on some more training this month. [Registered manager] took time to listen to me, so I felt listened to."

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

- At our last inspection the provider had not always identified when people's needs had changed over time. Records did not always reflect current support requirements. At this inspection, improvements had been made.
- Overall, records included people's current care and support needs, and these were regularly reviewed.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support, and treatment.
- After our last inspection, the provider re-evaluated their offer of care and support. They recognised they were unable to meet 2 people's health needs and that they would achieve better outcomes elsewhere. The registered manager worked effectively with people, relatives, and other healthcare professionals to source an alternative care provider and at the time of our inspection 1 successful transition had been completed.
- The registered manager had received some positive feedback from the new provider about how the person's transition between services had been managed. A healthcare professional also commented, "I found that the staff were supportive of [person] during this transition."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend general healthcare appointments. This included GP, dentist, optician, and specialist support services.
- Since our last inspection, digital technology had been introduced in the home to ensure people received timely healthcare. This technology monitored deterioration in people's health and sought medical advice where required. This system was not yet fully embedded, but training had been booked shortly after our inspection to ensure any health concerns were better detected.
- People had hospital passports and health action plans which recorded important information about people's health needs. However, these did not always contain clear and up to date information about people's health. The registered manager agreed to update these following our visit.

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

- People had enough to eat and drink. Throughout our inspection, staff regularly encouraged people to eat

and drink well.

- People were referred to dieticians and speech and language therapists when their nutritional needs changed. Information about specialised diets were included in care plans and in the kitchen to ensure staff had the most up to date information.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence.

At our last inspection the provider had failed to ensure people were always treated with dignity and respect and to protect their privacy. This was a breach of regulation 10 (1) (Dignity & Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- At our last inspection, people's privacy and dignity was not always promoted and staff did not engage with people in a meaningful way.
- At this inspection, improvements had been made. People were now well supported, and staff engaged with people positively.
- Relatives were complimentary about the care people received. Comments included, "I feel [person] is well looked after" and, "[Person] is happy and looks really well. There is a lot of kindness and compassion. The new staff are very good."
- We asked staff what good quality care meant to them. Comments included, "I do my job to make people's lives better. We care about them like we care about our family." Another staff member commented, "Good care is natural. Someone who takes care of people like family. It is the little things. [Person] isn't feeling great today and has been on the sofa so I've given their back a little rub, so they don't feel alone."
- People's privacy was respected. At our last inspection the locks on the bathrooms had been removed. These had now been replaced. Staff recognised when people wanted to spend some time alone and respected their wishes.
- Staff promoted people's independence. One person was reluctant to eat their lunch and a staff member patiently encouraged them to eat by supporting them with their first mouthful and guiding the person towards their spoon.

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

- Staff encouraged people to express their views and make choices about their care. Throughout our inspection we heard various examples of staff involving people in their care, such as asking how they wanted to spend their time, what they would like to eat and what they wanted to wear.
- The registered manager recognised where people needed more help to make choices and had sought

people advocates to help them express their views and wishes. One person's advocate told us staff welcomed their visits to the home.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure people's autonomy, independence and involvement in the community had been fully supported. This was a breach of regulation 10 (1) (Dignity & Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- At our last inspection we found people were not consistently supported to follow their interests or engage in meaningful activities they enjoyed, to help prevent boredom, isolation and a lack of stimulation.
- At this inspection improvements had been made. A healthcare professional commented, "The general atmosphere, I have found, is more positive and engaging for the residents."
- During both days of our inspection, people were supported to pursue their interests in their community. One person attended a movement to music session, and another person had been into town for a walk and a drink.
- Records showed people regularly left the home to do things they enjoyed. One person had been on a train to shop in Leicester, and another had been to a salon to have their nails done.
- Staff told us the biggest improvement had been in supporting people's social and emotional wellbeing. One staff member told us, "We have really focused on making sure the guys have experiences outside of here and to give them a normal life. There is something going on all the time. Their worlds are already small, and our job is to open their world up as best way we can."

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

- People's care plans had improved and now included more person-centred information. Care plans detailed people's preferred routines and how they liked their care and support to be delivered.
- Staff focused on what was important to people and knew how to meet their needs and preferences. One staff member commented, "Their care is tailored to them, and it is my job to give them as much quality of life as I possibly can."
- A second healthcare professional also gave positive feedback about how staff had improved outcomes for people. They said, "[Person] had not left the house for a significant period but needed to due to some maintenance issues. Staff worked really well with [person] and they are now engaging in some activities and eating with others. It is the most settled I have seen them."

### Improving care quality in response to complaints or concerns

- There had been no complaints since our last inspection. However, the provider had a complaints policy and copies were available in written, and in easy read format, so people knew how to escalate any complaints they had.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known and understood by staff. Some people who lived at the home were non-verbal. Staff could recognise changes in people's health by observing changes in their body language.
- Records contained information about how people communicated. However, more effective ways of communicating were not always explored. We report more on this in the 'effective' key question.



# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection, the provider failed to have systems to ensure compliance with the regulations. Systems to assess monitor and improve the service were not established and operated effectively. Records were not always complete in respect of person's care. This was a breach of regulation 17 (1) (2), (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider continued to be in breach of regulation 17.

- At our last inspection, we found indicators of a poor culture. People did not receive person-centred, safe and effective care which put people at risk of harm.
- A new, experienced registered manager from within the provider company had transferred to the home and had focused on improving the culture. The provider had made a significant number of staff changes to ensure people were supported by skilled and competent staff who treated people with dignity, respect and kindness.
- However, further improvements were needed. The provider's systems and processes failed to assess, monitor and drive forward enough improvement in the quality of care to be compliant with the regulations.
- The provider did not have effective audit tools to ensure people received high quality care. This included checks on medicines and risks within people's care records.
- Quality oversight was reliant on the experience of the staff member completing a check rather than the standards set by the provider or the regulations. This meant some of the concerns we found during our inspection, had not been identified by the provider.
- The provider failed to ensure they had a robust policy on the management of their appointeeships for people living at the home. Where the provider held appointeeships for people, records did not support the safe management of people's money as mental capacity assessments, best interests' decisions or risk assessments had not been put in place.
- Where the provider's governance had identified concerns, timely action had not always been taken to make the required improvements.

This was a continued breach of regulation 17 (1) (2), Good governance, of the Health and Social Care Act

- The registered manager, who was supported by an operations manager, told us how it had taken a significant amount of time to identify and act on improving the culture and staff practice within the home. They were open and honest about the work still needed to drive improvements forward and embed effective governance.
- The registered manager understood their regulatory responsibilities and had notified us of important events within the home.
- Staff felt supported and spoke positively about the registered manager. Comments included, "Since [registered manager] came, it feels like you're not holding your breath anymore. She is really supportive."
- Feedback from relatives recognised the improvements made since the registered manager had been at the home. A relative told us, "I really am quite impressed with the manager. I know [registered manager] and she will absolutely make sure those guys are looked after."
- A healthcare professional recognised the journey of improvement at the home and told us, "[Registered manager] has been eager to listen. On the whole it appears the change in management and staffing has made a big improvement to the resident's lives, there seems to be a more holistic, person-centred approach and staff are more proactive in their roles."

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 and provider understood their responsibility under the duty of candour and the requirement to be open and transparent when something goes wrong.

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

- Staff attended regular meetings to share information and discuss important topics relating to the home. The registered manager used this time to upskill staff in a variety of areas such as safeguarding and guidance such as Right Care, Right Culture, Right Support.
- Improvements were needed to ensure people's and their relatives' involvement with their care and support was documented as part of people's annual reviews.

Working in partnership with others

- We received positive feedback from the local authority regarding the improvements at the home. The local authority continued to work with the new manager to support on-going improvement.

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>12(1) The provider had failed to ensure care and treatment was provided in a safe way for service users.</p> <p>12(2)(a) The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment.</p> <p>12(2)(b) The provider had failed to do all that was reasonably practicable to mitigate any such risks.</p> <p>12(2)(g) The provider had failed to ensure the proper and safe management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>17(2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>17(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>17(2)(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation</p>

to the care and treatment provided;