HC-One Oval Limited

Adelaide House Care 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?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Adelaide House Care Home is registered to provide accommodation, nursing and personal care for up to 30 people who may have a disability or may be living with dementia. There were 14 people living at the service at the time of our inspection.

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

There were not always enough staff deployed at the service which left people at risk. This also meant that staff were not always able to spend meaningful time with people. Risks associated with people's care was not always being managed in a safe way including where people were at risk of malnutrition. Incidents and accidents were not always being reported or investigated to reduce the risk of reoccurrence.

Staff had received training and supervision however this was not always effective in ensuring good practice. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. There were not sufficient meaningful activities for people and people fed back they would like to go out on trips.

Quality assurance was not always effective. Where shortfalls in care had been identified with staff this had not been addressed robustly. The leadership needed to be more effective in ensuring staff were able to deliver the most appropriate care.

Pre-assessments of care and care plans were detailed with information about people's care and staff understood people's needs. People and relatives knew how to complain and were comfortable doing so. People had access to health care professionals to support them with their care. People and relatives told us that staff were caring and respectful and we saw examples of this throughout the day. Relatives and visitors were welcomed as often as they wanted. People enjoyed the meals that were offered at the service.

Previous Inspection
The last rating for this service was Good (Report published 4 August 2017.)

Why we inspected
This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report.

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of

quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Adelaide House Care 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
Our inspection was completed by two inspectors, a specialist nurse 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.

Service and service type
Adelaide 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 registered manager. The registered manager 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. We inspected the service on the 13 December 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. The provider completed a 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.

During the inspection
We spoke with five people who used the service. We spoke with the registered manager, area director and

five members of staff. We reviewed a range of records that included seven people's care records and multiple medication records. 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.

Requires Improvement

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 now 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.

Staffing and recruitment

● There were mixed comments from people about staff levels. Comments included, "They could do with a bit more staff; they all work so hard", "Sometimes there's enough staff, sometimes there isn't" and "I don't think there are enough staff. Most of the night staff are agency. They give you tea at 8pm then you do not see them again till breakfast."

● We found times during the inspection that people were not always supported by staff as they were busy. For example, in one person's care plan it stated they should not be left alone in the communal rooms as they would become anxious. We saw this person was anxious on several occasions during the morning of the inspection when sat in the lounge and dining room on their own. We had to bring this to the attention of the registered manager and staff each time. However, once the person was seen by the member of staff or the registered manager they left them alone again as they were busy elsewhere. A member of staff fed back about this, "We have to go back to her all the time, if we had more [staff] it would help."

● Staff told us that they did not feel there were sufficient staff to meet the needs of people. One told us, "With the needs of some of our residents even with three carers it's not easy. The dependency ratio doesn't really reflect actual needs." Another told us, "They say the nurse counts as a member of staff, but they are busy doing the meds so not on the floor with us and when they finish it's too late."

● The registered manager told us there were three carers and one nurse during the day and one nurse and two carers at night. They told us they had calculated this based on the needs of people that lived there. However, the area director confirmed they would review people's dependencies immediately to ensure they had the correct staff levels. After the inspection they confirmed they had increased the care staff to four during the day. We will check the effectiveness of this at the next inspection.

Failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risk associated with people's care was not always managed in a safe way. In one person's care plan it stated they were at risk of falls and required staff to be with them when walking. We saw occasions where this person stood from their seat whilst they were alone in the lounge where we had to intervene to reduce

the risk of them falling.
● Where people were having their food and fluid recorded there was no target amounts to indicate to staff what the expected intake should be. Staff were not totalling the amounts that people were having each day. This meant that staff would not be certain that people were eating and drinking the appropriate amounts to help safely manage people's weight and hydration needs.
● People's oral hygiene was not always being managed in a safe way. One person required dentures however staff were not always supporting them to put them in. The person also had some of their own teeth and they had not been brushed by staff for a number of days. One member of staff confirmed to us they had not put the person's dentures in as at times the person refused. However, once we raised this with the registered manager the person was supported to put their dentures in.
● There were people who required bed rails and there were not always risk assessments in place in relation to these despite the known risk of entrapment. Staff were not always aware of the risks associated with people's care. For example, one person told us their fluid needed to be restricted and recorded due to their medical condition. This had not been noted on their care plan and staff were also not aware of this.
● Accidents and incidents were not always recorded as such or reported to the registered manager for them to investigate or analyse. For example, in one care plan it stated that the person had unexplained bruising to parts of their body. Although a body map had been completed there had been no follow up investigations to identify the source of the bruising.

Failure to provide people's care in a safe way was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were aspects of the management of risks that were adequately managed for example there was one person who smoked. There was a risk assessment in place that included the risk of the person's flammable materials.
● Each person had a Personal Emergency Evacuation Plan (PEEP) which outlined how the person could be removed or kept safe in the event of an emergency, such as fire or flood and staff were aware of these. All staff had received fire safety training.
● There were areas that staff were knowledgeable on that related to people's risks. One member of staff said, "Keeping rooms clutter free as they can be trip hazards; make sure stair gates are closed; no obstructions in people's way." Another staff member said, "We are told when doing personal care to be vigilant about their skin condition, scan around them for sores, anything unusual, picking up on anything that is not right."

Preventing and controlling infection
● The service was clean and well maintained. Throughout the day we saw staff cleaning bedrooms and communal areas. One person told us, "The staff wear gloves and aprons when they look after me."
● We were made aware by staff there had been an outbreak of sickness at the service prior to our visit. Staff managed this in an appropriate way and had cared for people in their rooms. One member of staff said, "We had quite a few with sickness the other day so everyone was confined to their rooms."
● We saw that the laundry room was set up to reduce the risk of infections spreading. Staff undertook hand cleaning audits and ensured the environment was clean and tidy. Staff received infection control training and there was a policy in place.

Using medicines safely
● People told us they received their medicines when needed. One person told us, "I do take tablets; I get them at the same time each day."
● There were appropriate systems in place to ensure the safe storage and administration of medicines.

● People's medicines were recorded in all the Medicines Administration Records (MARs) and there were no gaps. The MAR chart had a picture of the person and details of allergies, and other appropriate information.
● Staff undertook training around medicines and their competency was observed and assessed before they were signed off.
However, we did raise that there were medicines that were prescribed on an 'as required' (PRN) basis and there were not always protocols for their use. The area director told us this would be actioned immediately.

Systems and processes to safeguard people from the risk of abuse
● People said they felt safe with staff at the service. One person said, "I feel safe, the staff are so good."
● Staff understood what they needed to do if they suspected abuse. One member of staff said, "Report to manager, if I didn't feel like things were getting done I'd go higher."
● Staff received safeguarding training and there was a whistleblowing policy that staff could access. Staff told us that they would not hesitate to raise concerns.

Requires Improvement

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.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Where decisions were being made for people there was no evidence that their capacity had been assessed. For example, one person had a sensor mat in their room. Staff told us that this person lacked capacity to make decisions. There was no assessment of the person's capacity to agree to the sensor mat.
● Another person had a bed rail. There was no evidence that their capacity had been assessed in relation to consenting to this or any evidence of the discussion to determine that this was in the person's best interest or whether less restrictive measures had been considered.
● Other people were being restricted from leaving the service due to the locked door. There had not always been a capacity assessment in relation to whether people had the capacity to leave the service unassisted.
● Staff had received training in the past around MCA and DoLS and understood the principles however, this was not always being put into practice.

As the requirement of MCA and consent to care and treatment was not followed this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience
● People told us that they felt staff were competent in their role. One person said, "They look after me well and they explain what they are doing." Another said, "I do think the staff are well trained."
● However, despite this we found that the training provided to staff was not always effective in ensuring good quality of care. Improvements were required with how people were involved in their care, the

principles of the MCA and the accurate recording of records.
● Staff undertook an induction before they started caring for people that included 'shadowing' where they had the opportunity to work alongside an experienced member of staff. Staff were provided with training that was specific to their role. Nurses were provided with updated clinical training including blood taking and end of life care.
● Staff we spoke with were complimentary about the training they received. One told us, "I think the training is actually quite good, especially online as they show clips." Another said, "I have had a lot, a lot of it is online and we do the physical as well such as fire training, and manual handling. I think I'm always learning something new."
● The management team undertook regular supervisions with staff to assess their performance and to provide support. However, the nursing staff had not had recent clinical supervisions. The registered manager told us the recent recruitment of a clinical lead at the service would address this shortfall.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Information about people's needs had been assessed before they moved in. This was to ensure that they knew the service could meet their needs.
●The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the pre-assessment was then used to develop care plans for people.

Adapting service, design, decoration to meet people's needs
● Improvements were required to the environment to support those people living with dementia. There were no aids to help orientate people to their room.
● The corridors were wide to allow easy access for people that were wheelchair users. There were outside areas that people accessed when they wanted to.
● Special beds and pressure relieving mattresses were in place for those who needed them.
● Each room had an ensuite toilet and people were able to have personal effects including furniture in their bedrooms.

We recommend the provider considers people's dementia care needs and best practice guidance in creating an environment suitable to meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us that they enjoyed the food at the service. Comments included, "I like the food. We get a choice, it's very good", "The meals are very good and there is a choice" and "The regular chef is good and there is a choice."
● People were offered a selection of meals and drinks. However, those on a modified diet were not always offered a snack in between meals. For example, one person was on a soft diet, they had not been offered a snack between breakfast and lunch. A member of staff told us this was because a biscuit would have been too hard for them. They had not considered offering an alternative option such as a banana or a yoghurt.
● The chef was provided the information about people's dietary needs including whether meals needed to be modified, for example pureed, and those that had allergies.
● During lunch people were offered a hot meal and alternatives offered if people wanted something different. Where people required assistance to eat this was given.

We recommend that people on a modified diet are provided with sufficient nutritious food and drink throughout the day.

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

● People had appropriate access to health care services in their ongoing care. Comments from people included, "I've seen the doctor once and they do have a chiropodist", "You can see the doctor here" and "I can see my GP, the chiropodist comes every six weeks and there is a mobile dentist."

●There was evidence in care plans that a wide range of healthcare professionals were involved including the Tissue Viability Nurse (TVN), GP, district nurse, optician, the local hospice and dentist.

● Staff were aware of what they needed to do to monitor a person's health and worked closely with health care professionals. For example, one person had been referred to the Speech and Language Therapist who had assessed the person as requiring soft food.

Requires Improvement

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 and did not always have choices around their care delivery.

Ensuring people are well treated and supported; respecting equality and diversity;
● People and relatives told us that staff were caring. Comments included, "More than caring, they are ever so good and chatty", "The staff are caring, and they listen to what I say" and "The staff are very caring; they always have time and they are very polite."
● However, despite these comments, staff did not always have time to spend any meaningful time with people that left people feeling isolated at times. One person said, "Most of the time I'm in bed, I do feel a bit lonely." A member of staff said, "It makes a huge difference to them when we sit down with them - but the bells going off usually stop us doing this."
● People were not always supported with their appearance and their personal hygiene. For example, one person had not had their hair washed recently. Their hair looked greasy and when we asked staff about this they told us the hairdresser normally washed their hair. However, the hairdresser had not visited the service for a number of weeks.

Supporting people to express their views and be involved in making decisions about their care;
● People did not always have a choice around the delivery of their care. In one person's care it stated that they liked to have a bath. However, we saw from their daily care notes the person had not been offered a bath. The member of staff told us they sometimes refused a bath but said that they had not offered on that occasion.
● One person told us, "I would like to have a bath more often. If I ask, I have one every two to three weeks." Another person requested a bath at 09.30 when we arrived at the service however staff were unable to do this until 11.30.

People did not always receive care and treatment that met their needs or reflected their preferences and choices. People were not consistently cared for in a person-centred away. This is a breach of 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We did see instances where staff were kind and considerate to people. We heard one member of activities staff sat with a person in their room talking about the person's family. The person was very engaged in the conversation. On another occasion a staff member saw that a person had a soft drink in front of them and offered them a cup of tea as they knew they preferred this. The member of staff knew how the person liked having their tea and the person responded positively to this.
● Church services were held at the service for people. There was a service held every month and communion was available for people. All other religions were catered for if required.

● People could have family and friends visit them whenever they wanted. Comments included, "Visitors can come anytime. My son sometimes comes at 7.30 in the morning as he works night shifts", "I do have visitors; they can come when they like."

Respecting and promoting people's privacy, dignity and independence:
● People said that staff treat them with dignity and respect. One person said, "I'm claustrophobic, I like to have the door open. They always knock at the door, even though it's open, and ask if they can come in. They really treat you with dignity and respect." Another said, "I feel my room is private and staff respect this."
● When staff provided personal care to people this was provided behind closed doors to protect people's dignity. We observed staff knock on people's doors before they entered regardless of whether the door was already open or not. When staff spoke with people they did this in a polite and respectful manner.
People were supported to be independent as much as possible. One person was prompted to feed their meal to themselves rather than staff doing this for them. Another person was seen to make them self a drink when they wanted.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were not always met.

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 meet people's needs, preferences, interests and give them choice and control;

● There was not always sufficient accurate and up to date guidance in the care plans around the specific needs of people. This meant that there was a risk that staff would not deliver the most appropriate care particularly with a high level of agency staff that worked at the service. For example, the registered manager made us aware that prior to the inspection, a person's partner had passed away. However, their care plan stated, things that were important to them were to, "Spend time with my (partner)."
● Wound care plans were not always in place where needed. For one person that had a wound the care plan was not clear regarding the care and dressing required. The agency nurse on duty was not clear on what the wound care needed to be as there was no information to guide them.
● Care plans contained some information on the likes and interests that people had but this was not detailed. There was information missing on people's life histories. For example, one member of staff gave us information on the person's past life before they moved in to the service and their family however this was not included in the care plan.

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 told us that the activities they were offered they enjoyed. Comments included, "They do have games and some singing. Last weekend was wonderful, we had a grotto and father Christmas. Schoolchildren came in and sung carols" and "There is an art lady who comes once a fortnight which I really enjoy and there is a pat dog who comes in." However, people told us that the frequency of activities had decreased. One told us, "The pampering service stopped three months ago, and the hairdresser left a month ago." Another told us, "I'd like to do exercises and get my leg to work."
● During the morning of the inspection there were no planned activities taking place and people were sat in various areas of the service with little to do. The activities coordinator told us their mornings were usually spent catching up with paperwork from the previous day. We saw them chatting to one person in their room to try and gain some background information for the person's care plan.
● Staff told us there were not sufficient activities taking place. One told us, "We need more activities, we get told there is no budget we have asked for more trips out, told no." Another told us, "There is not enough going on. They (people) are bored."

As care and treatment was not planned around people's needs was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support; 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.

● Care plans contained how best to communicate with the person. Documents could be provided to people in larger print and in picture format if people needed.
● End of life care was planned around people's wishes. Care plans documented the wishes of people at the end of their lives. This included where they wanted to be, who and what they would like around them and any other matters that were important to them.
● Relatives were complimentary to the staff at the service about the care their loved ones received at the end of their lives. One relative fed back to the service, "We want to express our heartfelt thanks for your devoted care of our mum. We want to thank you for your emotional support over the past few days."

Improving care quality in response to complaints or concerns
● People told us that they would not hesitate to raise a complaint if they needed to. One person said, "I know how to complain, I haven't had to." Staff said they would support people with complaints. One said, "Offer to write what the complaint was or if they wanted to speak to someone. I'd tell (the registered manager), or if I can, deal with it."
● Complaints had been investigated and actions taken to the person's satisfaction. For example, one person had complained about the quality of one of the evening meals. The registered manager met with the person and then fed this back to the chef. As a result, changes were made to the evening menu.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We asked people their views of the management of the service. Comments included, "The manager comes and says hello and how I am", "I'm not sure who the manager is."
- Staff felt the communication and leadership at the service required improvement. One told us, "Communication . . . is an issue, I'm not gonna lie, we can't get anywhere. There is frustration amongst all staff." Another told us, "Not great communication because we feel more could be done, but they [management] are focussed on one side - the finances, it's a battle between carers and managers."
- The oversight of the service was not effective in ensuring the quality of records and care being provided. Where shortfalls had been identified by the registered manager these had not always been addressed in a timely way. For example, the registered manager undertook audits of care plans and listed the areas that required improvement. In one audit in October 2019 it stated that there was a lack of background information on the person and that their nutritional assessment tool needed reviewing. These were still missing from the care plan on the day of the inspection.
- The registered manager undertook daily "walk arounds" of the service to review the work being undertaken by staff and to ensure that people needs were being met. Although these were being recorded there were no actions detailed of what steps were being taken to address any areas of concern. For example, it had been recorded on several days, "No activities today." There was no information on what actions had been taken to address this.
- A bi-monthly audit had been undertaken and had identified shortfalls that we had also identified. For example, in September and October 2019 it had been noted that, "No target or total documented" for people that were having their fluid intake recorded. We found that this was still a concern. They also identified that care notes were not detailed. We found that this was still the case and only recorded daily tasks.
- During the inspection we identified that all care staff including the nurse on duty were required to attend a, "Flash meeting" meaning this left no care staff on the floor to support people. We raised this with the area director who addressed this straight away.

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

- Staff told us they did not always feel valued or supported by the management team. Comments included, "I wish they would listen to us, and not brush us aside like we are nothing. This (the staff issue) has been

discussed with [the management], again and again, loads of meetings about it", and "I trust all my colleague's they give wonderful care, but we are just not supported. We feel like we are constantly losing and don't know who to turn to."
● We reviewed the minutes of the staff meeting and saw in August 2019 and October 2019 concerns over staffing and communication had been raised. We saw this was still a concern on the day of the inspection. Sufficient action had not been taken to address this.

As quality checks and leadership was not always robust this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Immediately after the inspection the area director sent us an action plan to address the shortfalls with the staff levels, the lack of reporting incidents of bruising and to ensure that all people were offered bath and showers. They told us they were going to review people's dependencies to ensure that their staffing levels were appropriate.
● There were elements to the quality assurance that were effective. We saw from the home action plan that supervision meetings with staff were lacking and these had now been increased. The shortfalls that we had identified had been added to the action plan.
● We reviewed the feedback comments from the surveys that had been completed by people and their families and saw that improvements had been made. For example, in relation to the menu and décor of the service.
● There were residents' meetings that took place where people had an opportunity to feedback on areas they wanted to improve.

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Whilst on the inspection we identified incidents of safeguarding that whilst had been reported to the Local Authority had not been notified to the CQC.
● We noted in one person's notes there had been several incidents of unexplained bruising to the person. The registered manager had reviewed the care plan so was aware that they had occurred, yet these had not been notified to the CQC.

As notifiable incidents were not always been sent in to the CQC this is a breach of regulation 18 of the (Registration) Regulations 2009.

Working in partnership with others; 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
● Where incidents and accidents had occurred, we noted from the records that families were contacted.
● The provider and staff worked with external organisations that regularly supported the service. This included children from the local school that came to the service to sings songs to people. Work was also being undertaken to forge relationships with community groups to encourage people to engage with organisations locally.

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 Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that notifications were sent to the CQC where required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that care and treatment was planned appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that consent was gained from people before care was delivered

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that safe care and treatment was provided to people

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that their was robust oversight of the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient suitably qualified staff deployed at the service