

Four Seasons Homes No.4 Limited

Park House Care Home

Inspection report

50 Park Road
Wellingborough
Northamptonshire
NN8 4QE

Tel: 01933443883
Website: www.fshc.co.uk

Date of inspection visit:
04 April 2023
05 April 2023

Date of publication:
17 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Park House Care Home is a residential and nursing care home providing personal and nursing care to 24 people at the time of our inspection. Park House Care Home accommodates up to 42 people in one purpose built building.

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

People's care and support had been impacted by a sustained period of management instability including several changes of manager since the last inspection. All aspects of the running and oversight of the service had been affected. Communication by staff was not always effective internally and with other agencies, which impacted upon people's care and raised the risk of unsafe care. Gaps and inconsistencies in care records and quality assurance checks required improvements to be made, embedded and sustained over time.

People were at heightened risk of receiving inconsistent care or care which did not meet their needs when they showed distress as care planning processes and management oversight of records were not always effective. Some safety risks were not addressed promptly.

Staff were able to meet people's basic care needs but deployment of staff was not always effective. We received a lot of feedback from staff that there were often not enough staff on shift. We have recommended the provider keeps staffing deployment and levels under regular review.

People and their relatives were not routinely involved in reviewing people's care to ensure they had choice and control as their needs and preferences changed. We have made a recommendation to the provider they implement best practice in care planning and review processes.

Information about people's eating and drinking needs was not always shared promptly with kitchen staff which raised the risk of unsafe care. Where required, people received physical assistance with their eating and drinking to ensure their dietary requirements were met.

Staff worked in partnership with health and social care professionals to maintain people's health, although sometimes arranging appointments was not always prompt. The service was spacious and clean, although the décor was tired and in need of renewal in some areas.

MCA assessments and best interest decisions were undertaken but not always reviewed. The provider was already aware of this and making improvements in this area. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice and ongoing improvements to documentation were in progress.

Personalised care plans were in place but not always up to date. Staff knew people well and had built positive, professional relationships with them.

People's communication needs were not always well assessed and at times were not fully met. Throughout the inspection we saw staff communicate and interact warmly with people. Activities staff supported people do things they enjoyed.

End of life care planning was not always well considered during care planning processes. Staff received training in this aspect of care so people could receive compassionate support as they approach the end of their life.

People were cared for safely. Risk assessments were completed and reviewed regularly and as people's needs changed. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

People were supported with their medicines and good infection control practices were followed.

Accidents, incidents and falls were recorded and followed up. Additional analysis to spot any themes or measures to reduce the risk of recurrence was going to be introduced.

Pre-assessments were completed before people moved into the service. Staff received training to meet people's needs. The provider was arranging training in further topics relevant to staff roles. Processes to ensure staff received one to one supervision to discuss their roles and development had been improved.

People were well treated and supported by staff. Staff were observed to be compassionate and caring in their interactions with people. Staff maintained people's privacy and dignity. Consent was sought before care was delivered.

Meetings took place and surveys were used to gather feedback.

A new manager was in post and regional support managers also supported the staff team. The provider had a service improvement plan and was aware of all the key areas which required improvements.

The provider and staff worked in partnership with other health and social care professionals. They were supportive of the inspection process and working hard to make and sustain improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 March 2020) and there were breaches of regulation in the areas of safe care and treatment, dignity and respect, and governance arrangements. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made to people receiving care with dignity and respect. We found a continued breach in relation to people's safe care and treatment, and good governance of the service.

Why we inspected

The inspection was prompted in part due to concerns received about people receiving poor care, and also due to a review of information we held about the service. A decision was made for us to complete a full inspection to look at all aspects of 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.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park House Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a continued breach in relation to people's safe care and treatment, and governance arrangements in the service.

We have also made some recommendations to the provider. We have recommended they keep staffing levels under regular review and implement best practice in care planning and review processes.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Park 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by an inspector, a specialist nursing adviser 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

Park House Care Home 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. Park House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A manager recently started in post and was in the process of submitting their application for registration.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, NHS and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people living in the service and 8 relatives about their experience of the care provided. We spoke with the operations manager, 2 regional support managers and the manager. We also spoke with 11 members of staff which included nurses along with care, office, housekeeping, domestic, kitchen and maintenance staff. We sent an email to request feedback from staff and received responses from 3 members of the team.

We looked at aspects of 5 people's care records and multiple medication records. We reviewed recruitment records for 3 staff. We looked at a range of other records including quality assurance checks, meeting minutes and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure people were sufficiently protected from the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People were at risk of receiving inconsistent care or care which did not meet their needs. When people appeared to be in distress, support plans to provide guidance to staff on how to offer appropriate support were not always detailed or up to date. Charts recording any behaviour that could indicate distress were not used effectively. The provider acknowledged this and started to update records during the inspection.
- Risks to people were not always responded to promptly. For example, when a person removed the fire extinguishers from the wall and walked around with them, this was not brought to the attention of the provider until it happened again 3 months later. A safety box was on order to put the extinguishers in as it placed the person and others at risk of harm.

People were not sufficiently protected from the risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Known risks to people's care and safety were assessed and reviewed. For example, the risk of falls, malnutrition or skin breakdown. Care plans set out how staff should provide care to reduce these risks.
- When people required monitoring to ensure their safety, for example their food and fluid intake, repositioning or night checks, these were done and recorded. Improvements were being embedded into practice to ensure recording was sufficient and checked regularly by senior staff.
- When an accident, incident or fall happened these were usually followed up appropriately. Monthly reports were created to review these. The provider agreed to introduce additional analysis to better identify patterns or measures needed to reduce the risk of recurrence.

Staffing and recruitment

- The provider's deployment of staff was not always effective because the majority of staff we spoke to felt there were not enough staff on shift. They told us they had sufficient time to do essential tasks but did not have time to spend talking with people, ensuring they were able to regularly spend time out of bed,

responding promptly to call bells and keeping good quality up to date records. This potentially impacted upon the quality of care people received.

- Staffing levels were calculated using a dependency tool which was introduced recently and reviewed regularly. During the inspection we saw people's basic needs were promptly met but staff appeared to be rushing around. Mixed feedback from staff and relatives confirmed staff deployment was an area the provider should keep under careful review.

We recommend the provider considers the deployment of staff and keeps staffing levels under review to ensure people's health, safety and holistic needs are consistently met.

- People received support from staff who were recruited safely. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. We found some gaps in employment histories on application forms which was rectified during the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols if required.
- People were cared for safely and felt safe living in the service. This was confirmed in feedback from the majority of people and their relatives. One relative told us, "[Family member] feels safe and we are happy they are there." One relative had some concerns which they were addressing directly with the provider.
- Two people told us that a person living with dementia came into their room sometimes, but they did not feel unsafe when this happened. They said this could be frustrating. One person told us, "Oh it doesn't frighten me. There's no nastiness," which was also the views of the other person we spoke to.
- Staff received training to recognise abuse and protect people from the risk of abuse. Information about how to report any concerns was on display for staff to refer to.

Using medicines safely

- Systems and processes were in place and followed for the safe receipt, administration, storage and disposal of medicines. Medicines were managed by staff who were trained to do so.
- Regular checks and audits were undertaken of medicines to identify any issues, record what action needed to be taken and ensure this was followed up promptly.
- People received medicines in the way they preferred. We observed a medicines round and saw explanations were given to people of what medicines they were being given. Where people received supplements these were given and recorded appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- There were no restrictions on visitors to people. We saw visitors coming and going throughout the inspection.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Monthly reviews of all aspects of people's care and support did not take place routinely. A 'Resident of the Day' scheme was introduced to review 1 person a day and support them have a special day. This was not yet well embedded into practice.
- Assessments of people's needs were undertaken before they moved into the service, and these were kept in their care files. The assessment covered key areas of people's health and social needs including aspects of religious, cultural and diversity needs.

Staff support: induction, training, skills and experience

- Staff received training for their roles. Staff completed an induction when they started in post, and all staff received mandatory and additional training courses. Improvements were ongoing to ensure staff were up to date with all areas of training. At the time of inspection a few courses had low completion levels including person centred care, oral health and recording and reporting.
- Staff supported people with a range of specialist health needs. The regional support manager was arranging training in epilepsy and diabetes to upskill and refresh staff training in these areas. They were also going to look into training for staff in supporting and care planning processes for people who may show distress.
- Staff were supported through one to one supervision and appraisals. Recent improvements to these processes needed time to embed into practice. Supervision sessions gave the opportunity for staff to discuss their role and any support or development needs. A new tracker was in place to monitor this.

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

- Information about people's eating and drinking needs was not always shared with kitchen staff in a timely manner. This included any particular needs such as a soft diet, as well as likes and dislikes. This meant there was a raised risk of people being served food which was not the right texture, or in line with their preferences. Issues we identified were rectified during the inspection.
- People had choices of what to eat at mealtimes and alternatives were available if they preferred something else. Menus were on display in the dining area which included pictures.
- People received support to ensure they ate and drank safely. We saw staff supporting people in their bedrooms where this was needed. Food was covered when it was taken to people's bedrooms and we saw a nice touch of doyleys on serving trays which made the tray and meal more visually appealing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's health needs were usually met in a timely manner. We found 1 issue which was followed up promptly during the inspection when there was a delay of several weeks with making an optician appointment. The person told us they could not see properly through their glasses to read or watch television so timely follow up was important.
- Some people required specialist equipment such as reclining nursing chairs so they could be safely supported to spend time out of bed. The regional support manager identified there were not enough of these, so was working with families and the provider to get more. Access to these would improve some people's quality of life.
- Staff worked in partnership with health and social care professionals to maintain people's health. This included GPs, speech and language therapists and the dementia team.

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

- The service was spacious, clean and had no malodours. Some areas of the décor were tired and required renewal, particularly paintwork which needed refreshing.
- Furniture in communal areas was not always suited to people's needs. Due to the high dependency needs of people currently living in the service, many of the chairs in lounge areas could not be used by people who required comfortable or reclining chairs. The provider was aware of this.
- A maintenance worker recently started in post and was working on a range of tasks and general improvements across all areas of the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care records contained some MCA assessments and where needed, records of best interest decisions. Some of these were not reviewed regularly. The regional support manager showed us a set of recent MCA assessments for 1 person and confirmed they were working towards ensuring everyone had up to date, detailed assessments on their records.
- Applications for DoLS were submitted where needed to the local authority, at the time of inspection none were authorised.
- When people did not have capacity to make decisions, staff supported them make choices and in the least restrictive way possible. One staff member said, "We always give choice, we are good at that. It's all about asking the questions and giving people choice. Give them their own voice."

Is the service caring?

Our findings

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

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

At our last inspection the provider did not ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- People were well treated and supported by staff. When any concerns were brought to the attention of the provider which suggested otherwise, these were looked into and taken seriously.
- Staff were knowledgeable about the people they cared for and valued people as individuals. They spoke about people warmly and respectfully. Staff were observed to be compassionate and caring in their interactions.
- We heard a staff member singing to a person in their bedroom, and overhead a staff member approach someone and say warmly, "Hello handsome, how are you doing?" Most of the feedback we received from people and their relatives was positive. One relative said, "The regular staff are fantastic," and told us about a recent birthday party for their family member.

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

- People were supported to make day to day decisions about their care and offered choices about their daily routines. Care plans set out how people preferred to receive their care and their daily routines. One member of staff said, "[Staff] are so keen to help the residents live the best quality of life they can."
- Staff supported people to access advocacy services when needed. Advocates help people explore options and make informed decisions. One person recently received advocacy support to help sort out banking and other issues, which was very beneficial to them.

Respecting and promoting people's privacy, dignity and independence

- We saw people's privacy and dignity was respected. Throughout the inspection visit we observed staff ask for consent before supporting people in all aspects of their day to day routine. One relative told us, "[Staff] kick me out when they do personal care!"
- Systems were in place to protect people's confidential information. Care records were kept in locked offices.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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 and their relatives were not routinely involved in reviewing people's care to ensure they had choice and control as their needs and preferences changed. One relative told us, "I first saw the care plan 3 years ago, never since." Another said, "No, I haven't seen it. There is a folder on the wall they consult, but never seen or been involved in the care plan."
- Personalised care plans were in place but were not always up to date to reflect changes in people's needs. For example, 1 person's care plan and recent monthly review stated they had weekly blood sugar monitoring due to diabetes. Staff confirmed this didn't take place as the person would not allow staff to do this check. Their care plan did not reflect this or offer guidance on what staff should do.
- Staff had built positive, professional relationships with people and knew them well. This meant people received care according to their preferences. Most staff provided positive feedback about teamwork, which contributed to people receiving consistent care.

We recommend the provider implements best practice in care planning and review processes to ensure the regular involvement of people and their relatives and/or representatives, where appropriate.

Meeting people's communication needs

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

- People's communication needs were usually assessed and met. This was not the case for 1 person we reviewed. Their first language was not English and their care plan stated, "Due to language barrier [Person's name] is unable to socialise / join in group activities." There was no reference to how staff could communicate effectively with the person, or any actions to look into this further, for example nonverbal communication tools. There was no reference to discussion with the person's relatives about this.
- The provider understood the Accessible Information Standard. Information and documents could be made available in accessible formats to people using and visiting the service, for example large font or easy read.
- We saw staff communicate and interact with people warmly throughout the inspection visit.

End of life care and support

- End of life care was not always well considered in the care planning process for people. For example, we

saw a care plan written soon after a person moved into the service in 2021 which said end of life care would be discussed at a later date with the person and their family. Monthly reviews were ineffective at prompting staff to follow this up as it had not been done.

- Staff were trained in end of life care so that people could receive high quality, compassionate care as they reached the end of their life.

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 by activities staff to do things they enjoyed. At the time of inspection, a high number of people were supported in their rooms, so activities staff ensured they spent one to one time with people regularly.
- The service had a small but accessible garden which people were supported to enjoy. There were plans to spruce up the garden in readiness for better weather.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and we saw complaints were logged, investigated and responded to in line with the provider's policy.
- Some relatives told us they were not happy with aspects of their family member's care and, due to changes in staffing, communication about this was not always effective. Relatives felt able to approach the management team to discuss the concerns they had and were aware a new manager was in post.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Management oversight and effective running of the service was impacted by several changes of manager, and gaps in between, since the last inspection. Support from the regional team offered some consistency and a new manager started in role shortly before the inspection. They needed time to establish themselves in role, lead and embed ongoing improvements.
- People were at heightened risk of unsafe care as care planning, monitoring and oversight of behaviours which may indicate distress were not always effective.
- Mixed feedback confirmed people and their relatives were impacted by the management instability. One relative said, "The disorganisation is on the management side, we haven't been kept up to date. However, how they look after [family member], we are very happy." Another said, "I don't really know (if it's well run). I am hoping things will improve with the new manager."
- Systems to ensure good communication within the staff team, with relatives and external agencies was not always effective which impacted upon people's care and raised the risk of unsafe care. For example, information was not always communicated by staff in a timely manner about people's health and care needs, or safety issues. Improvements in this area were required to lead to a safer, more person-centred and positive culture.
- Gaps and inconsistencies in care records and quality assurance checks raised the risk of people receiving unsafe care or care which did not meet their needs. For example, inaccuracies in the list of people who had a DNACPR in place, lack of oversight and ineffective use of distressed behaviour charts, and care plans which were out of date. The provider responded promptly when these issues were brought to their attention.
- The regional support manager and manager were strengthening systems for more effective oversight of all areas of the service. This included a daily meeting with heads of departments and a 'Resident of the Day'

scheme to meaningfully review all aspects of people's care and support. These systems needed to be consistent and embedded into practice.

- Management oversight had not identified that people's diversity needs such as language, cultural and spiritual needs were not always well assessed or met. The provider added this to their service improvement plan to develop actions and better practice to meet people's needs.

Systems to assess, monitor and improve the quality of the service were not embedded and not always effective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider was aware of the impact of the sustained period of management instability. They had a service improvement plan in place and had identified many of the improvements needed. They were working hard with the new manager to prioritise actions and work with the team to achieve these.
- Positive feedback was received from staff about the regional support manager and new manager. One staff member said, "Things seem to be getting done." Another told us, "Our manger has been with us a short time but is approachable, and I get a lot of support from the regional support managers on a daily basis."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the duty of candour, which meant they were required to be open and honest when something went wrong.
- The provider submitted notifications to CQC as required by regulation.

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

- Meetings took place for people, relatives and staff. This gave the opportunity for information to be shared and attendees to voice their opinions and views.
- Surveys were used as another means of gathering feedback. These were last circulated to relatives in September 2022 and a report was created of the responses so that actions could be developed and monitored.

Continuous learning and improving care; Working in partnership with others

- The provider and staff worked in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service.
- The NHS nursing quality improvement team were supporting the service with an action plan so that required improvements could be prioritised and monitored. The local authority were also involved when any concerns came to their attention. The management team were keen to work with all agencies and implement advice or guidance offered.
- The provider was supportive of the inspection process. They were working hard with the new manager and whole staff team to make and sustain improvements.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure care planning, monitoring and review processes for behaviours which may indicate distress were safe and effective. Risks to people's care were not always responded to promptly.
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 Systems to assess, monitor and improve the quality of the service were not embedded and not always effective.