National Neurological Services Ltd

La Retraite

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
La Retraite is a care home providing personal care to four people with an acquired brain injury at the time of the inspection. The service can support up to 10 people.

La Retraite provides accommodation across two floors, with a lift and stairs providing people with access to both floors. People had shared use of a kitchen-diner and lounge. The activities room was being used as an office space at the time of our inspection. People used an enclosed rear garden which was accessible by wheelchair. People's bedrooms had a medicines cupboard, wet room, toilet and a small kitchenette. The manager's office was on the ground floor.

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

People were not always protected from potential harm and abuse. Risk assessments had not always identified potential risks or included sufficient guidance for staff about how to lower the potential risk to people. We identified one person had an unexplained bruise to their face and the cause of this bruise had not been investigated or identified. We contacted the local safeguarding team about this. Analysis of incidents had recently been introduced and there was no analysis of accidents to identify themes and trends as a way of preventing a recurrence.

We observed kind and caring interactions between people and staff. People had not always been treated in a dignified and caring way, this was reflected in daily records we viewed. However, the incidents we identified had involved staff who no longer worked in the home.

Quality assurance systems had not been used effectively to identify concerns, errors and omissions we identified during the inspection. The manager was working to improve the experiences of people living in the home, this included working with a local care home to look at ways to improve the service. Notifications were submitted to the commission in line with requirements.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's needs and choices were not always assessed in line with published guidance about best practice. When people required support to eat and drink sufficiently, guidance was not always available for staff. People were not always supported by staff who had received training relevant to their roles.

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

This service was registered with us on 24 January 2019 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about risk management. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Well-led, Responsive, Effective and Caring sections of this full report.

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

Enforcement

We have identified breaches in relation to staffing, safe care and treatment, governance, person-centred care, the need for consent, safeguarding and recruitment.

We issued a warning notice in relation to regulation 18; staffing. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

La Retraite

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 team consisted of two inspectors.

Service and service type
La Retraite 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.

At the time of our inspection there was no registered manager in position. However, the manager was in the process of making their application to register with the commission.

Notice of inspection
The first day of the inspection was unannounced, the second day of the inspection was announced.

What we did before inspection
We reviewed information we had received about the service since they had opened. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the, manager, and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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 did not use the Short Observational Framework for Inspection (SOFI) because most people were able to talk with us and tell us about their experiences. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We used all of this information to plan our inspection.

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

Inadequate

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. We found one person who had sustained unexplained bruising to their face. The cause of the bruising had not been identified or investigated. The manager told us the person exhibited behaviours that may have caused the bruise, however records we reviewed did not include information about these behaviours and we contacted the local safeguarding team.
- The daily notes in one person's daily records referred to a 'curfew'. This was in place to prevent the person going into the garden after 10pm. The person confirmed they had not previously been allowed into the garden after 10pm. The person's care plan did not show the person was involved with making this decision or had consented to the arrangement, although they had capacity to make decisions.
- There was no oversight of safeguarding in the service. For example, safeguarding incidents were not reviewed as a way of identifying trends to prevent a recurrence.

Robust practices and procedures had not been implemented to ensure people were protected from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoke confidently about how they would identify potential abuse and told us about actions they would take if abuse was suspected.
- We spoke with the manager about how the curfew had operated. The manager said there was no longer a curfew in place and the person could now make their own choices about what time they went in and out of the garden. The person confirmed this.

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

- Risks were not always identified or comprehensively assessed, and risk assessments did not always include sufficient guidance for staff.
- One person did not have a care plan. Their records consisted of assessments completed by the hospital where they were a patient prior to admission to La Retraite. This person had been living at the service since it opened in February 2019. The person's records contained a statement they didn't want any support from staff. However, they were at risk of falls and choking. There was no plan in place to guide staff about how to mitigate these risks.
- One person had cut their foot on a metal plate attached to the wall outside their bedroom and this had resulted in the person's foot, "Dripping" with blood. At the time of the inspection, the provider had failed to remove the hazard. We brought this to the attention of the provider's representative who discussed

replacing the metal version with a plastic one to mitigate any future risk.

● Some people were assessed as being at risk of pressure damage to their skin. One person had developed a, "Sore" and had a, "Sore bottom". There was a skin integrity care plan in place, but the associated risk matrix had not been completed to identify the level of risk. As a result, there was insufficient guidance for staff to mitigate and manage this risk safely. The risk assessment tool was not used to assess the level of risk as required by the provider's policy.

● There was no risk assessment or guidance for staff about how to ensure people's safety and reduce the risk of a potential accident when staff were supporting people outside the home. One person had experienced 'near misses' when they went out in their wheelchair. For example, on one occasion they were nearly hit by a van.

● Manual handling guidance for staff did not always include sufficient guidance about how to keep people safe when assisting them to transfer using specialist equipment. For example, one person was assessed as requiring a hoist as a, "Last option." The guidance did not include sufficient information for staff about how to use the equipment safely for this person, and many of the staff had not completed the provider's training.

● There was a lack of assurance that the hoist was safe to use. The provider had identified the hoist had not been serviced in line with legislation or the provider's policy. No action had been taken to service the hoist. The provider told us the hoist was no longer in use, however the person's care plan guided staff to continue using the hoist as the need arose.

● One person's risk assessment recorded that they needed to be weighed monthly as they were at risk from self-neglect. We reviewed the same person's records and found they had not been weighed monthly in line with their risk assessment. The provider could not be assured the person's weight remained stable.

● Effective systems were not in place to monitor and mitigate the risks associated with accidents.

● There was no analysis of accidents as a way of identifying themes and trends to prevent a recurrence. We found three partially completed accident books and multiple separate accident forms. An incident log had recently been introduced but previous occurrences had not been reviewed.

● Medicines were not always managed safely.

● Although temperature checks for medicines storage were being undertaken, there was no record of any checks before October 2019. Stocks of one pain medication were not recorded accurately. Staff had not always followed the provider's policy for recording administration of this medicine.

● There was a risk that people would not receive their topical medicines as prescribed. Some people were prescribed topical medicines (creams) to help maintain their skin. There were no records of any creams being applied and no body maps in place to direct staff where to apply creams.

● There was no guidance in place to advise staff on how to administer 'as required medicines' (PRN). There were no clear instructions about when to give these medicines and the dose to be given. Information about these medicines in people's files was not always accurate, for example, diazepam was recorded in one person's records as, "To treat anxiety/seizures." However there was no guidance to advise staff what symptoms would present for them to use this medicine. It did not describe if the person suffered from seizures or anxiety.

● One person had consistently refused the majority of their medicines. There was no risk assessment around this to identify any health concerns that could occur as a result of not taking these prescribed medicines. We were told the GP had recently been consulted, however there was no record in place regarding this.

● Medicines records were not always accurate to ensure the security of medicines. The stock of one pain relieving medicine was not recorded accurately and the provider's recording policy had not been followed.

There was a failure to adequately assess, manage and mitigate potential risks to people's safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had identified that accidents were not being analysed for themes and trends and had

recorded how and when they would rectify this.
● Medicines were stored safely, although systems such as temperatures checks of storage areas had only recently been introduced.
Staffing and recruitment

● Staff were not always recruited safely.
● The provider's recruitment processes were not always followed. For example, one staff member's file contained one reference from an employer, however this was not the most recent employer in care and the provider's policy required the provision of two references.
● Staff files did not always contain a full employment history, including a written explanation of any gaps.

There was a failure to ensure staff were recruited safely. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Sufficient numbers of staff were not always available to support people.
● Staff recorded in care records that low staffing levels and the use of agency staff was impacting on people. For example, one person was described as, "Emotional as [they] didn't want to go out with agency staff" and another person, "Requested to go outside for a cigarette and this was declined immediately as we were short staffed."
● The provider was using a formula to determine staffing levels across the service. However, there were not always sufficient numbers of staff available to meet the needs of people. For example, on one occasion we identified two care staff were responsible for care provision in the service. However, two people living in the home required support from two care staff to transfer, there was an additional person living in the home and a further requirement for the provision of one to one care hours. This meant the provider could not be assured that two staff members were able to provide people with appropriate levels of support when required.
● Permanent staff had been working high numbers of hours to ensure people received support. We found evidence staff members had worked in excess of 50 hours in one week to cover shortfalls.
● Comments from staff included, "It's been very stressful [because of] the amount of hours [worked] and [use of] agency staff."
● People who had additional funded hours for one to one support were not always being supported to access these hours. There was no evidence to substantiate that when people did not have this level of one to one support on a particular day that alternative arrangements were made.

People were not always supported by adequate numbers of staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● The provider assessed the average weekly hours worked by staff. Evidence was provided showing that, on average, staff worked between 21 and 49 hours per week.
● The provider told us they considered it was good practice to contact staff on their non-working days to help ensure people received continuity of support and to lower the use of agency staff.

● The manager told us there had been a recent recruitment drive, this had resulted in the successful employment of permanent staff and the numbers of agency staff being used had decreased.
● The provider had recently introduced a document that people used to record which agency staff they liked and now chose agency staff who were familiar with people living in the home.

Preventing and controlling infection

- People were protected from the spread of infection.
- The home was clean and free from unpleasant odours.
- Staff wore personal protective equipment [PPE] such as gloves and aprons when it was required.

Requires Improvement

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs and choices had not been consistently assessed. For example, no care plans had been developed with people until the month prior to our inspection to guide staff with regard to people's needs.
- People's oral healthcare needs had not been assessed and there was insufficient guidance for staff about how to support people to meet their healthcare needs. We were told people only visited the dentist if they had a problem. However, one person told us about how staff had improved their oral care.
- Assessments did not always include sufficient guidance for staff about how to support people to maintain a balanced diet and to drink enough.
- Prior to moving into the home, one person was identified as being at risk from dehydration, eating excessively and was a diabetic. However, the person's nutrition and hydration care plan opened with, "[Person's name] eats and drinks a normal diet and fluids."

There was a failure to ensure people's needs were assessed in line with best practice and standards. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had not always received training relevant to their roles.
- Thirteen of the fourteen staff working in the home had not completed the provider's induction workshop. For example, one member of staff had been working in the home for approximately six months and at the time of our inspection had not completed their induction training.
- Further outstanding/expired training included moving and handling training for eight staff and emergency first aid training. Two staff had not completed updated Management of Actual or Potential Aggression (MAPA) training and two had not completed medication management.
- Staff who were responsible for writing care plans and carrying out staff supervision sessions had not received any specific training in these areas.

People were not always supported by suitably qualified and trained staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they had identified outstanding training needs of staff and worked to ensure all staff were booked on to relevant training courses. The training matrix we reviewed reflected this.
- A wide range of training was available for staff through both e-learning and practical training.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● The provider was not working in line with the principles of the MCA.
● People's capacity to make specific decisions had not been assessed and no documented best interest decisions were completed although restrictive measures were in place.
● One person had their money looked after by the home and had to request money from the office when they went out. There was no record to show the person consented to the arrangements or a corresponding capacity assessment or best interest decision. Another person, who had capacity, had been, "Told/reminded by a staff member that [they were] cut off from" an activity they enjoyed.
● Two people living in the home and subject to DoLS authorisations did not have any capacity assessments or best interest decisions recorded in their care-plans relating to specific decisions.

There was a failure to undertake decision-specific capacity assessments and best interest decisions in line with the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had applied for DoLS authorisations appropriately.

Adapting service, design, decoration to meet people's needs
● The premises were designed to meet the needs of people. The service was bright, spacious, decorated and furnished to a high standard.
● Staff had supported people to personalise their rooms, for example displaying posters and ornaments.
● People's bedrooms included a kitchenette, en-suite and were spacious and airy.
● Corridors were wide and a lift serviced the home so people who used a wheelchair could navigate their way around the home with ease.

Staff working with other agencies to provide consistent, effective, timely care
● The manager had recently worked with the GP to complete a review for one person living in the home.
● We saw evidence some people had been supported to access the dentist.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare.
● We saw evidence of involvement from professionals including a physiotherapist and social worker.

Requires Improvement

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
There was evidence that people had not been treated with respect, however we found that improvements had been made in recent months.
● Historical records, completed by staff no longer employed at the service, did not always refer to people in a kind and caring way or show that people were supported compassionately. This had not been identified by the provider or the previous manager.
● We identified the use of the word 'boundaried' in people's care records. This term referred to restrictive practice situations where a person was denied something they wanted as punishment. For example, in one person's care plan a staff member recorded the person was, "Now being 'boundaried' by staff due to behaviour."
● We discussed our concerns with the manager who told us they were not familiar with that term or in which situations it would be used. The manager confirmed that all staff who had recorded the term no longer worked in the home. Records showed the term had not been used in the two months prior to our inspection.

● We observed kind and caring interactions between people and staff. For example, one person was very distressed and the manager supported the person and knew how to help the person calm down.
● Comments from people included, "I don't want to leave, I feel very safe here," and "[Name and Name] always chat to me and make time."
● Individual staff were very motivated and caring. Staff had worked additional hours when needed to ensure, as best they could, consistent care for people. Staff we spoke with were very concerned to support people in the best way they could.

Respecting and promoting people's privacy, dignity and independence
●Staff we spoke with were able to describe how to promote people's privacy and dignity. One member of staff told us, "I always ask," and said, "If agency staff just go in I feel terrible for the person."
● One person told us they liked to do as much for themselves as they could. This person told us that, with the support of staff, they had begun to walk using a frame.
● However, historically, people had not always been supported in a dignified way or encouraged to maintain their independence.
● One person told a staff member they needed soap from the shop. The member of staff recorded they told the person they would go to the shop on the person's behalf if the person promised to have a shower.
● One person was involved in an incident with a staff member. After the incident, the staff member recorded they had said to the person, "You're not going out for a fag." The staff member had then told a colleague,

"[Person's name] ain't going out for a fag." However, the colleague had supported the person to go and have a cigarette.

Supporting people to express their views and be involved in making decisions about their care
● The manager was working to improve how people were involved with making decisions about their care.
● Some care plans we reviewed included the person's signature to confirm they had been involved with the care planning process.
● Comments from people included, "I can do what I want."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 had not always been supported to have maximum choice and control of their lives and this had not been identified by the provider. However, improvements had recently been made.
- One person needed support during the night to smoke a cigarette in the garden, however staff had declined to help them. The following morning the person was involved in an incident and said it had occurred because, "It was built up frustration due to night staff not allowing [them] to go out for a cigarette."
- One person pressed their bell during the night as they required assistance from staff to reposition their pillows. When the staff member had assisted the person to reposition their pillows, the staff member recorded, "Asked [person's name] to be considerate when buzzing during the night so that the buzzer does not interfere with other residents requiring help at the same time."
- Some people's care plans did include information about their preferences, for example the types of food they liked to eat.

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.

- Staff were available to support people to access information that was important and relevant to them.

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 to develop relationships.
- One person had been supported to access various events of their choice in different areas, including parades and carnivals.
- Visitors were welcomed into the home.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place.
- The manager told us they had received one complaint. We reviewed the complaint and found the manager had taken steps to ensure the complainant was satisfied with the response to their complaint in line with the provider's policy.

End of life care and support

● No one was receiving end of life support during our inspection.
● We did see evidence that the provider had tried to speak with people about their end of life care and support needs and that this had been declined.
● One person had been supported by staff to complete a detailed end of life care plan that included their wishes and details about how they wished people to celebrate their life.

Inadequate

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Checks and quality assurance systems were not robust and had not been operated effectively to identify the concerns, shortfalls and omissions that we identified during our inspection.
- There were no records of provider visits or audits of the service available from when the service opened until October 2019. The provider could not be assured that shortfalls had been identified or rectified during that period. This was discussed with the provider who informed us visits had been carried out to the service.
- Governance systems had failed to identify shortfalls found at this inspection. For example, medicines management, recruitment, the assessment and management of risk and environmental risks.
- Audits had not identified information recorded in people's daily records that was concerning. For example, the use of the term 'boundaried' or when a person was told they were not able to go and smoke a cigarette.
- There was no provider oversight of the service and staff had not been supported by the provider to carry out their roles effectively.
- The governance systems had not been used effectively to identify when policies and procedures were not being adhered to.

There was a failure to ensure robust governance systems were used effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notifications were submitted to the Commission as required. All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

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

- The manager was working to improve the culture within the home and people were now achieving some good outcomes. For example, one person who previously used a wheelchair at all times had been supported to walk independently.
- Staff spoke about people in a person-centred way. Comments from staff included, "They tell us how they want their care and we do it that way", and "I really like to see people getting out and about."
- Staff told us morale was better, but some staff were exhausted and felt overwhelmed. Staff said they were

happier and felt more supported since the new manager had been in post.

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 manager was aware of the need to be open and honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The manager had recently facilitated a meeting with people.
● The manager operated an open-door policy which meant people, staff and relatives could speak with the manager at any time.
● We saw evidence relatives of people were engaged with staff. For example, one compliment read, "Each and every time I have visited unannounced, I have had no reason to be concerned about [person] or anyone else."

Continuous learning and improving care
● The manager was building links to help improve how the service was run. For example, contacting local care homes to explore how they ran their services so they could transfer good practice to La Retraite.

Working in partnership with others
● The manager was working with the local authority to improve the service, this included arranging access to training.

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 People's needs and choices were not always assessed in line with best practice and standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent There was a failure to undertake decision-specific capacity assessments and best interest decisions in line with the principles of the MCA.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to adequately assess, manage and mitigate potential risks to people's safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment There was a failure to ensure robust practices and procedures protected people from the risk of abuse.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to ensure robust governance systems were used effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff were not always recruited safely.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not always supported by adequate numbers of suitably qualified and trained staff.

The enforcement action we took:

Warning notice.