

Mrs W Purcell

# Sharmway Private & Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Sharmway Private & Residential Home provides accommodation and nursing care for up to 11 people some of whom were living with dementia. At the time of our inspection 10 people were living there.

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

People were not safe as the systems and procedures at Sharmway Private & Residential Home were ineffective in identifying improvements needed in safety.

People did not always have individual assessments of risk associated with their care and support.

People were at risk of developing contractible illnesses as effective infection prevention and control practices were not followed.

Not all parts of Sharmway Private & Residential Home were safely maintained.

People did not always have their personal and private information kept confidential.

The provider did not always follow their own procedures for ensuring those they employed continued to be suitable employees.

The provider's quality monitoring procedures were ineffective in identifying the improvements which were needed to drive good care and support.

People received safe support with their medicines.

People were protected from harm and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do.

People had information on how to raise concerns and were confident any issues would be addressed correctly.

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

The provider supported staff through one-to-one supervision.

People had access to additional healthcare services when required.

People were supported to maintain a healthy diet by a staff team which knew their individual likes and

dislikes.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender, disability and religion.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities in which people lived.

Rating at last inspection

The last rating for this service was 'Good' overall with requires improvement for the 'Well-Led' domain (published 24 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches in relation to safety and the overall governance at Sharmway Private & Residential Home.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sharmway Private & Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Sharmway Private & Residential Home

## **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

One inspector completed this inspection.

#### Service and service type

Sharmway Private & Residential Home 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 provider was also the manager and was present during our visit. This means that they, as 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 on day one and announced on day two.

#### What we did before the 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 asked the local authority and Healthwatch for any information they had which would aid our inspection.

Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. In addition, we spent time with people in the communal areas observing the care and support provided to help us understand the experience of people who could not speak with us.

We spoke with five members of staff including the provider, senior carer, two carers and the maintenance person. In addition, we met with, and received feedback from, two members of the fire and rescue service.

We reviewed a range of records. This included three people's care records including the records of medicine administration. We looked at three staff files in relation to recruitment/suitability and staff supervision. In addition, we looked at a variety of records regarding the management of the service, including quality and safety monitoring checks.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has deteriorated to 'Requires Improvement'.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not safe from the risks of avoidable harm as the provider's risk management processes were ineffective.
- On day one we saw the only indicated emergency fire exit on the ground floor had been tied shut preventing people from leaving in the event of an emergency. The provider told us this was because one person kept leaving via this door into the enclosed garden. The provider had failed to identify any alternative to tying the door shut.
- The only signed emergency exit route from the ground floor had been blocked by a shower chair, a wheel chair and a number of coats. This prevented the effective use of this emergency escape route.
- Throughout the building we saw multiple issues with the fire doors. For example, the fire door leading from the ground floor corridor into the dining room was wedged open when we arrived. We pointed this out to the provider and later again saw this door had been wedged open. There was a foot operated door stop and two separate wedges which staff, and the provider, used on this door. We pointed this out to the provider who stated it was always kept shut and only opened when someone was going into the room. However, we saw otherwise and had to request the door wedges to be removed. The provider had failed to identify any alternative to ensure people were kept safe in the event of a fire. We saw other fire doors were incorrectly fitted preventing their effective use.
- The laundry room door self-closure mechanism was broken, and the door was propped open. Laundry rooms are high fire risk areas. We asked the provider about this and they told us staff were always in and out of this room and so the door was kept open. They had failed to identify any alternative or ensure the door closure was repaired in a timely manner.
- An area on the third floor was without any emergency lighting. This meant, in the event of a fire, this area would be unlit. People residing in this area would be at risk as they would not be able to identify the appropriate and safe means of escape.
- During this inspection we contacted the appropriate fire and rescue services and shared our concerns with them. They attended on day two of this inspection and gave advice to the provider on how to keep people safe whilst they worked to make the necessary changes for people's continued safety.
- The provider's risk assessment processes were ineffective in identifying and minimising the potential for harm. For example, we saw throughout the building hot water pipes which lead into radiators and hot water taps. These were uncovered. We asked the provider and maintenance person about this. Both told us they didn't realise these pipes presented a risk of harm to people should they touch or fall against them.
- One radiator, located in the first-floor communal bathroom, had not been covered. This meant anyone

touching it was at risk of injury from burns. We asked the provider about this and they told us, one person residing at the home, didn't want it on. However, the provider failed to identify any alternative or act to ensure those living at Sharmway Private & Residential Home were kept safe.

- We saw a radiator with a cover which did not correctly fit leaving parts of the radiator exposed and hot to the touch. The cover was not secured to the wall and several decorative ornaments were on top of it. The radiator wobbled when touched. Anyone leaning on or touching this cover was at risk of it falling and causing injury. The provider had failed to identify this could be a risk or ensure an adequate cover had been correctly fitted.
- In addition to the above points the general maintenance was poor putting people at risk of harm. For example, we saw loose plaster on the back-staircase wall. The carpet on a stair raiser in the back stairway was torn which created a potential trip hazard. These issues had not been addressed by the provider in a timely way to keep people safe.
- The provider told us one person living at Sharmway Private & Residential Home was at risk of trips and falls because of the mats in their bedroom. The provider told us they had removed these mats on a number of occasions, but the person kept putting the back. We asked to see the relevant risk assessment regarding this perceived risk. The provider told they had not done one as they didn't think one was needed. Yet they had identified the risk and taken some action, albeit ineffective, to initially remove the mats. We saw these mats were still in this person's room. This put people at risk of injury as a result of trips or falls.

#### Preventing and controlling infection

- The provider's infection prevention and control procedures were ineffective putting people at risk of communicable illnesses.
- A shower chair was extensively damaged with exposed foam on the arms and seat cushion. Staff and the provider gave us differing accounts whether this chair was still in use. However, we saw it in several locations of the building throughout this inspection indicating to us it was still used at Sharmway Private & Residential Home. The provider had failed to recognise and remove this defective piece of equipment from use. After we raised our concerns the provider acted to remove this piece of equipment.
- People were served snacks and drinks on a portable table which showed signs of wear and tear and water egress on the edges. This prevented effective cleaning putting people at risk of contractible illnesses.
- In the lounge area we saw a chair without a cover on and a person was supported to sit on the exposed foam. This foam was not able to be effectively cleaned putting people at risk of communicable illness. People were also supported with cushions which were torn exposing the padding. The provider told us they were aware of the condition of some soft furnishings and they would replace them.
- In the communal bathroom and toilet areas we saw gaps between the bath and the tiles, torn lino style flooring secured by metal staples, gaps between the flooring and the sink pedestal exposing bare wooden flooring, discoloured lighting pull cords, a rusted over toilet frame, a missing toilet seat and tarnished door handles. These issues prevented any effective infection prevention and control procedures.
- We asked to see the providers Legionnaires' risk assessment and any subsequent action plan. Legionnaires' disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of contaminated water containing Legionella. The provider could not locate this assessment or tell us anything about any recommendations or what they were doing to keep people safe. The provider told us they were going to now get in touch with a relevant competent person to complete the assessment. The provider had a system in place for checking hot water outlets. However, they failed to ensure they followed their own processes. For example, their policy stated all water outlets must be checked every two weeks. Their records document only one outlet checked per month. This put people at risk of scalds as they could not assure themselves the water temperature were safely maintained.

These issues constitute a breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- However, despite our finding all those we spoke with told us they felt safe living at Sharmway Private & Residential Home and thought the home was clean and tidy.
- We saw staff members had access to personal protective equipment including gloves and aprons and they used these appropriately when supporting people.

#### Staffing and recruitment

- The provider followed safe recruitment processes when employing new staff members. However, they failed to maintain checks to ensure those they employed remained suitable. For example, the provider told us they completed checks with the Disclosure and Barring Service (DBS) for all staff members every three years. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others. We checked three staff members latest DBS checks. One was due for renewal, one was twelve months out of date and another was thirteen years out of date. The provider had failed to follow their own procedures for ensuring people were safely supported by appropriate staff members. We raised this with the provider who told us they would renew the checks for all staff members.
- People were supported by enough staff who were available to safely support them. All those we spoke with told us they were supported when they wanted and didn't have to wait.
- Throughout this inspection we saw staff members engaging with people in a valuing and personal way. This indicated to us staff members were appropriately deployed to effectively meet people's needs and they also had time to socialise with people.

#### Using medicines safely

- People told us, and we saw, they were safely supported with their medicines.
- Staff members told us they were trained and assessed as competent to safely support people with the medicines. Competencies were checked on a yearly basis to ensure they continued to follow safe practice.
- Staff members had guidance on "as required" medicines including the maximum dosage in any 24-hour period.

#### Learning lessons when things go wrong

- The management team told us they analysed incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people. We saw an analysis completed at the end of 2018 where only one fall had occurred. The provider confirmed all actions had been completed and staff members had acted appropriately.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed. However, this was not used effectively by the provider. For example, the provider failed to take action when they knew staff members routinely tied shut a means of escape or propped open fire doors which put people at risk of harm.

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

- All those we spoke with told us they felt protected and free from abuse at Sharmway Private & Residential Home.
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

# 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 had 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

- The provider completed assessments of people's needs. However, these did not always accurately and effectively identify the support people needed to remain healthy. For example, we saw the provider had completed a Waterlow assessment for one person. The Waterlow is an assessment tool used to identify people at risk of developing pressure ulcers. The assessment indicated this person was high risk. We asked to see the corresponding care and support plan. Initially the provider was confused by what the score meant for people. However, after explanation, they confirmed they did not complete any care plans for people who were at risk of developing pressure ulcers. The provider had failed to ensure people had accurate and up to date assessments of need. This put people at risk of receiving inconsistent support with their needs. We confirmed no one was currently receiving treatment for any pressure ulcers.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious and cultural backgrounds and preferences.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had received training and who felt supported by the provider. One person said, "All the staff know what they are doing, and they are lovely when they do it."
- However, not all staff members had received training appropriate to their role. For example, the provider told us the person completing the infection prevention and control checks had not received any training relevant to this role since commencing employment with them in 2006. They could not assure us this person had the current up to date knowledge to complete this role.
- Staff members told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- Staff told us any new staff member would complete a structured introduction to their role. This would include completion of induction training, for example, adult safeguarding and basic food hygiene. However, the staff team had remained stable for several years and the provider had not recruited any new staff members for some time.

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.

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. 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.

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

- People told us they had a choice of the meals provided and alternatives were available if they disliked what was offered. We saw people making decisions about what they wanted to eat.
- People were complementary about the food they received. One person said, "It's lovely. How I would have it at home."
- When people needed assistance, this was provided at a pace to suit the person.
- The staff were knowledgeable about peoples likes and dislikes and any dietary needs including softer food options or preferences which were based on faith.

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

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from Sharmway Private & Residential Home.

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

- We saw people moving independently around Sharmway Private & Residential Home. When people needed additional support to orientate themselves we saw this was provided in a supportive way.
- The building was an old-style house over three floors. The current decoration scheme did not effectively promote the needs of those living with dementia. For example, differing coloured toilet facilities or door colours. However, we saw people confidently moved around their home.

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

- People had access to additional healthcare professionals including GP's, district nurses, physiotherapists and speech and language therapists. When it was needed people were referred promptly for assessment.

# 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 deteriorated to 'Requires improvement'

This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People did not always have their personal and private information kept confidential by those supporting them.
- Throughout the building we saw private and confidential information was left in communal areas. For example, on the first-floor landing area we saw details of people's bowel movements had been recorded and left open for anyone to see. A four-door locker was open containing people's assessments of needs and personal correspondence from social care professionals. The providers office's door was open and personal information was contained on the desk, shelves and on the floor. The landing area on the second floor contained files of personal information which had been kept on a chair. Anyone visiting Sharmway Private & Residential Home would have open access to this information compromising people's privacy.
- People were not always supported in a dignified manner. We saw one toilet with no toilet seat and an empty toilet role holder which was located away from the toilet above the sink. This prevented people from independently completing their own personal care effectively as well as being expected to sit on bare porcelain. This compromised people's dignity and independence. We asked the provider about the missing toilet seat. They told us one was in the garage but hadn't been fitted. We later saw this had been completed.
- People told us they were supported by staff members who always respected their privacy when undertaking personal care.

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

- People told us they were treated with care by a helpful, kind and considerate staff team. People described staff members as, "Loving," and "Nice." Throughout this inspection we saw many kind and empowering interactions between staff and people.
- All those we spoke with were complementary about the staff supporting them and the provider.
- All staff members, we spoke with, talked about those they supported with fondness, compassion and genuine positive regard.

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

- People told us they were supported to make decisions about their care and support. For example, we saw people were involved in making decisions about what they wanted to do or the music they wanted to listen to.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires improvement.'

This meant people's needs were not always met.

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

- People did not always have personalised care and support plans which identified and met their individual needs. For example, we identified people did not have care and support plans for maintaining healthy skin integrity. In addition, people had a life story book in their files. This was key information on their lives so far and details important to them which they would like staff to know. In all the care and support plans we looked at this document was blank. We asked the provider about this and they told us people are now at the stage where they cannot tell them this information. However, the provider went on to say when they first moved into Sharmway Private & Residential Home they could have done. The provider failed to identify or record this information.
- Despite the absence of information contained in the life story it was clear to us the staff members knew those they supported well. However, should key staff members leave Sharmway Private & Residential Home, or the person move to a different care provider, there is the risk this information would be lost or forgotten.
- The care and support plans did reflect the advice and guidance from visiting healthcare professionals.

End of life care and support

- Sharmway Private & Residential Home did record people's preferences for end of life care and support. These included their preferred place of death and any religious considerations to ensure their preferences were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, that they could comprehend.

Supporting people to develop and maintain relationships to avoid social isolation

- Throughout this inspection we saw people were involved in activities they enjoyed and found interesting and stimulating. People told us they took part in activities which included regular attendance at a social club and places of worship. At this inspection we saw people completing games with staff members and exercising.

- People were supported to maintain contact with families and friends. This included contact with faith groups where this had been identified.

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

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

# 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 deteriorated to 'Inadequate'.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was also the manager and they were present throughout both days this inspection.
- At our inspection on the 3 November 2015 we found improvements were needed in the providers application of the Mental Capacity Act. The quality assurances systems in place at the time were ineffective and the provider had not kept themselves up to date with the relevant legislation. Following our inspection, on the 3 November 2016, we identified improvements were required in the providers quality monitoring systems, medicine management and with staff recruitment. This is the third consecutive inspection where improvements were needed regarding the overall management of Sharmway Private & Residential Home.
- The management team had ineffective systems to monitor the quality of the service they provided. For example, the last infection prevention and control audit, completed by Sharmway Private & Residential Home, awarded themselves a score of 98.5% compliant with no requirement for any actions or improvements. It failed to identify, amongst other things, the torn cushions, rusted equipment, exposed foam on seats and defective shower-chair.
- The provider failed to ensure the person completing the infection prevention and control checks was suitably skilled to complete the task. They told us this person had completed training, but this was before they started work with them. The provider said this was prior to 2006 and the person had not been provided with any additional training since. The provider failed to ensure these checks were reflective of the environment.
- We asked to see the providers recent care and support plan quality checks. The provider could only produce a folder containing blank templates and no completed checks. The provider could not evidence they had effective systems in place to ensure they were effectively meeting people's needs. For example, the care and support plans to support people to maintain healthy skin or the missing 'Life Story' information.
- The provider did not have effective systems in place to provide a safe environment for people to live in. For example, the provider knew one fire door was routinely tied shut but failed to address this or take corrective action. The provider failed to ensure the property was safely maintained. The provider failed to complete risk assessments when they were aware of the potential for harm or injury. The provider failed to ensure fire doors were effectively maintained, hot water pipes and radiators were safely covered, and carpets were free from creases and tears.
- The provider failed to ensure they adhered to their own procedures to assure themselves the staff they employed were still suitable to work with people.

- The provider failed to ensure appropriate assessments of the environment, including the Legionnaires' disease risk assessment, were completed and any subsequent actions taken to ensure people were safe. In addition, they failed to ensure water outlets were checked in accordance with their own policies and procedures.
- We asked the provider how they kept themselves up to date with best practice in health and social care. They were open in telling us they didn't currently do anything to keep their skills and knowledge up to date.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law on Sharmway Private & Residential Home. The provider did not own or maintain a website on which to also display the rating.

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

- People told us they had a positive relationship with the provider who they found to be available and engaging. Everyone we spoke with was complementary about the management and staff team and felt supported by them. One person said, "I think they are very nice and we have chats all the time."
- Staff members we spoke with, told us they found the management team supportive and approachable.

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

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- People were involved in decisions about their care and support and were asked for their opinion. We saw people were regularly involved in discussions about where they lived, and their opinions were valued.
- Staff members told us they found the management team approachable and their opinions were welcomed and valued.
- Staff members took part in staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy.
- Staff were confident they would be supported by the provider should they need to raise such a concern.

Working in partnership with others

- The provider had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and local faith groups.



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's systems and processes failed to ensure people received safe care and support.

**The enforcement action we took:**

We issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers overall governance systems failed to ensure good care was provided.

**The enforcement action we took:**

We issued the provider with a warning notice.