

K And N Care Homes Ltd

# Hollin Bank House

## Inspection report

Hollin Bank  
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Tel: 01254236841

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22 June 2023

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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

Hollin Bank House is a residential care home providing accommodation and personal care to up to 14 older people and those living with dementia. At the time of our inspection there were 7 people using the service.

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

Medicines were not always managed safely. Records relating to safe medicines management were at times inaccurate or missing.

Quality monitoring and audits at the service were not effective or robust. These systems had not identified shortfalls in management of medicines or ensured areas of the home were safe.

People were not always able to express their views on the service they received, as not everyone had received feedback forms and resident meetings were not taking place. We made a recommendation about this.

The environment contained limited dementia friendly aids to help people orientate around the service, and some areas were unsafe for people to use. We made a recommendation about this. Staff received a mixture of mandatory training and service user specific training, but this did not cover all the required areas. We made a recommendation about this.

People were not always offered choices at the service, and we received mixed feedback on this in the areas of nutrition and personal care. People were not always involved in contributing to or reviewing their care and support plans. We made a recommendation about this. People were supported to maintain relationships which were important to them and were involved in a range of activities. People's communication needs were met and there was a process for managing complaints and concerns.

Risks to people and the environment had been assessed and there were enough staff to support people. Recruitment practices were robust, and people and relatives spoke positively about the staff approach. There were systems and processes in place to safeguard people from the risk of abuse.

People spoke positively about the quality and quantity of food and fluids they received and were supported to eat and drink enough. People's rights were respected, and the service was working in accordance with the mental capacity act. People were supported by staff who treated them with respect and promoted dignity, privacy and independence. People and their relatives praised the staff approach to providing care and support. Staff understood the need to encourage people to be independent and people we spoke to confirmed this. We observed interactions between people and their care staff which were professional, friendly and considerate.

People and staff spoke positively about the management team and the registered manager was committed

to making improvements to the service through partnership working.

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

The last rating for this service was good (published 10 February 2020).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

#### Enforcement and Recommendations

We have identified breaches in relation to management of medicines and good governance at this inspection. We have made recommendations in relation to staff training, dementia friendly aids, obtaining service user feedback and care planning. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hollin Bank House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection was undertaken by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hollin Bank House 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. Hollin Bank House is a care home without 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 21 June 2023 and ended on 3 July 2023. We visited the location's service on 21 and 22 June 2023.

#### What we did before the inspection

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

#### During the inspection

We spoke with 3 people about the care they received, and 2 relatives about their experience of the service provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to 6 members of staff including care staff, the deputy manager and the registered manager. We reviewed 3 staff files in relation to recruitment. We looked at 2 people's care plans and risk assessments. We reviewed records relating to medicines management and a variety of records relating the management and quality monitoring of the service.

# 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 good. 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.

### Using medicines safely

- Medicines were not always managed safely. A record relating to the stock count of a controlled drug was inaccurate, meaning that a dose was unaccounted for. Recorded stock counts of other medicines did not always match the stock held at the service.
- On occasions, medication administration records (MARS) had missed entries, making it unclear whether medicines had been administered at the correct time.
- PRN protocols were not always available to guide staff on when to administer 'as and when required' medicines to people. Some topical treatments such as creams had 'as directed' written on the label, making it unclear for staff on where to apply them when supporting people. Times of administrations for 'as when required' pain relief such as paracetamol or co-codamol were not always recorded, making it unclear whether doses had been spaced appropriately.
- Topical and liquid medicines were not always marked with an opening date, meaning their shelf life and expiry date could not be determined.
- A medicines audit had identified a person was found to have a medicines allergy. However, this was not always recorded on the persons medication administration record.

Due to poor management of medicines, this was a breach of Regulation 12 (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had received training in medicines administration and a subsequent competency assessment of their ability to administer medicines safely.
- People told us staff supported them with their medicines. They said, "They [staff] make sure I get my medication on time" and, "They [staff] are good with medicines, I know what I'm on."

### Learning lessons when things go wrong

- The registered manager had a lessons learned process in place for when things go wrong. However, these records were brief and did not always include clear actions to mitigate future risks and improve practice. The registered manager agreed to rectify this going forward.
- We saw examples of a completed lessons learned process following an infectious outbreak, medicines errors and management of people's needs with regards to consent.

### Assessing risk, safety monitoring and management

- Utilities, firefighting equipment and moving and handling aids were regularly inspected and serviced to ensure their safety. A review of records and certificates confirmed these checks had taken place.

- People had emergency evacuations in place to guide staff on how to evacuate them safely. The plans included the staff support required and the use of aids, which staff had received training in how to use.
- Where people were at risk of pressure sores, falls or malnutrition, risk assessments were completed and control measures put in place to reduce the risk. Risk assessments were reviewed monthly to ensure they were in line with people's changing needs.
- People were confident in staff supporting them safely. They said, "I think they [staff] mostly know what they are doing. I feel confident with them" and, "I think staff know what they are doing, I have no worries about their abilities."

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

- There were systems and processes in place to safeguard people from the risk of abuse. There were accessible safeguarding and whistleblowing policies to guide staff in keeping people safe.
- Staff had received safeguarding training and understood the importance of keeping people safe. Staff were able to identify the potential signs and indicators of abuse and knew how to escalate concerns should they need to. A staff member said, "Safeguarding is especially important when we are supporting our residents, that nothing is going wrong, and that no-one is getting hurt physically, financially or sexually."
- People and their relatives felt the service was safe. They said, "I feel safe living here, they [staff] look after me and make me feel comfortable" and, "Of course [person who used the service] is safe with the staff. They are brilliant with them."

#### Staffing and recruitment

- Staff were recruited to the service safely and there were enough staff to support people.
- Application and interview forms were completed in full, and the provider had sought references and completed pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The staff team consisted of a mix of new starters and experienced staff members. Staffing levels were maintained at the assessed level to support people safely. We observed staff being available to support people as required. A staff member told us, "There is a lot of staff, personally we feel very comfortable. The staffing levels are good."
- People spoke positively about the staff who supported them. They said, "The staff are all really friendly, they are very good" and, "The staff are very good and caring." A relative told us, "The care staff have been brilliant, very welcoming, they are always complimentary and very friendly."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was supporting people with visitation in line with government guidance.

# Is the service effective?

## Our findings

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

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

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

- The home was not always adapted to meet the needs of people. There were limited aids to help people with dementia orientate around the home, and bedroom doors did not always have personal identifiers on them to help people locate them. People had access to an outside area, but this was not secure, meaning people could not access it without staff supervision.
- People gave us mixed feedback on their bedrooms at the service. A person told us, "My room is very comfortable. I have my own things, such as family photos." Another commented, "My bed is a bit short for me," and a relative said, "[Person who used the service] bedroom is okay."
- The shower in the bathroom on the first floor of the service was not safe to use, as it required people to navigate two steps to access it. People who resided on the first floor who wanted a shower, had to come downstairs to use the ground floor wet room. There were plans to refurbish this bathroom in the future.
- We saw evidence of staff supporting a person living with dementia to choose some wallpaper for her bedroom walls.

We recommend the provider creates a more dementia friendly environment so people can orientate around the service effectively.

Staff support: induction, training, skills and experience

- Staff completed a mixture of mandatory and service user specific training which was up to date. This included training in dementia, end of life care and person-centred care. Staff did not receive any training in learning disability and autism awareness, which is now a requirement for all care homes.

We recommend the provider provides staff training in the areas of learning disability and autism awareness.

- Staff completed an induction before joining the service as well as The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervisions from the management team as well as an annual appraisal. This ensured development targets could be set and staff could discuss any issues relating to their working role. A staff member told us, "The supervisions are okay to be honest, if we do anything wrong we can discuss it and correct it. We talk about training and the need to keep up to date, things are changing all the time, so it keeps us updated."

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

- The registered manager completed pre-admission assessments of people's needs and choices before they joined the service. This information was used to construct care plans and risk assessments to ensure people's needs were met.
- People's support plans were person centred and contained details of their life history and people who were important to them. People's needs were assessed in the areas of nutrition, moving and handling, oral care, communication, falls, mobility and dexterity and physical and mental health.
- Care plans outlined what support people needed from staff in different areas of their life. Where people were at risk of malnutrition, choking or falls, risk assessments had been completed and were reviewed regularly.

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

- People were supported to eat and drink enough to maintain a balanced diet. A person said, "The food is very good, quite varied. They ask what we want and listen to our choices. You can have whatever you want," whilst another said, "The food is absolutely excellent. They don't let you starve or go thirsty. I get enough to eat and drink."
- People's care records evidenced the regular consumption of food and fluids, and this was recorded in detail. People's weights were recorded weekly and where people had difficulty with eating or drinking, referrals were made to speech and language therapy. As people's needs changed, subsequent referrals were made to ensure they could eat and drink safely.
- People's care records included nutritional assessments outlining people's preferences and choices, as well as the support they required. Staff understood the importance of providing modified food and fluids to people who required them and were able to tell us about this in detail.

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

- People's health conditions and needs were outlined clearly in their support plans and risk assessments. Staff told us they worked alongside various health professionals in meeting people's needs, including various nurses and doctors.
- Care records evidenced health professionals visiting the service and people told us their health needs were met. They said, "I occasionally see the GP and the district nurse most weeks for my usual ailments" and, "I have some health needs. The district nurse visits to see to them."
- Where people had developed injuries or ailments, the professional visitors log in people's care plans evidenced staff sourcing input from relevant health professionals in a timely way.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

relating to those authorisations were being met.

- People were supported in accordance with the MCA and their rights were respected.
- Where people didn't have capacity to make a particular decision, mental capacity assessments had been completed. Where required, applications to deprive people of their liberty had been made appropriately.
- We saw evidence of best interests' decision making for people who could not consent to areas of their care. This included involvement from family members and health and social care professionals.
- Staff understood the importance of obtaining consent before providing care and we observed this during the inspection. A person said, "Yes, they [staff] ask for consent."

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People were supported by staff who respected them and treated them as individuals. People spoke positively about the approach of the care staff. A person said, "They [staff] are all very nice people. They very much look after me and they are always efficient."
- Relatives told us they had no concerns regarding staff delivering care to their loved ones. They said, "The staff are all great. They are fabulous with people, marvellous."
- Staff understood the importance of providing person centred care which respected people's choices and rights. A staff member told us, "Person centred care is making sure the resident feels comfortable, that they live in their own home, and we celebrate their culture and observations with them. As a human right, we are all equal. Whether we are disabled or have different levels of mobility, we are all the same."
- A person told us, "I'm a Catholic by faith, if I ask for a priest, they [staff] will get one for me."

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

- People were supported by staff who respected their privacy and dignity, whilst promoting independence. People told us, "The care is very good. I can lock my bedroom door if I want to. They [staff] knock on my door; they don't just barge in" and, "I have my own room, there is a lock on the door, but I don't use it. I feel I can keep things private."
- Staff understood the need to promote people's privacy and dignity and told us of the practical examples of how they do this. We saw staff members knocking on people's doors before entering and communicating with people in a respectful way. A staff member told us, "We must respect the residents, ask them what they want, we always give them choice and communicate with them."
- People's physical abilities were respected and where appropriate, staff offered encouragement and support to ensure people remained independent. People told us, "They [staff] encourage me to do things for myself" and, "They [staff] help me get washed and dressed, they are very good at encouraging me with this. I feel I'm in control of things." Staff told us, "If people can do, then they should do if they have confidence in themselves" and, "One of our main goals is to encourage people. We don't want to take that independence away."
- People told us staff listened to them and respected and acknowledged their views. They said, "The staff are very good, they listen to me and get me what I need" and, "They [staff] listen to me and do what I want. They ask if anything is bothering me."

# 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 good. At this inspection the rating has changed 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

- People gave us mixed feedback on receiving care which gave them choice and control. Some people told us they did not have choice in some areas of their life. A person told us, "They [staff] don't shave me every day, they fail to ask me sometimes. They don't help me clean my teeth, just odd times. They [staff] get me up at 06:00, I thought we had to get up at 6:00 as I'm in the lounge for 06:30." Regarding choices at mealtimes, a person told us, "Sometimes they [staff] give me a choice, sometimes they don't."
- We received mixed feedback on people being involved in reviewing their care and support plans. A relative told us, "Staff go through the care plan with me and keep me up to date." People at the service told us, "I'm not aware of a care plan. I have not seen anything written down, but they [staff] give me what I need" and, "I believe I have a care plan, but I have never seen it. I'm not aware of any reviews."

We recommend the provider reviews their care planning process to ensure people have choice and control to meet their needs and preferences.

- Other people told us they were able to exercise choice and control over their daily life. A person told us, "I can do what I want, more or less. I can go to bed when I want and get up when I want. They [staff] don't force me to do anything."
- Care records evidenced people's needs and choices in a person-centred way. They contained information on people's preferences and choices in relation to food and fluids and social activities and interests, as well as their likes and dislikes. A staff member told us, "We always offer choices in food, drinks, clothing and activities."

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 registered manager understood the AIS and there was a policy in place support this.
- People's care plans outlined their individual communication needs and methods, and staff understood the importance of effective communication. A staff member told us, "I have to inform people of what I'm going to do at all times. I need to give them all the information step by step as they may not remember. We need to inform them of everything we do."
- We observed staff interacting with people in a friendly and considerate way. Staff sat beside people when

talking to them and took an active interest in their personal lives. Where a person's first language was not English, staff communicated verbally in their first language and with written notes to help them understand.

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 maintain relationships which were important to them. They told us, "My brother comes to visit once a week" and, "My sister visits weekly, my friends visit too." During the inspection, we observed people being visited by their loved ones.
- There was an activities co-ordinator who visited the service 4 days a week. People were engaged in a range of activities including arts and crafts, card games, crosswords and puzzles, movie nights and ball games.
- People told us they took part in activities which were relevant to them. They said, "Staff occasionally sit with me and play cards" and "I like crosswords and drawing." A relative told us "[Person who used the service] likes crafting and drawing. The staff send me photos of her doing things."

Improving care quality in response to complaints or concerns

- The service has not received any formal complaints but there was a policy and system in place to support this process.
- People we spoke to told us they had no complaints or concerns regarding the service they received. People told us they would feel comfortable raising a complaint should they need to. They said, "I haven't made any complaints, just mentioned general matters. I would go to see the manager if I had any issues, but I've not needed to" and, "I have no complaints, but I would go to the manager."
- Relatives we spoke to told us they had no complaints or concerns regarding the care their loved ones received. They said, "If I had any complaints, I would see the registered manager" and, "All in all I'm absolutely thrilled with the service."

End of life care and support

- At the time of the inspection, no-one was receiving end of life care and support.
- There was an end of life policy in place and staff had received training in end of life care awareness. Staff understood the importance of providing person centred care to people during end of life. A staff member told us, "We must treat them as a person as they're on their last journey. We need to make sure they get the best care which respects their religion and beliefs."
- People's care records evidenced their wishes and needs for end of life care, in the form of advanced care plans, which included input from people and their relatives.

# 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 good. 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.

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

- Quality monitoring of health and safety and associated risks was not always effective or robust, which placed people at risk.
- Health and safety audits had failed to identify the uneven floor in the first-floor bathroom or the absence of a lap belt for the bath hoist, which presented a slips, trips and falls risk.
- The majority of people's bedroom were on the first floor of the service. The only way to access the stair-lift was to pass through the laundry room, which presented a health and contamination risk to people.
- There were audits and testing of the fire alarm system, and people had emergency evacuation plans in place, but there was no fire risk assessment and regular evacuation drills could not be evidenced.
- Medicines audits were being completed, but they had not identified the issues we found relating to medicines in the safe section.

We found no indication that people had been harmed. However, effective systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always engaged in the running of the service. Resident meetings were not taking place which would allow people to be involved in the delivery of their care. A person told us, "I'm not aware of any residents' meetings." We saw completed examples of feedback forms people had completed. However, not everyone we spoke confirmed they had been involved in this process. A person told us, "There's no residents' meetings or questionnaires." Where people had completed feedback forms, the results of these were not analysed to identify trends, patterns or areas for improvement.

We recommend the provider reviews their processes for service user engagement to ensure people can give feedback effectively.

- Staff meetings were taking place monthly and were often themed around a key area of service delivery such as fire safety or safeguarding. Staff described the meetings as "Useful" and, "Helpful."
- Staff spoke highly of the management team and being involved in providing feedback and suggestions for

improvement. They said, "Whatever I say, [registered manager] listens to me properly" and, "Carers give the management team feedback to update care records."

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

- The registered manager had worked to create a positive atmosphere and culture within the home and staff spoke positively about the management team. They said, "[Registered Manager] is lovely, patient and understanding" and, "[Registered manager] is really good. Both the managers are really good."
- Staff told us they felt valued and listened to by the management team, and morale amongst staff members was positive. They said, "The staff team are all positive. If new staff come in, we tell them to feel comfortable and they must always ask if they need help. We don't take any risks, we always ask each other and the team" and, "The management team have helped me since the day I came here. I can talk to everyone, and the managers support me."
- The registered manager appeared to have a good rapport with people and knew them well. People said, "The registered manager is very good at their job; I see them every day" and, "I see the manager more or less every day." A relative said, "I see [registered manager] regularly. We always go through things, and they ring me up about things."

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 understood the concept of the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager had submitted statutory notifications to the CQC for notifiable events at the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood the need for continuous learning and improving care. The service was receiving support from the local authority quality assurance team, the infection prevention and control team and the medicines optimisation team to improve practice.
- There was a development plan in place which outlined key areas for improvement in the future. This included moving the stair lift to a safer location, a refurbishment of the first-floor bathroom, securing the garden area and refurbishment of people's bedrooms.
- People's care records evidenced the involvement of a range of professionals in meeting people's changing needs, including doctors, nurses, chiropodists, speech and language therapists and social workers.

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  The provider had failed to ensure the safe management of medicines.  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  The provider had failed to ensure governance systems assessed and mitigated risks to people.  Regulation 17 (1)(2)(b)