

The Dr French Memorial Home Limited

# Dr French Memorial Home Limited

## 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?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Doctor French Memorial Home Ltd is a residential care home providing accommodation and personal care for up to 27 people. At the time of the inspection there were 21 people living at the service, one of whom was a respite placement.

The service supports a range of people, some of whom have dementia or mental health needs as well as physical health needs.

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

Relatives told us that people were safe, staff were kind and that their family members received good care and support.

However, we had concerns regarding some numerous aspects of the management of the service. We found care planning documentation was incomplete; it lacked personalised information and risks to people's physical and mental health, mobility or nutrition were not identified. This meant people were at risk of harm as there was insufficient documentation to guide staff in caring for people.

We found audits were of varied quality and had not identified areas of concern we found at the inspection in relation to the giving of medicines, staff supervision, lack of food choices and care planning. The pandemic had contributed to the inability of the provider to monitor quality at the service.

Although medicines were safely stored and documented, we witnessed one incident of the unsafe giving of medicines to a person.

Whilst people were supported to be independent by staff to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; we were not confident the policies and systems in the service supported this practice.

We have made a recommendations in relation to mental capacity assessments.

The home was clean and odour free. The service had successfully prevented a COVID-19 outbreak at the service through a range of measures. There were no new admissions to the service. There were increased infection control practices and audits, staff were financially supported whilst isolating and were expected not to work at any other service to prevent cross infection.

Staff recruitment processes and procedures were safe. Essential checks on staff had taken place on staff before they started working for the service. Staff received the training and support to carry out their role effectively through a mixture of online and face to face training. There were enough staff to meet people's needs.

Staff understood how to safeguard people from abuse. The registered manager understood their obligations to notify relevant bodies of safeguarding concerns.

#### Rating at last inspection

At the last inspection we rated this service Good. The report was published on 9 March 2019.

We also previously looked at the infection control and prevention measures in place on 3 November 2020. We received information of concern about infection control and prevention measures at this service. This was a targeted inspection looking at the infection control and prevention measures the provider has in place.

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

#### Why we inspected

We carried out a full inspection of this service on 16 December 2020. The inspection was prompted in part due to concerns received about medicines management and lack of personalised care for people. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have identified three breaches of regulation around person centred care, safe care and treatment, and good governance. The failings found are detailed in the main body of the report.

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

#### Follow up

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

## 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** ●

# Dr French Memorial Home Limited

## **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

The inspection was carried out by an inspector, a specialist nurse advisor 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. The Experts by Experience contacted the service to speak with people living there, and people's relatives by phone to request feedback. These calls took place on 21 December 2020.

#### Service and service type

Dr French Memorial Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

We carried out the inspection visit on 16 December 2020. This inspection was unannounced.

#### What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider

completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also sought feedback from the local authority and professionals who work with the service. In addition, we reviewed recent communications and statutory notifications received by CQC from the service.

During our inspection we spoke with the registered manager, one of the duty managers and three care assistants. We also spoke with the chef and three people who lived at the service. We had limited opportunities to speak with people at the service due to the need to socially distance. The conversations with people were limited to their views on food and choices.

As a health professional was visiting the service on the day of the inspection, we were able to get their feedback.

We looked at five care records and three staff files. We looked at various documents relating to the management of the service which included medicine administration records, staff training, supervision records, infection control and quality assurance records. After the inspection we spoke to eight relatives and contacted two additional health and social care professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Lack of up to date risk assessments placed people at risk of harm.
- We found there were insufficient risk assessments in place to identify risks and provide staff with guidance on how to manage them. For example, a person who was at the service for respite had a complex medical condition and despite this information being passed to the service by the local authority, there was no risk assessment in place. We also noted there were insufficient risk assessments to show how to mitigate falls and avoid dehydration.
- Where there were risk assessments in place, these were old and had not been updated in the last 12 months. For example, one person was identified as at risk of malnutrition in 2016 but this risk assessment had not been updated. Another person had a pressure sore risk assessment dated January 2018 which had not been updated.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

- We did not find any evidence of harm to people as most people had lived at the service for some time and staff understood people's health conditions.
- Following the inspection the registered manager was working through risk assessments with staff and has improved the handover process to ensure verbal and written information related to people, is shared with all staff members.
- The fire alarm system was being upgraded at the time of the inspection. We could see that fire prevention equipment had been checked to ensure they were in good working order. The London Fire Brigade had identified remedial work to improve fire safety some of which was still outstanding from March 2020. The provider has installed a new fire alarm system and since the inspection regular fire drills and panel safety checks have taken place. This issue of concern is further addressed in the Well-Led section of the report.

Using medicines safely; Preventing and controlling infection

- Medicines were not entirely safely managed as we saw a staff member leave a tablet on a plate for a person who did not want to take it at the time it was given. Best practice requires staff to see medicines are given to the person for whom they are prescribed and then sign this has been done. By leaving a tablet unsupervised staff cannot be confident the person has taken it, or that another person has not taken it in error. Staff told us this was a common practice and this placed people at risk of harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

- The service had suitable arrangements for ordering, receiving, storing and disposing of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- People received their medication when they should. Medicine Administration Records (MARs) were completed appropriately.
- Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- We saw a staff member use a re-usable hand towel to dry a cup used for the giving of medicines which was not in line with best practice in relation to infection control. The registered manager told us they would address this.
- Following inspection feedback the registered manager held a meeting with staff to address the issues raised in relation to safe medicines administration and management, to ensure best practice was adopted.
- The majority of staff demonstrated good infection control practices. All staff were seen to wear Personal Protective Equipment (PPE) such as masks, gloves and aprons and the service was clean, although we saw two staff did not always wear their mask entirely safely. PPE was readily available for staff at the service.
- An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection. Other measures had been adopted which had meant the service had not had any deaths from COVID-19.

#### Learning lessons when things go wrong

- Incidents or accidents were recorded but there was no evidence of clear management oversight or learning from them. The registered manager told us that the majority of accidents and incidents were recorded in daily records and information was passed to staff at handover.
- This system did not allow the registered manager to identify trends or evidence learning was shared across the whole staff team.
- Following the inspection the registered manager implemented a new system which captured accidents and incidents and showed what learning, if appropriate, had been shared across the staff team. Staff had been trained in how to use the new system.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

#### Staffing and recruitment

- All relevant checks and references were obtained prior to staff starting work. This meant staff were considered safe to work with vulnerable adults.
- The majority of the time we saw there was enough staff on duty. However, we noted one staff member supported two people to eat at one time. Following the inspection the registered manager addressed this poor practice to ensure it would not happen again.
- Relatives told us they thought that there were enough staff on duty, but it was difficult to tell over the last nine months because of restrictions on visiting due to COVID-19.

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

- There was an ongoing safeguarding investigation being undertaken by the local authority at the time of the inspection, but from information available to us at this time, we found people were protected from the risk of abuse and unsafe care.
- Relatives told us they felt their relative was safe in the home, also that they could speak to staff and



management if they had any concerns. One relative said, "I feel my [relative] is safe, staff are very caring and approachable."

- Staff received training and were able to tell us the signs and types of abuse.
- The registered manager was aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns since the last 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 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 so that they can 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's mental capacity was not always recorded in care plans so we were not always confident that people's rights were protected.
- The registered manager told us they had a system for applying for DoLS applications, but there were currently no people subject to restrictions at the service.
- There were instances where mental capacity had been assessed on admission, but this assessment was several years old so it was unclear of people's current mental capacity. We were not confident that DoLS assessments had taken place appropriately at the time of the inspection, as there were no DoLS in place despite the registered manager acknowledging some people could not safely leave the service unaccompanied.
- On a day to day basis, staff knew to ask consent before providing care, and understood the basic principles of the MCA. We were not confident all people had been appropriately assessed and consented for the use of bedrails. Care plans were not routinely signed by people or their relatives.
- This is further discussed in the Well-Led section of the report.

We recommend the service completes a mental capacity assessment for people with a known or suspected cognitive impairment at the earliest opportunity and ensure that where necessary, DoLS applications are made.

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

- We were not confident that the service provided sufficient food choices to people. Meal preferences were

not always recorded in a person-centred way. We were also not confident the service had an effective monitoring system to evaluate risks to people in relation to nutrition and hydration.

- One person told us, "I like the food but there isn't much choice." Whilst there was a menu in place, the meals cooked did not always correspond to the menu plan. People told us there was lots of food available.
- Relatives were more positive about the food. One relative told us, "The food is excellent. Staff watch and see what he likes, he can't communicate. They give him what he likes, I also tell them what he likes." Another said, "They cater for the person's needs. Mum has difficulty swallowing, so she is not given solid stuff that she has to chew and swallow."
- However, we found there was no effective system to record what meals people enjoyed to eat. Following the inspection the registered manager met with the chef and has set out a new system of recording residents likes and dislike, allergies and their nutrition intake. The registered manager told us there were new menu plans in place to encourage a positive dining experience.
- We were not confident there were effective systems in place to monitor the food or fluid for some people who may be at risk of malnutrition or dehydration. There was no risk assessment to suggest one person needed monitoring, but we found a partially completed food chart.
- For one person identified in 2016 as being at risk of malnutrition, there was no monitoring of their food or fluid. We asked staff and the registered manager if anyone needed to be monitored for food or fluid and were told not, however, there was no recent records to evidence this change in need for this person.
- People did not have pressure areas, and this would indicate care, nutrition and fluid was given appropriately but the service lacked an overall system to evaluate risk in this area, despite people being weighed monthly.

Staff support: induction, training, skills and experience

- The staff had suitable training to carry out their role. We saw they had training in key areas such as moving and handling, safeguarding and infection control.
- Relatives were complimentary about the staff. Comments included, "They are excellent with her." "Staff are really lovely, my mum is well looked after. Staff are great and do their best" and "Staff are wonderful. Most staff have been there 15 – 20 years."
- Whilst the majority of staff told us they were supported in their role and found, "The registered manager to be approachable and kind," other staff told us, "She spends too much time in the office." The registered manager explained that the demands of managing the service during the pandemic meant it was necessary to spend more time in the office. However, they told us they ensured they had a presence on the floor at regular intervals.
- Some staff said at times they had little notice of supervision taking place, this meant they could not prepare for supervision.
- We found some supervision records were duplicated and therefore not an authentic record of what had taken place.
- Following the inspection the registered manager held a meeting with staff to address the issues highlighted above to make sure staff had sufficient notice of supervision, and notes accurately reflected discussions that took place.

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

- We were concerned that there was not a clear system to evaluate and record people's needs at the point of admission which was then translated into a care plan with associated risk assessments.
- The registered manager met and spoke with people and their relatives before they were admitted and took some initial notes. We also found documentation from other health professionals and commissioners on care records. However, the service did not routinely transfer this information into service documentation to show how people's care needs could be met by the service.

- However, staff appeared to understand people's needs and were able to tell us about them. This minimised the risk of harm to people. Lack of appropriate care planning documentation is discussed further in the Responsive and Well-Led sections of the report.
- Following the inspection, the registered manager has introduced a new system of care planning documentation which will better support person centred care.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- A health professional who worked closely with the service spoke well of the skills of the staff and told us they listened to their advice in caring for people.
- Care records showed the involvement of other health professionals, and the service worked with local health professionals to support people's health and well-being.
- Relatives confirmed that GP was contacted if required and other professionals visited, for example, physiotherapist, district nurse and chiropodist. One relative said, "If they need to call the GP they give me the heads up. [Family member] kept getting urinary infections, they keep me up to date."

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We were confident that the service provided a kind and caring service to people they cared for. Relatives told us staff were very kind and caring to their family member. Comments included, "Staff bend over backwards to help you out. They let me know what is happening to nan, when I am away. They have a good rapport with her, and ensure she has alcohol, and her hair dyed." We were also told, "Staff are wonderful."
- We saw many kind interactions between people and staff on the day of the inspection.
- Staff supported people to have friendships and family members were supported to maintain contact with their relatives during the pandemic through a mixture of technology and in the summer visits in the garden.
- Care records noted people's personal history, ethnicity and religion. Staff were from a range of cultures and were able to tell us how they could support people appropriately.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- There was little recorded evidence of involvement in care planning, but relatives told us they were involved in how care was provided to their relative.
- Staff were patient and people were encouraged by staff to be independent.
- We saw staff provide care respectfully to people on the day of the inspection, and they could tell us how they provided dignity to people.
- We saw people's rooms were personalised, with photos.
- The service ensured people's care records were kept securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- We found a number of care plans which were not completed adequately to identify people's needs. There was information regarding people's personal history, their employment and family members, however, care plans lacked details regarding people's health conditions, needs in relation to personal care, mental health and skin care. We found that the staff, by knowing people's needs were by and large meeting them. We could tell this was the case as people were not showing signs of ill health related to poor care and support.
- Although people's mental health needs were noted, there was a lack of detail for staff about how to care for people. For example, one care plan dated 2017 noted a person had behavioural issues, however, there was no detailed information to let staff know how to meet this person's needs.
- The lack of person-centred care plans placed people at risk of harm, as new staff could not easily identify people's needs and would rely on other staff to verbally explain a person's care needs. We also noted that one person who recently attended for respite did not have a person-centred care plan, despite detailed information being provided by the commissioning authority. This meant that their preferences for how their care were to be offered and provided had not been documented sufficiently by the service.
- We saw that a monthly review of people's care took place, however, the information was generalised and shed little light on changes to people's care needs.
- Relatives however, did tell us they felt involved in discussions regarding their family member's care. One relative told us that they felt that staff ensured that they found out what was important to their relative. Another relative told us, "The care plan has been updated several times." This indicated that staff updated relatives verbally and got the views of family members regarding people's care, although this was not clearly documented.
- These concerns are addressed further in the Well-Led section of the report.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager agreed to set out people's needs in more detail, so staff would have clear guidance in understanding people's needs and preferences.

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.

- As care plans were scant and lacked detail, there was little written information regarding how people's communications needs were met, although we saw that staff appeared to communicate effectively with people.
- The lack of written information meant new staff would not easily be able to identify people's communication needs without verbal advice from other staff members.
- These concerns are addressed further in the Well-Led section of the report.

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

- There were some limited activities that took place at the service. These included art and craft and music. In the summer the service told us people went out in the garden. Religious festivals and people's birthdays were celebrated at the service.
- The COVID-19 pandemic had affected the range of activities that could be offered to people.
- Documentation related to people's activities was limited and did not show that it was personalised.
- These concerns are addressed further in the Well-Led section of the report.

End of life care and support

- At the point of admission, people and their families were asked for their end of life wishes. However, these discussions were not taking place formally as part of a regular review, so there was limited up to date information regarding people's end of life needs and wishes.
- Following the inspection, the registered manager told us they were updating people's end of life wishes in Advance Care Plans.

Improving care quality in response to complaints or concerns

- We had no concerns regarding the registered manager's response to complaints. There was a system in place to record complaints and the outcome of these. One relative told us, "I have no reason to complain."

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

- We were concerned that the registered manager and the provider did not provide effective management of the service.
- There were limited audits of the quality of the service and those that had taken place did not highlight significant shortfalls in the quality of care planning and recording that we found at this inspection as identified in the report. We also found some audit records were photocopied and dates changed which meant auditing was not always transparent.
- Whilst the provider had some oversight of the service this was not systematic or robust and the issues with care records, lack of risk assessments and lack of effective audits had not been identified by the provider.
- Visits to the service that had taken place prior to the pandemic by the provider did not result in documented reports or quality audits.
- We were not confident that the registered manager or provider had sufficient management oversight of the systems and processes necessary to provide good quality, safe care. As outlined in the Responsive section of the report, care plans did not adequately identify people's needs and were not up to date.
- We also found staff were not clear regarding the paperwork necessary for completion for new residents, to set out their needs and how risks should be mitigated.
- We were not confident that the registered manager understood their obligations under the MCA to assess people's mental capacity and seek DoLS assessments to authorise any restrictions placed on them, as no recent DoLS assessments had been conducted.
- The registered manager had not made clear the processes necessary to review and re-evaluate people's needs and so although reviews were taking place on a monthly basis, it was not clear what needs were reviewed as comments were generic. We also saw that staff were taking actions without clear rationale for doing so. For example, we saw a partially completed food and hydration chart. We also noted people were weighed monthly, but there was no system to evaluate if changes in weight were of concern. This indicated a lack of clarity of purpose in some areas of recording
- We were also concerned that there had been a lack of urgency, by both the provider and the registered manager, to address fire safety failures identified by the London Fire Brigade in autumn 2019, for completion by March 2020. The registered manager told us the pandemic had contributed to delays to making the improvements, and whilst this was acknowledged, CQC were of the view fire safety had not been given the priority necessary. Following the inspection, the registered manager confirmed works had been completed



and they were awaiting the LFB and their own commissioned fire safety company to visit, and confirm full safety compliance.

- These shortfalls were of concern as it meant the provider could not evidence that effective systems and processes were established to assess, monitor, mitigate risk and improve the quality of the service to people.
- There was limited evidence that people and their relatives were involved in how the service operated. It was not clear how people's views nor those of relatives were collated and acted upon. None of the relatives believed they had been asked their view on how the service was run.
- Whilst the COVID-19 pandemic prevented relatives meeting in person, relatives told us they received limited communication and information from the service through other means. For example, information was often displayed on the front door, but relatives were not easily able to visit. Comments included, "I think it is well run, apart from the poor communication", "Communication is difficult. I find it difficult getting hold of the home" and "They seem to be afraid of twenty first century technology."
- We were also shown a limited number of completed survey questionnaires and residents' meetings were held twice a year, but the survey information was not analysed or any actions taken forward as a result. There was no clear feedback given to residents on actions from their meetings.
- Staff gave mixed views on how they were involved in the running of the service, and how the service was managed as outlined in the Effective section of the report.
- Information was shared with staff at handover, but staff meetings were held irregularly. It was not clear how information was routinely shared with staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other ways there were aspects of the care provided which were of good quality. We had no concerns regarding staff kindness, recruitment or hygiene at the service. We were of the view the care provided was of a better standard than evidenced by the care planning documents.
- We also received statutory notifications to CQC following notifiable events at the service.
- Staff had individual risk assessments to accommodate their health requirements in relation to COVID-19.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- Whilst we could not find person centred care planning records, we were of the view that that the staff understood most people's needs and worked with them in a person-centred way.
- Health professionals worked effectively with the staff at the service to achieve good outcomes.
- The environment was positive and friendly.

Continuous learning and improving care

- Since the inspection the service has been working in conjunction with the local authority to make improvements to care planning and risk assessments.
- The service is developing an improvement action plan they are implementing.

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 registered manager understood their duty of candour, to be open and honest when things went wrong

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 9 HSCA RA Regulations 2014 Person-centred care  The service could not evidence they were providing person-centred care to people. Regulation 9 (1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The service did not sufficiently assess and give guidance in how to mitigate the risks to people receiving care at the service. Regulation 12 (1)(2)(a)(b)  The service did not ensure the proper and safe management of medicines at the service. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were insufficient systems and processes to assess, monitor and improve the quality of the care at the service. Regulation 17 (1)(2)(a)(b)