

Kingsthorpe View Care Home Limited

# Kingsthorpe View Care Home

## Inspection report

Kingsthorpe View  
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Nottingham  
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Tel: 01159507896

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Kingsthorpe View is a care home providing personal and nursing care for up to 50 people. The service provides support to people living with a mental health diagnoses, dementia, physical disability or sensory impairment. The service accommodated 34 people at the time of our inspection in one adapted building, set out over two floors.

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

People living in the service were not safe and were placed at risk of harm. The environment, poor infection control processes, medicines management and lack of review of incidents at the service put people at risk.

The provider did not have effective quality assurance systems and processes in place to ensure improvements were identified where these were required at the service. The provider had failed to embed the improvements required from our last inspection

Staff had not received training in all areas relevant to people's health needs. People were left at risk of being supported by staff without the skills and knowledge to support their identified needs.

People's oral medicines not given covertly were administered and disposed of safely. Staff involved in handling medicines had received training and recent competency checks around medicines.

Records relating to people's care contained information and guidance to enable staff to provide safe care and support for people. Risk management was in place for people who were at a high risk of falls and people who may present a risk to others from their behaviour. People's skin management and risk of falls or choking was effectively managed by staff.

Relatives and people told us that staff were understanding, patient and kind, and they gave positive feedback about the improving culture of the service and the management team.

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.

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

### Rating at last inspection and update

The last rating for this service was Inadequate (published 11 January 2023) and there were breaches of regulation in relation to people's safe care and treatment, staff being deployed to safely meet people's needs, safeguarding, person-centred care, consent to care and how well the service assesses and manages

risks and improves the quality and safety of care.

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 the provider remained in breach of regulations in relation to the assessment and management of risk, governance and the quality and safety of care.

#### Why we inspected

We carried out an unannounced inspection of this service on 6 and 7 June 2023. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve; safe care and treatment, staff being deployed to safely meet people's needs, safeguarding, person-centred care, consent to care and how well the service assesses and manages risks and improves the quality and safety of care.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements, including warning notices in Regulations 11 (Need for Consent), Regulation 12 (Safe Care and Treatment), Regulation 17 (Good Governance) and Regulation 18 (Staffing). This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

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 have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-Led sections of this report. The provider sent us evidence to show what action they had taken to the concerns we raised with them as part of this inspection. You can see what action we have asked the provider to take at the end of this full report.

We have identified breaches in relation to governance, assessment and management of risk and the quality and safety of care at this inspection. Please see the Safe and Well Led sections of this report.

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.

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

#### Special Measures

This service has been in Special Measures since 11 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Inadequate to Requires Improvement based on the findings of this inspection.

## 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 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** ●

# Kingsthorpe View 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

This inspection was carried out by 2 inspectors. An Expert by Experience carried out telephone calls to relatives of people using the service to obtain their opinion of the service. 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

Kingsthorpe View 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. Kingsthorpe View 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 June 2023 and ended on 7 June 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with 2 people who used the service and 9 relatives of people who use the service. We spoke with the registered manager, the compliance manager, the area manager, nurses, senior staff, care staff, domestic staff and the cook. We reviewed a range of records. This included relevant parts of 8 people's care records and multiple medicine records. We looked at 3 staff 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 nominated individual during our inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection we continued to seek clarification from the provider to validate evidence found.



# 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 Inadequate. At this inspection the rating has changed 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.

At our last inspection the provider had failed to establish effective systems to assess monitor and manage risk; ensure medicines were administered safely and ensure infection prevention and control measures were in place. This placed people at 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 and we issued a warning notice.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 (2) (b). However, through a review of evidence provided during and after the inspection CQC have made the decision the warning notice is no longer in place.

### Using medicines safely

- Prescribed creams for people containing medicine were left in their bedrooms. The labels were not readable and the risk of these being applied to the wrong people or a person ingesting these was high. We asked the registered manager for these to be stored securely after the first day of inspection. We checked this had been completed when we returned on day 2.
- Covert medicines documentation was not always in place for people. We identified that some decisions to administer covert medicines were not in place where people were receiving their medication in this way. Covert medicines are given hidden in food or drink without the knowledge or consent of the person receiving them. The clinical lead responded to this immediately during and after our inspection to ensure these were processed with the relevant authority

The provider had failed to ensure when it is agreed to be in a person's best interests, the arrangements for giving medicines covertly must be in accordance with the Mental Capacity Act 2005. And in regard to topical applications that any prescriber instructions were followed to ensure people who use the service were not placed at risk. This was a breach of Regulation 12 (2) (b)

- Medicines were administered and disposed of safely. Staff involved in handling medicines had received training and recent competency checks around medicines. This meant people received their medication in a safe way.

At our last inspection the provider had failed to identify lessons learned, which meant people were at risk of avoidable harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Learning lessons when things go wrong



- Lessons were learned following incidents. There were records of how the service had learnt lessons from what had not worked well and how they had changed their procedures as a result.
- We found improvements in the analysis and auditing in place for falls or incidents between people using the service to reduce further harm and risk for people.

At this inspection, whilst improvements had been made to accidents and incidents management, further improvements were required to the oversight of the service and the provider remained in breach of Regulation 17. Please see the 'well led' section of this report.

#### Assessing risk, safety monitoring and management

- Risks associated with people's health and care needs were clearly assessed. Staff were aware of how to minimise known risks to people or identify incidents which placed people at risk of harm. For example, we saw people who had experienced falls had been provided with appropriate equipment or guidance for staff to reduce the risk to them.
- One relative we spoke with told us, "My family member can be challenging with their behaviour. Staff are really good. They stay calm and distract them. Staff can spot it happening and prevent this."
- We found the care plans and risk assessments we reviewed gave clear guidance for staff on how to support people effectively. The use of a new electronic system had improved the clarity of care plans and allowed these to be updated by the registered manager and new clinical lead.
- People who required the support of staff when mobilising were observed to be supervised when needed. We observed 1 person who required supervision at all times in communal areas due to their risk of falls was receiving this level of support from staff.
- Risk assessments relating to the environment were centrally located for use in the event of an emergency. They included Personal Emergency Evacuation Plans (PEEP's) and documents relating to the fire floor plan of the building.
- Staff we spoke with had an understanding of the equipment in the service used to evacuate people in the event of a fire or emergency. We saw from records that the majority of staff had completed fire safety and evacuation training and a session had been booked by the registered manager for those staff who still required this.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found areas of the service which were not cleaned to a sufficient standard. Some of the bedrooms used by people were not cleaned effectively. We found areas of the service where soiled laundry had been left with clean laundry which presented a risk of cross contamination. Cleaning records were not being audited by the provider to identify these shortfalls.
- 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. A pre-admission assessment was completed by the registered manager to assess people's needs.
- We were assured that the provider was using PPE effectively and safely. The service was fully stocked with PPE.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider was following current Government guidance in relation to infection prevention and control.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

All of the relatives we spoke to gave positive feedback about their experience of visiting the service. Relatives told us there was an 'open door' policy and they had felt updated during the COVID-19 outbreak by the service.

The provider responded to our concerns during and after the inspection. We have also signposted the provider to resources to develop their approach. This included sharing our findings with the local Infection Prevention and Control Team.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

At our last inspection the provider had failed to ensure that systems and processes were operated effectively to safeguard people from the risk of abuse. This was a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were protected from the risk of harm and abuse by staff who had been trained in safeguarding adults and understood their responsibilities to protect people from these risks.
- The majority of relatives told us they felt people were safe. One relative said, "I would say my family member is safe at the home. The staff are fantastic. They work so hard."
- Analysis of incidents to identify themes and trends in relation to falls, tissue viability, palliative care requirements, equipment needs and verbal and physical altercations between people had been completed by the registered manager. This meant people were protected from the risk of avoidable harm.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

At our last inspection the provider had failed to ensure people received safe care by deploying sufficient staff to meet their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

### Staffing and recruitment

- Staff had not received all of the training necessary for their roles. This left people at risk of being supported by staff without the skills and knowledge to support people safely. We have reported on this further under our Well Led section.
- Staffing levels were set according to people's dependency needs to ensure that people were supported safely. People were supported by a sufficient number of staff, as reflected in their risk assessments.
- The daily records we reviewed showed evidence of staff having sufficient time to complete documentation effectively. One staff member told us, "There has been a real improvement since the last inspection. There are more of us now, we get chance to spend more time with people."
- People and their relatives were largely positive regarding the availability of staff. One relative told us, "There are more staff than previously. It's the same all the time, day or night. The same faces. You know who you're talking too." While another felt their family member had benefitted from regular staff and said, "I meet the night staff coming in. Weekends are ok too. There is a permanent, more consistent group of staff."
- We found staff had been safely recruited with appropriate references and disclosure and barring service (DBS) checks in place prior to their appointment. This means that the manager could be assured that people were protected from the risk of potential abuse from unsafe staff. Disclosure and Barring Service (DBS)

checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

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

At our last inspection we found the provider had failed to ensure care and treatment was provided with the consent of the relevant person. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Care plans for people contained Mental Capacity Assessment (MCA) assessments where this was appropriate. There were clear risk assessments and Antecedent, Behaviour and Consequence charts for people who lived with mental health needs. These are used to record and analyse the behaviours that people are communicating in order to provide appropriate risk management and support for them.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

# 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. At this inspection the rating for this key question has remained Requires Improvement. This meant people's needs were not always met.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

At our last inspection, the provider had failed to ensure people received care that was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

### End of life care and support

- Not all staff had received recent training on death, dying and bereavement. This left people at risk of being supported by staff without the correct skills and knowledge. We have reported further on this under our Safe and Well Led sections.
- Care plans were in place for end of life care and included details on people's last wishes and funeral arrangements. Records we viewed contained detailed information about how to support people as they wished at the end of their lives. Advanced decisions were clearly documented for people. This meant staff had relevant information to ensure people's last wishes were upheld.
- Relatives we spoke with told us they had been involved in discussions around end of life care planning with their relatives.
- Staff we spoke with were aware of people's Do Not Attempt Resuscitation (DNAR) decisions. The service had marked people's bedroom doors with a butterfly to indicate if people had a DNAR decision in place. The service had updated this information and stored this centrally for emergency services to access.

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

- People received person-centred care. We saw that people's interests and life histories had been explored within their care plans. We were assured that people's preferences had been fully considered.
- People and their relatives had been involved in reviews of their care. We saw care plans and decisions for people were regularly reviewed with the involvement of relatives and relevant external teams.
- People's care plans included their individual preferences and interests. We saw examples of people being offered a choice of food and drinks. The cook told us, "I love to feed people. It helps to improve their health and wellbeing." We saw the cook offering alternative meals and snacks to people who had been out at mealtimes, or who had decided they may prefer an alternative to the meal which had been offered.
- One relative told us, "My family member has thickened food and drinks from a special beaker. It's all done safely."

### 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.

- The service understood their responsibility in regard to the AIS standard. They advised they could access information in different formats to meet individual needs if required. For example, easy read, large print or another language.
- Staff we spoke with showed an understanding of the needs of people they were supporting and interacted with them using their preferred method of communication.
- One relative told us in relation to their family member who experienced challenges with communication, "Staff always explain to my family member what they are doing. Staff know them well. It is nice to have settled staff."

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

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

- Feedback from relatives regarding activity and occupation for people was largely negative. The majority felt that the service did not support people to follow their interests or to engage with the local community.
- Several relatives fed back their concerns regarding the lack of access to the outdoor space in the service. We raised this with the provider, who advised they were working on fundraising with relatives towards the refurbishment of this and acknowledged the impact this had on people.
- One relative told us, "I want them to get the outside space sorted out. It's really important to have access to outside space." While another relative said, "I would like to see them 'do up' the garden so people can get outside."
- The service employed an activities co-ordinator, who worked with small groups of people to provide activities within the service. We saw people enjoying a variety of crafts, games and singing during our inspection. This person understood people well and was interacting with people in a friendly way, ensuring people were able to participate at their own pace in activities.

Improving care quality in response to complaints or concerns

- We saw records of complaints and concerns being responded to by the registered manager.
- The majority of relatives told us they would be confident raising concerns with the nurse in charge, or the registered manager if anything arose.
- One relative told us, "I have raised concerns with the manager. They are newish. They have an open-door policy. They are always on hand." Another relative told us, "Oh yes. I can talk to the staff. They're very open. I go to the care staff and the registered manager."
- Where relatives shared concerns which they felt had not been addressed, we checked related incidents had been recorded and shared with the appropriate authority and found records this had been completed.
- The registered manager showed us information and posters within the service advertising a family engagement group. They had set this up to improve relationships and communication with relatives moving ahead. We will review this at our next inspection.

# 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 Inadequate. At this inspection the rating has changed 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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

At our last inspection the provider had failed to ensure systems were in place to assess, monitor and improve the quality of the service to ensure the health, safety and welfare of people using 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. However, through a review of evidence provided during and after the inspection CQC have made the decision the warning notice is no longer in place.

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

- Governance in the service was not always reliable and effective. Provider audits in place had not identified or addressed some of the issues we found during inspection. For example, infection prevention and control, medicines management, oversight of daily records and shortfalls in staff training.
- The provider had failed to meet their responsibility to report all significant events to the local authority safeguarding adults' team for their review. At this inspection, we reviewed documents showing for example, when staff had recorded people had unexplained bruising or skin tears on their body. It is important that the local authority has a clear overview of all incidents at the service, so they can check the provider has taken appropriate action. We discussed these with the provider and registered manager at inspection and requested further information to share with the local authority.
- The registered manager had failed to ensure staff had received training in specific areas to enable them to effectively support people's health and wellbeing. For example, falls, diabetes, behaviour support and palliative care. This left service users at risk of being supported by staff without the required training and skills to support their needs.
- Audits and checks on health and safety and the environment were not fully effective. Audits completed had failed to identify poor standards of hygiene and cleanliness, which exposed people to increased risk. A communal assisted bath was found to have a broken exposed side panel, soiled laundry was stored incorrectly, and people's toiletries were not stored in a sanitary way, leaving them at risk of infection. These issues had not been identified in audits and consequently they had not been addressed.
- The systems and processes to monitor quality and safety were not fully effective in protecting people from the potential risk of harm. The provider had not identified all the shortfalls in the expected care standards

found during this inspection.

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

- Systems and processes to assess and monitor the service were in place supported by the new electronic system. There was an effective system in place to ensure the repositioning of people, weight and falls management and regular audits of equipment to reduce the risk of falls for people.
- The registered manager had implemented 'resident of the day'. This was a full review of all aspects of a persons' care plans, risk assessments, bedroom, equipment, dietary and other needs. All staff were involved to ensure a holistic approach was taken and ensure any extra needs were identified. The registered manager and clinical lead had full oversight of any required actions.

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

- The registered manager had worked on improving relationships within the staff team, by involving them service development and holding more regular staff meetings.
- A staff member we spoke with told us how the atmosphere and staff culture had improved since our last inspection. They said, "It is a pleasure to come into work now."
- One relative told us, "The atmosphere is very good. Everybody is in a good mood and pleased to see you." While another said, "Staff relationships with the manager seem to be ok. They seem to be happy."
- One relative told us, "Staff let my family member be themselves. They treat them with respect. Check they're ok. Respect whatever they want."

Working in partnership with others

- The registered manager had ensured timely referrals were made for people to achieve the best outcomes for people. We found people had been referred when a change in their health or social care needs had been identified. For example, in regard to falls management, skin breakdown, choking risks, equipment needs or mental health support.
- One relative told us, "Communication with other professionals is good."

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

- We saw from records that the registered manager was working towards improving positive relationships with relatives, although we received a mixed response from relatives in relation to this.
- One relative told us, "I've had no invites to meetings. The manager was going to start them. No dates yet. Nor requests for feedback." While another relative told us, "I spoke to the manager last week. They seem friendly and approachable. They want to make things right. It gives me confidence that things will improve."
- We discussed with the registered manager they needed to improve their formal feedback process to ensure that people and their relatives views were used to shape the development of the service. They had included this within their service improvement plan. We will review this at our next inspection.
- Staff told us they knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to, or their concerns had not been acted upon.

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

- We saw that the manager had understood their responsibility under the duty of candour. The duty of

candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

- The majority of relatives told us the service were forthcoming in relation to requests for information or updating them on changes with their family members.
- One relative told us, "I know the manager. They are approachable and accessible." While another relative told us, "I feel my family member receives good quality care. What they want they get. Everybody is informed about what's going on."



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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure systems were in place to assess, monitor and improve the quality of the service to ensure the health, safety and welfare of people using the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure systems were in place to assess, monitor and improve the quality of the service to ensure the health, safety and welfare of people using the service.