

# Heritage Care Limited

# Swan House

## Inspection report

High Street  
Winslow  
Buckinghamshire  
MK18 3DR

Tel: 01296711400  
Website: [www.heritagecare.co.uk](http://www.heritagecare.co.uk)

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Swan house is a care home providing residential care for up to 32 older people living with dementia and people with sensory and or physical disabilities. Care is provided over two floors, one specialises in providing care to people living with dementia.

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

People told us they felt safe living in the service. Comments included "Yes I feel very safe, if I need help I have an alarm I can pull."

We had several concerns about the safety of the service, this included the unsafe administration of medicines by a staff member, who failed to use protective equipment and placed tablets into a person's mouth using their fingers. Liquid medicines were disposed of down the plug hole of the kitchen sink, and medicines had gone missing from the service.

People were not always supervised sufficiently to keep them safe. The conduct of one staff member did not convince us of their ability to provide care safely or appropriately.

Safeguarding concerns were not responded to appropriately and failed to be notified to the local authority or to the Care Quality Commission (CQC). This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Recruitment practices needed improving to check records of candidate's previous employment histories were correct and to identify the reasons for any gaps.

We observed poor practice in relation to the care provided to a person eating their lunch. People's care as documented in their care plan was not always followed through into practice. Care was not always person centred.

Staff received an induction and training to provide them with sufficient skills and knowledge to do the job. We have made a recommendation about the support on offer to staff.

People had access to health professionals to ensure they maintained their health. Where advice was given this was documented.

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

We observed a staff member breach confidentiality by discussing other people's issues openly. People were

not always referred to by their preferred title and not always shown respect by staff.

People were supported to be involved in activities to protect them from social isolation. When people needed assistance with communication, staff were aware of how to do this.

People's last wishes were discussed and recorded to ensure their preferences were respected. An end of life care plan was put into place when the person reached the final stage of life.

We found the service had not been well led. Although improvements had been made in some areas we found several concerns. The registered manager and senior staff had not identified the areas for improvement we found. Information that was required to be shared with other organisations hadn't been shared. There did not appear to have been a thorough management overview of the service.

The registered manager and provider had not fulfilled their legal responsibilities, for example notifications had not been sent to CQC. Performance management of staff hadn't been undertaken when needed. Policies were not up to date and accurate.

Improvement has been made to the staff understanding of the duty of candour legislation since our last inspection.

There were strong positive links with the local community which people from the service benefitted from. Visits by local guides and scouts helped to improve the garden environment.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 August 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. 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 Swan House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We have identified breaches in relation to Regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009. Regulation 10 (Dignity and Respect); Regulation 12, (Safe Care and Treatment); Regulation 13 (Safeguarding service users from abuse and improper treatment); and Regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. at this inspection.

We have issued a warning notice for the breach of Regulation 12 (Safe Care and Treatment). We require the

service to have made sufficient improvements to be compliant with this regulation by the 1 December 2019.

#### Follow up

We will meet with the provider after this report is published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Swan House

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

Swan House 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

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the Healthwatch Dignity in Care Enter and View visit to Swan House report dated 27 June 2019. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with ten staff including the director of operations, the registered manager, two deputy managers, three team leaders, a health care assistant and a bank care team leader who also held the role of chef.

We also spoke with three people who lived in the service, and reviewed care records related to 14 people who used the service, these included care plans, medicines records, safeguarding, accidents and incidents records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at three staff files in relation to recruitment and staff supervision for the staff team. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at supervision records and additional care plan records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection in July 2018 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the environment outside the service was not safe for people and the practices of the catering staff placed people at risk of infection.

At this inspection improvements had been made to the areas we had previously highlighted, however, the provider was still in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our previous inspection we found the garden area unsafe because the ground was uneven, and this placed people at risk of trips or falls. Since that inspection the ground had been levelled. More work was required to ensure the path around the building was safe. A gazebo had been put in place to protect people from the sun.
- During the last inspection we found food was not stored or handled in a safe way. During this inspection we found this had also improved, we examined the kitchen and found systems were in place to protect people from the risk of infection.
- However, during this inspection we had concerns regarding the safety of people's medicines.
- We observed a staff member administer medicines to a person using their fingers, they told us the person couldn't take the medicine any other way. Protective personal equipment such as gloves were available, but the staff member did not use them. This placed both the person and the staff member at risk of contamination and infection.
- Medicines had gone missing from the service. A packet of 13 tablets had been lost, these along with a missing transdermal patch were classified as controlled drugs. A transdermal patch transmits medicine through the skin. Staff were not aware until we checked as part of the inspection that the patch had gone missing.
- Staff became aware on the 20 August 2019 the tablets were missing, however the incident was not reported to the police or the Controlled Drugs Accountable Officer at NHS England until 28 August 2019. The registered manager told us this was because they didn't know they had to.
- We observed medicines being administered. Liquid Paracetamol was offered to a person. Only half of the amount administered was consumed. We could not be assured that due to this the person received enough of the medicine to relieve their pain. The staff member poured the other half down the sink in the kitchen.
- This was unsafe and not in line with National Institute for Health and Care Excellence (NICE) guidelines or the providers policy which stated unwanted medicines should be returned to the pharmacy. The registered



manager and senior staff told us they had always disposed of liquid medicines in this way and were unaware this was not the correct action to take.

- Although risk assessments were in place for people, we observed one person trying to eat their lunch with a knife, which they placed numerous times in their mouth. We had to draw this to the attention of staff to prevent an injury.

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

- Risk assessments were in place to identify how the risks associated with the care provided, the environment and equipment could be minimised. Action had been taken to minimise these risks, for example Legionella risk assessment, fire checks and electricity tests had been undertaken.

Systems and processes to safeguard people from the risk of abuse

- Allegations of abuse were not always dealt with appropriately.
- Records showed the conduct of a staff member was not in line with expectations. There had been concerns about their performance and an allegation of abuse was made by a person living in the service. Neither the safeguarding team or the Care Quality Commission (CQC) had been informed of the alleged incident.
- We asked the registered manager why they had not reported it, they told us they had dealt with it through supervision with the staff involved. We asked the area manager if they believed it should have been reported to the safeguarding team, they told us "Strictly speaking yes." The provider's policy for safeguarding stated, "In all cases of alleged or suspected abuse, the Local Authority must be informed and should take the lead role in coordinating any response." Both the registered manager and the area manager had failed to follow their own policy.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Systems were in place to respond to concerns of abuse. Staff were trained and understood what actions they needed to take to protect people from abuse.
- Staff told us if they had concerns about a person, what action they would take. Information was made available to staff to provide guidance on the action to take. People told us they felt safe living in the service.

Staffing and recruitment

- Systems were in place to ensure people were protected as far as possible from being cared for by unsuitable staff. However, these were not always followed. For example, one candidate had written their employment histories on their application form, but the dates did not correspond with the dates given by the previous employer.
- The provider failed to check which dates were correct and if this resulted in any gaps in employment history. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff received training in infection control and understood when and how to protect themselves and others whilst providing care. Protective gloves and aprons were available to staff. The majority of staff appeared to observe the controls in place to keep themselves and people free from infection.

### Learning lessons when things go wrong

- Records demonstrated information was shared amongst the staff when things went wrong. For example, following the completion of an audit or following a complaint. The computerised care planning system allowed scrutiny of some records by head office staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's care needs were not always met in line with expectations.
- We observed one person eating their lunch. The person tipped their drink into their meal. We asked a staff member what action they were going to take. They told us they would drain the juice off the plate and put the food on a clean plate. We asked for the person to be given a fresh meal. This was provided.
- A second person's eating and drinking care plan stated they should be wearing their glasses at meal time to help them "See what they are eating." 15 minutes after being presented with their food a staff member noted they were not wearing their glasses and went to find them. The care plan also stated that the person had lost weight over the last six months. Following the inspection, we asked to see the person's weight chart, which showed they had put on 4.8 kilograms over the past six months. This meant the care plan was inaccurate.
- Another person was left unsupervised and was seen to spoon juice out of their cup into a serviette. Staff were unaware of this as they were busy cleaning the kitchen area.
- A person was brought into the dining room in a wheelchair that was clearly too big for them. They were not sat on a cushion and the arms of the chair were too high which meant they could not sit comfortably. We asked the staff who the chair belonged to, we were told it was used for anyone who needed it. This was neither dignified or practical.

Staff support: induction, training, skills and experience

- Supervision was not always carried out in line with the provider's policy of six times per year. The supervision matrix showed 23 percent of the staff team (not including new staff) had received two or less supervision sessions since January 2019. One staff member had not received any according to the matrix.
- New staff received an induction and completed the care certificate training when they were employed by the service. The care certificate is an identified set of standards which health and care professionals adhere to in their daily working life.
- Ongoing training was provided to staff to ensure their skills and knowledge were up to date. Annual checks on staff medicine administration competencies were documented after they had been observed by senior staff. Staff told us they felt supported by the senior staff and received sufficient training to carry out their role.

We recommend the service seek advice from a reputable source about the use of supervision in the development of staff.

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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been carried out to ensure individuals were able to actively participate in making choices about their lifestyle and care. Staff were aware of how the MCA applied to the lives of the people they cared for. Best interest processes were followed and where people required support, records showed they had legal representatives in place such as attorneys.
  - However, mental capacity assessment records were not always correctly completed. For example, one mental capacity assessment related to the person managing their own finances. The form asked if the person could communicate their decision. The staff member stated the person could verbally communicate but did not realise the question was specifically linked to the person's ability to manage their own finances. In this instance and other instances this meant the record was incorrect.
  - Other information not relevant to the decision being made had been included in the assessment. This was due to a lack of understanding of the questions on the form. It was agreed this would be fed back to the provider to amend the form to ensure accurate information was recorded.
  - Where people were being deprived of their liberty, applications had been made to the supervisory body for approval. This ensured care and treatment was in the person's best interest and in the least restrictive manner.
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- Assessments of people's needs took place prior to people moving into the service. From this information care plans and risk assessments were drawn up. These advised staff on how to care for people.
  - People spoke positively about the care they received. One person told us "The food is ok, some is nice, and some is not." "We get too much to eat, its ok, but I can always murder a cup of tea." They confirmed when they asked for a drink they received one.

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

- Staff worked with other agencies such as the GP and district nurses to enhance the care provided to people.
- People who had specialist health needs for example, diabetes, pressure ulceration or visual impairments received support from external professionals. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs.

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

- The building was purpose built to accommodate people with differing needs. The building had been well

maintained and recently refurbishment had been undertaken in the garden. People had their own rooms which they could furnish to reflect their personal taste and preferences. For example, one person had a pet budgerigar in their room.

- Accommodation was provided over two floors; a lift was available to transport people who had mobility difficulties. A Namaste room accommodated residents who enjoyed sensory stimulation, particularly people who are at the end of their life.

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

- People had access to healthcare professionals who provided advice and services. For example, GP, optician, dentist and district nurses amongst others.

- The service worked with the local GP to provide blood pressure monitoring, oxygen and temperature monitoring. This enables the GP to make decisions on the priority of the call given the specific readings. The service also had a smart phone which enabled medical agencies to have instant visual contact with people to assist with communication and diagnosis.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People's privacy and dignity was not always protected, people were not always treated in a respectful way.
- We observed a member of staff supporting people at lunchtime. The person had spilt juice into their dinner. The staff member announced to the room what the person had done. They then went on to describe negative aspects of two people's behaviour, in front of the person, staff and other people the dining room. This breached confidentiality and wasn't respectful.
- We observed the same staff member referring to people as "darling". Whilst no one appeared to show disdain to the terminology, it was not professional.
- The staff member went on to administer medicines. They attempted to administer eye drops to a person in the dining room whilst sat at the table. This did not protect the person's privacy or dignity.
- When visiting people in their rooms the staff member did not knock on the door or ask permission to enter. They entered at the same time as announcing why they were there. People were not given a choice.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed other staff who interacted positively with people. We saw how one staff member supported a person who was becoming agitated and how they helped to calm the situation down. One person described the staff as "Always happy and smiling." Another said, "Some of the staff are real darlings."
- Staff received training in the subject of dementia, this was to enable them to have the correct skills to work with people living with this condition.
- We discussed with the registered manager how staff supported older people and those living with dementia with their sexuality. We were told staff attended training as part of the induction training on how to support people with this area of need.
- Night staff wore pyjamas to work, this was to assist to orientate people to the time of day. The registered manager told us this had helped one person.

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

- People told us, and records confirmed where appropriate they or their representatives had been involved in planning and reviewing care. They felt comfortable to discuss any changes that may have been required.
- The registered manager and senior staff were accessible to people should they wish to discuss any aspect

of their care.

- Questionnaires were sent out to people and their representatives to enable them to comment on the quality of the care being provided. We could see comments were mostly positive, and where suggestions had been made at residents' meetings these had been implemented, for example providing serving dishes at the table.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans reflected their preferences, for example attending church services, or liking pets or food.
- A person who was on a special diet told us staff still offered them food which they could not eat. The person had the ability to refuse, so no harm was caused.
- We observed people being given a choice of food at mealtimes. Other choices people could make included what time they went to bed. A person told us how they valued the space they had in their room and enjoyed their own company. They told us staff respected this and did not impose on them.

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 Provider information return stated "For those residents who have hearing impairments we use visual prompts such as choice of meal at the table or provide a set menu they can choose from on a weekly basis. For those residents with a sight impairment we use vocal prompts. Heritage Care have access to policies and information on audio or larger print. They also have pictorial prompts for those with residents who require it."
- We did not see any visual prompts being used however, staff spoke clearly to people and interacted in a positive way.

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

- People were supported to follow their interests and participate in activities. This was both to offer stimulation and social interaction. For example, one person enjoyed doll therapy. (Dolls can provide comfort to people living with dementia.)
- Several activities were available to people these included entertainment being brought into the service for music and singing. People also participated in community groups including a friendship group in a local pub and a memory group.

Improving care quality in response to complaints or concerns

- People told us they knew who they would make a complaint to if they needed. When we reviewed the complaints, we could see action had been taken quickly to address the concern raised. We were told



information was shared with staff if it was appropriate in order that lessons could be learnt.

- Any information related to concerns or complaints was shared with the area manager and the board members. This provided an overview and accountability to ensure complaints were resolved to the satisfaction of the complainant.

#### End of life care and support

- The service worked closely with the organisations that provide care and medical support to people at the end of their life, this included the GP, palliative care nurses and district nurses. A separate care plan was devised to outline the care that was to be provided once the person has been diagnosed at the end of life by the GP.
- Until this point the person has a last wishes care plan which described their preferences, for example one person wished for a priest to be made available and their family to be able to stay in the service with them. This was something the service could facilitate when the time came.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

During the previous two inspection in December 2016 and July 2018 we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the audits undertaken by the service had not identified the areas of concern we found during our inspection.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

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

- During the two previous inspections the provider failed to improve their monitoring of the service in order to drive forward improvements. During this inspection we found the areas identified at the last inspection had improved but other areas had not.
- The poor care we observed was not observed by any senior staff. We told the registered manager about our observations during the lunchtime period. They asked us which staff were present, we told them one staff member was working on a computer. We were told by the registered manager the staff member should have been assisting people with their lunch. We asked why there were no senior staff coordinating care during the lunchtime period We were told there should have been but their whereabouts at that time were not known.
- The service had an area manager, registered manager, two deputy managers, five care team leaders and three senior care assistants. This meant there were sufficient numbers of senior staff to carry out checks on staff performance.
- We became aware of conduct issues for a staff member. Although we could see these had been discussed in supervision, no performance management had taken place. The issues included serious concerns about the staff member's honesty, integrity and capability. Records sent to us after the inspection indicated this staff member would be supervising others.
- An increased number of audits had been completed since our last inspection, however details we found had not been identified or raised by the senior staff whose role it was to check the standards. For example, information that was irrelevant in mental capacity assessments had not been recognised by the senior staff.
- Although medicine practices had been audited and staff had checks on their practice, senior staff were not

aware of the requirement not to dispose of liquid medicines into the drains. This was something they told us they always did.

- Recruitment checks were not always carried out to ensure the information provided by candidates was accurate.
- Supervision was not always provided to staff in line with the providers policy of six times a year. Whilst it could be argued that for some staff there was still time to offer this, the support had not been offered regularly in the first eight months of the year.
- When we asked about policies, we were told there were a number that were out of date. The area manager told us "The current policies remain valid, we are aware additional information needs to be included." The registered manager told us they had been asking for an updated infection control policy since November 2018 and had not received it.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Providers and registered managers are required to inform us of specific incidents which have occurred during, or as a result of, the provision of care and support to people. We came across two incidents where the registered manager or the provider failed to notify us of an accident and an alleged assault. When controlled medicines went missing they failed to notify the police until eight days after the incident was reported to them.

This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

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

At our previous inspection in July 2018 we recommended the provider ensured people working in the service had a clear understanding and their practice reflected the requirements of the legislation related to duty of candour. The provider had made improvements.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

- Staff understood what the duty of candour was and how this applied to their work. A policy was accessible to all staff and visitors. The principles of the legislation were carried out when responding to complaints.

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

- We observed a mixture of poor and positive care towards people. We could not be confident the care was person centred, or that senior staff including the registered manager had an oversight of the service.
- People told us they were happy living in the service, comments included "They (staff) are doing their very

best." A staff member told us "Everyone (staff) gets on, we are all working for the same end it makes a big difference." When asked what that end was, we were told, "Because we want to help people and do our best."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were invited to quarterly residents' meetings, this gave them the opportunity to listen to information shared by the provider and to make comments.
- The PIR informed us there were strong community links including the involvement of the local scouts and guides who helped with gardening and singing to people. A local preschool visited and spent time on the residential living area. Religious services were held, and a local charity supplied funding for garden furniture and flower beds.
- The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider failed to inform the Commission without delay of the incidents which occurred whilst services were being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.</p> <p>Regulation 18 (1) (2) (a) (ii) (b) (ii) (e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider failed to treat people with dignity and respect.</p> <p>Regulation 10 (1) (2) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to follow systems and processes established to report immediately upon becoming aware of, any allegation or evidence of abuse. (4)</p> <p>Regulation 13 (3)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Regulation 17 (1) (2) (a) (b)

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to provide care in a safe way for service users  Regulation 12(1) (c)

### **The enforcement action we took:**

We issued a warning notice for improvements to be made by 1 December 2019.