

Littlecombe Park Limited

# Holly Oak Care Centre

## Inspection report

Holly Drive  
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Dursley  
GL11 5HA

Tel: 01453541400

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Holly Oak Care Centre is a residential care home providing personal and nursing care to 21 older people living with dementia at the time of this inspection. The service can support up to 45 people.

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

Staff and people spoke positively about the registered manager and the support they received. While some monitoring systems were in place to manage the services, the service records did not always show where action had been taken following audits to address the identified shortfalls. We made a recommendation to the provider regarding their good governance systems.

Safe recruitment practices had not always been followed and pre-employment checks had not always been undertaken to gather assurances about staff's previous employment and conduct.

People received care which was safe, and staff understood how to support people to maintain their safety. People's needs were clearly assessed, and their care plans promoted person centred care. Staff used technology and recognised techniques to carry out care which promoted the independence and wellbeing of people living with dementia.

People's medicines were managed and administered well. The registered manager and staff worked with people's representatives and healthcare professionals to ensure people's needs were reviewed and care carried out in their best interest.

At the time of our inspection the home was managing a COVID-19 outbreak. Care staff used personal protective equipment (PPE) and supported people to reduce the risk of infection. This included supporting people to isolate.

Staff received support to carry out their roles through training and regular meetings with senior staff. People received engagement and support from a staff team that followed a whole home approach to meaningful engagement. This included one to one activities and group activities such as quizzes, singing and dancing. People were comfortable with staff and enjoyed support which was tailored to their wellbeing needs.

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

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

This service was registered with us on 13 January 2021 and this is the first inspection.

### Why we inspected

This inspection was a planned inspection based on the service being newly registered. This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We made a recommendation to support the provider's oversight of the quality monitoring systems.

We have identified a breach in relation to safe recruitment practices 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# Holly Oak Care Centre

## 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by two inspectors, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Holly Oak Care Centre 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. Holly Oak is a care home nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced

#### What we did before the inspection

The provider had completed a Provider Information Return (PIR) prior to this inspection in December 2021. A PIR is information providers send us to give some key information about the service, what the service does

well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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 spoke with three people living at Holly Oak.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff personnel files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with the registered manager, a nurse, two senior care staff, a food service assistant, the acting deputy manager and two housekeeping staff. We also spoke with one member of the maintenance team and with the nominated individual (a representative of the provider). On 6 April 2022 we spoke with seven people's relatives.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

### Staffing and recruitment

- The provider's recruitment policy was not always followed to ensure new staff were comprehensively vetted to provide care to people. The required pre-employment checks had not always been undertaken. Reference checks from staff's previous social care employers were not always sought to gather assurances about staff conduct.
- Interview records were in place to support the registered manager's decisions to employ staff, but records did not always show that recruiting managers had explored the previous employment histories of staff and their suitability to work at the home. There were gaps in some employment histories.
- Records did not show how the registered manager and provider had assessed the risk to people when they were unable to obtain references or complete checks on an applicant's employment history. This meant additional safeguards were not in place to ensure staff were of good character.
- We discussed these concerns with the registered manager, who implemented a new checklist to evidence their oversight with recruitment processes.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Suitable staffing levels were in place to meet the needs of people using the service. The home shared some staff with another home operated by the provider, this enabled them to cover shifts to maintain safe staffing levels. The registered manager also provided care to people when needed. The home had not needed to use agency staff since they opened, ensuring consistency of people's care.
- Relatives told us there was enough staff to meet their loved ones needs. Comments included; "When I visit there always seems to be a good ratio of staff to residents" and "Relative is safe having staff on duty 24 hours a day. Usually, enough staff about and all lounges covered, the staff have time to sit and chat with the residents."

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

- People were protected against abuse. Staff received training on safeguarding adults and were aware of the procedures for reporting any safeguarding concerns. Staff were confident any safeguarding issues they reported would be appropriately responded to. One person when asked told us they felt safe living at Holly Oak. One person's relative told us, "[Relative] is safe because she wanders around but always staff to guide her."
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing

allows staff to raise concerns about their service without having to identify themselves. One member of staff told us, "We talk with each other, we will not tolerate someone working unsafe."

#### Assessing risk, safety monitoring and management

- Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise risks relating to people's care. One person was at risk of frequent infections. There was clear guidance for staff to identify signs such as an increased risk of falling, to support the early detection of an infection so that timely medical support could be requested.
- We saw people were supported with their mobility needs when accessing the communal areas. Staff were aware of people's risk assessments and the individual support they required.
- People's risk assessments were reviewed to reflect any changes in their needs. One person walked with purpose and had sensory equipment in place. Staff had identified the person was avoiding some sensory equipment increasing the risk of them falling. Adjustments were made to protect the person from injury and their assessments were updated to reflect this.

#### Using medicines safely

- People's relatives were satisfied with how their relatives were supported with their medicines. One relative told us, "Medication is always given on time, the staff are very good in encouraging him."
- Staff managed people's medicines well in accordance with national guidelines. People received their medicines as prescribed and checks were completed to protect people from medicine errors.
- One person was supported with their epilepsy and experienced seizures. Guidance described to staff what action needed to be taken when the person required the use of emergency medicines to manage their seizures. This person's relative told us, "The medication is spot on. They are very responsive when my relative had an epilepsy seizure and kept me updated."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. We signposted the service to develop their approach.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We signposted the service to develop their approach.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported with visits. At the time of our inspection the home was in an outbreak setting. However relatives we spoke with told us they had no concerns with visiting and that visits were carried out in accordance with government guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were analysed for any patterns or trends which may require a response to keep people safe, such as changes to people's care or the deployment of staff.
- The registered manager and provider ensured lessons had been learnt following a person leaving the home without support. They identified the reason the incident occurred and reminded all staff and contractors, to ensure doors were closed securely. Each person had a Herbert Protocol profile in place. This



is a recognised profile that would be shared with the police in the event of a person going missing.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager had a clear understanding of the support the service could provide. They completed pre-admission assessments which documented the support people required, including potential risks. Pre-admission documentation had been strengthened to ensure these would provide a comprehensive assessments of people's complex mental health needs prior to admission.
- People's care was delivered in line with recognised standards. The home provided specialist dementia care and recognised techniques including Doll therapy and technology, such as animatronic animals were used to support people to manage their anxiety. We observed and staff described how they effectively used tailored approaches to encourage and prompt people who were resistant to care to partake in their daily care routines.
- Some people living at Holly Oak were receiving support under the Mental Health Act directive. The service had clear guidance from healthcare professionals to ensure the support people received was in their best interests and lawful.

Staff support: induction, training, skills and experience

- Staff were positive about their roles and told us they received the training and support they needed. Staff discussed there was additional training they felt they could benefit from. The registered manager had identified areas of development for staff and was sourcing for example additional dementia related anxiety support training.
- New staff completed the Care Certificate as part of their induction training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. In addition, staff received training in clinical subjects through the provider's clinical nursing team relevant to people's individual care such as pressure area care and acquired brain injury.
- The majority of staff had received a qualification in health and social care. The registered manager discussed the importance of a skilled and settled staff team. Relatives spoke positively about staff and felt they had the skills to meet their needs. One relative told us "I am impressed with the staff. They are firm when they need to be but always fair. They have good knowledge of dementia."
- Staff were supported in their role through meetings with the registered manager and senior staff. The registered manager had implemented group meetings following some unplanned absences of senior staff. The registered manager was aware of the need for formal supervision and had plans in place to ensure this was carried out effectively.

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

- People and their relatives told us they enjoyed the food they received at Holly Oak. People had a choice of meals and drinks, which met their nutritional needs. One person told us, "I enjoyed my lunch." Relatives told us, "The meals I have observed seem very nice and well presented, they get a choice and look very appetising" and "Meals are lovely and my relative is enjoying mealtimes."
- Staff took effective action where people were at risk of malnutrition. Staff had identified one person had some unplanned weight loss. They implemented more frequent monitoring, high calorie food and snacks for the person to enjoy. Since these actions had been implemented the person's weight has increased. Additionally, we observed staff providing people with snacks and milkshakes. Staff were fully aware of people's dietary needs including those who needed high calorie diets or those with soft diets.
- One person had received guidance from Speech and Language Therapists (SLT) as they had been identified as being at risk of choking. Clear guidance was in place for staff, including when to use liquid thickener to protect the person from risk of choking.

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

- People's health needs were supported through liaison with health care professionals. Some people living at Holly Oak could become anxious, and as a last resort needed medicines to assist them with their anxieties. The registered manager ensured these medicines were reviewed alongside the GP every year, or more regularly if required to ensure they were still effective and appropriate.
- Staff used nationally recognised systems to assist them in identifying where people's needs were changing or if they required additional healthcare services and support. Staff kept a clear record of where people's health needs had changed and the support, they had sought from healthcare professionals. This included support from social workers and Rapid Response (a service used to assist people in their own homes rather than admitting them to hospital).
- Staff had assessed each person's oral care needs. There were care plans and risk assessments in place regarding the support each person needed to maintain their oral care. For example, one person was being supported with prompts and encouragement to clean their teeth. One relative told us, "Staff noticed [relative] messing with their mouth and they recently took them to the dentist, they had some treatment and now they are fine."

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

- Holly Oak was registered with CQC in January 2021. The home had been designed with a focus on providing care for people living with dementia. The home was split over three floors, although at the time of our inspection only two floors were being used.
- People who walked with purpose were able to walk around their household. Each person had their own bedroom with a door decorated like a front door and a memory box containing items important to them. Bathroom doors were painted a different colour. These design features helped to enable people to identify these doors without support.
- The home had a variety of communal spaces and secure outdoor areas for people and their relatives to enjoy. This included a bar room and a bistro room, which was currently being used for COVID-19 visits.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their 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.

- Staff had training and awareness in relation to Mental Capacity Act 2005. We observed staff supporting people to make day to day choices regarding their care, such as what they would like to eat and drink.
- People's capacity to make day to day decisions were clearly recorded. Where someone lacked capacity to make a decision, there was a clear record of the support they required in accordance with their best interests.
- Where people were being deprived of their liberty an application had been made to the legal authority. While applications were being managed, staff ensured the deprivation was still current and ensured relevant care plans and restrictions had been updated.
- Where people had Power of Attorneys (a nominated person who can make decisions in relation to their finance and affairs and/or health and wellbeing) this had been clearly documented. Family members were involved in key discussions and best interest meetings around their loved one's care and treatment. One member of family had been involved in discussing giving their relatives medicines covertly after they stopped taking them. This relative told us, "They ask for my consent if they try him with other alternative methods."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives confirmed staff treated them respectfully. One person described staff smiled and responded positively when asked if staff were caring. Relatives told us, "Staff are very kind and patient and know the residents as individuals. They treat her with dignity and respect and always ask before they move her or help her" and "The staff are lovely and my [relative] praises them all the time."
- People had built positive relationships with staff who knew them and their needs. One relative told us how staff knew their relative well and assisted them when they became anxious. They told us "They have good knowledge of dementia and always calms my (relative) when she gets agitated, talk her out of her moods."
- Information about people's religious beliefs, family, lifestyles and the importance of these to the person was recorded for staff reference.

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

- Staff supported people to make choices and express their views. We observed staff assisting people with choices and respecting their decisions. One person wished to engage in an activity, staff discussed with them and respected their choice to sit in a certain seat. One relative told us, "Staff are very kind and patient and know the residents as individuals. [Relative] likes to lie in in the morning and they allow them to do this."
- People and their representatives were involved in making decisions around their care. Relatives spoke positively about how they were involved in decision making processes. One relative told us, "I was involved in my relative's care plan and they were sensitive when [discussing their specific needs]."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Relatives spoke positively about how staff promoted people to do as much for themselves as possible. Comments included; "They support him to be independent but are also attentive. When he tries to stand from his chair, they encourage him to do it himself but stand near in case he needs assistance" and "They promote independence whenever they can."
- People's privacy and dignity was respected. Staff worked in a way that ensured people had privacy and dignity when receiving care, this included closing people's door and involving them in their care. Relatives told us, "They treat [relative] with dignity and respect and always ask before they move her or help her" and "[Relative] always looks clean and tidy and they always put a shirt and jumper on him because that is how he liked to dress."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: 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 received individualised care and support, which was regularly reviewed and delivered in response to their needs and wishes. Staff discussed one person they had supported who was resistant to care and would spend long times in bed. The service introduced an animatronic cat as part of the person's care routine. This enabled the person to engage in their care as well as encourage them to go outside onto their patio area. The person was focused on providing care and became actively engaged with an animatronic cat which benefited their wellbeing.
- Care staff understood the importance of an inclusive and accepting culture. Doll therapy was used for some people to provide them with wellbeing and engagement. For one person, the needs of their doll was important to them, and they would become anxious if these were not met. When staff assisted this person with their care, another member of staff would assist with the dressing of the doll. This had a positive impact on the person enabling them to become more engaged in their own personal care.
- People had detailed and individualised care plans for staff to follow on how they wished to receive their care and support. This included information on people's life histories. Staff spoke positively about people, included the job and interests of one person and how they planned to support them to listen to and watch sports games which were important to them.

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.

- Staff had ensured each person had a detailed communication care plan. This detailed the support people needed to communicate, including both verbal and visual communication. We observed staff taking time to engage with people and create opportunities to communicate their views.

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 with a range of activities provided by activity and care staff. There was a whole home culture approach regarding engagement and stimulation. This meant all staff were focused on interacting with people and providing meaningful engagements. We observed staff engaging people with singing, dancing and a quiz. People were also supported with one to one activities as well as movement and craft activities.

- Relatives spoke positively about the activities their loved ones enjoyed. Comments included; "[Relative] takes parts in any activities she can and enjoys taking part in anything that is going on"; "They love the guitar player that goes in twice a week, and they always engage with them and call them by their name which is lovely" and "Seems to be lots of activities. They do try and keep them stimulated even by just sitting and chatting with the residents."
- People were supported to maintain their personal relationships. This included keeping in touch with family during the pandemic. Relatives told us how staff supported them with this. One relative told us; "During lockdown periods we had skype calls and phone calls, the carers were good and helped with these. Back to normal visits now, just taking [Covid tests] and we can take them out again."

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

- People's relatives told us they knew how to make a complaint to the service and felt their complaints would be listened to. All seven relatives said they felt confident they could express their views to staff and that they would be acted upon.
- Since opening the service in January 2021 the registered manager had received one formal complaint. The registered manager had acted on this complaint in a timely manner. Action had been taken to learn from the complaint, including introducing a system to ensure people's prescribed medicines were reviewed more frequently.

#### End of life care and support

- People were cared for at the end of their life through the service working in partnership with health professionals. Staff had received training in end of life care and the registered manager was looking at further training for staff in this area.
- Where people had recorded their wishes for their end of life care this was known by the service. Each person had a record of their decisions for treatment in place. The service ensured these decisions were current when the person moved to Holly Oak Care Centre.
- Following our inspection, a representative of the provider shared positive feedback they had received from a relative who had received end of life care at Holly Oak Care Centre.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. Leaders and the culture they created supported the delivery of person-centred care. However, some elements of the service management required improvement.

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

- Audits had been delegated to key staff members and external consultants to monitor risk and quality in the service. Most of these audits had been effective in identifying the improvements needed for example, care planning and medicine management.
- However, the provider and registered manager had not identified the recruitment records concerns we found through their own monitoring.
- At the time of our inspection there was no record of the actions taken to address identified shortfalls or timeframes for actions to be completed. There had been some delay in making the required improvements. For example, people's care plans we reviewed had not been updated in accordance with this audit. However, the registered manager could describe the action that was being taken to reduce the impact of the shortfalls on people's care, whilst improvements were being made.
- The service records did not always show where action had been taken following audits to address the identified shortfalls or timeframes for actions to be completed.

We recommend that the provider reviews their oversight of the monitoring systems so that it would always support and contribute to effective learning and improvement of the service.

Following the inspection the provider and registered manager informed us of the action they had taken to ensure they had effective systems in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager worked directly with people and led by example. They were proud of the work staff did. They told us, "I've got an amazing team of people. I could not do my job without them."
- Staff and management were highly motivated to provide compassionate and individualised care to people living with dementia. We saw and heard many examples of people receiving care in accordance with the provider's values as set out in their Statement of Purpose.
- Management were visible in the service and approachable. They took a genuine interest in what people, staff, family, and other professionals had to say. One staff member told us; "I really appreciate the flexibility of their support."
- Staff told us they felt able to raise concerns with the registered manager without fear of what might



happen as a result.

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement driven culture. Staff comments included "Management is really approachable and want to hear our views" and "It is a great model of care and the managers motivate everyone to feel part of it."
- People's relatives spoke positively about the home and the staff culture. Comments included: "I would recommend this home because the personal care is excellent, they go above and beyond their duties" and "I would definitely recommend this home because it's got the full package, it is a beautiful place to live, it is well run, and the staff are excellent."

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

- People's relatives spoke positively about the registered manager. Comments included: "[The registered manager] is very approachable and will always give me time to talk with him if I need to" and "[The registered manager] is very approachable, and he's been fantastic and helped me a lot whilst waiting for my [power of attorney status] to be sorted."
- The registered manager understood their responsibilities to be open, honest and apologise if things went wrong. Records showed relatives were contacted appropriately to inform them of incidents or near misses affecting their family member. Where learning had been taken following incidents, this had been shared with people's relatives and their views sought.
- The registered manager made sure CQC received notifications about important events so we could monitor that appropriate action had been taken.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with external mental health professionals and we heard examples of how this joint working had enhanced people's care especially when supporting people's anxiety related behaviours.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Safe staff recruitment practices were not in place to reduce the risk of unsuitable staff from being employed.