

Ms Elaine Atkinson

207 Goodmayes Lane

Inspection report

207 Goodmayes Lane
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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

207 Goodmayes Lane is a residential care home providing the regulated activity of personal care to up to 6 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 2 people using the service. The home is an ordinary house in a residential street.

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

Risks to people were not always adequately assessed. The provider did not have effective systems in place to mitigate the risk of financial abuse. Care plans were not comprehensive as they did not cover equality and diversity needs or end of life care. Quality assurance systems were in place, but these were not always effective. Records were not maintained of staff supervision and we have made a recommendation about this.

Medicines were managed in a safe way, although we have made recommendation about the management of controlled drugs.

Systems were in place to protect against the spread of infection. Staff were aware of their responsibility to report allegations of abuse. People told us they felt safe using the service. Checks were made to help ensure the premises were safe. There were enough staff working at the service and robust staff recruitment practices were followed.

People's needs were assessed before they moved into the service. Staff received training to help them in their role. People were able to choose what they ate and drank and they got enough to eat. The premises were well maintained and homely in appearance. Staff supported people to access health care services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that staff were kind and caring and treated them well. People were supported to have control and choice over their daily lives. People's privacy was respected, and staff understood the importance of maintaining confidentiality.

Care plans were in place which set out how to meet the individual needs of people, with the exception of equality and diversity needs and end of life care. People and relatives were involved in developing these plans, which meant they were able to reflect people's needs and preferences. People's communication needs were met. People told us they had confidence that any complaints raised would be addressed. People were supported to take part in activities and to maintain relationships with family and friends.

There was an open and positive culture at the service, which meant people, relatives and staff could express

their views. The provider worked with other agencies to develop best practice and share knowledge.

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

Rating at last inspection and update

At the last inspection [published 27 May 2022] we did not give an overall rating, as we only looked at the Safe and Well-led questions in full. Both of these questions were rated as Inadequate. At this inspection the overall rating is Requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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

You can read the report from our last inspection, by selecting the 'all reports' link for 207 Goodmayes Lane on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to systems for safeguarding people from the risk of financial abuse, risk assessments about individual risks people faced, care plans and quality assurance systems at this inspection. We have also made recommendations about medicines management and staff supervision.

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 ●

207 Goodmayes Lane

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors, one of whom was a medicines inspector.

Service and service type

207 Goodmayes Lane 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. 207 Goodmayes Lane 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 not a registered manager in post. The nominated individual was managing the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are

often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three staff: a support worker, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed how staff interacted with people. We reviewed two people's care records and medicines records. We looked at the staff recruitment records for 2 staff. We reviewed a number of records relating to the management of the service, including a selection of policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure staff had undertaken training about safeguarding adults. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that staff had undertaken this training. However, the provider had failed to implement robust systems to protect people from the risk of abuse. They were therefore still in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did not have adequate systems to protect people from the risk of financial abuse.
- The provider had a 'Service User's Finances Policy and Procedure'. However, this was not always followed. The procedure stated the provider, "Will not pay any money belonging to any service user into an account unless this is in the name of the individual to whom the money belongs." The nominated individual told us money belonging to people was paid directly into the provider's business account. The policy also stated the provider, "Will keep full, individual, receipted, records of its financial transactions with or on behalf of the service user." This was not done.
- The nominated individual told us that the relatives managed the money of both people that used the service. They said that sometimes the service would buy things as required for people, for example clothes and toiletries. They said that relatives on occasions provided the service with money to cover this kind of expenditure. We were told this money was paid into the business account, and there was no auditing or recording of how much money was spent on behalf of people. For example, the nominated individual said, "If we [staff and person who used the service] go out for lunch, I don't save a receipt." This meant it was not possible to verify that all monies were spent appropriately.

We found no evidence that people had been harmed, however, the provider had not implemented effective systems to safeguard people from the risk of financial abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection, staff had undertaken training about safeguarding adults, and they were aware of their responsibility to report any allegations of abuse. One staff member told us, "I have to report [an allegation of abuse] to the manager." The provider had a safeguarding adult's policy in place. This made clear their responsibility to report any allegations of abuse to the local authority and Care Quality Commission.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that risks to people were adequately assessed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made in this area and the provider was still in breach.

- At the last inspection, we found that risk assessments did not cover people's health conditions. At this inspection we found this had been addressed and satisfactory risk assessments were in place about this.
- We found other risk assessments were in place for people, for example, in relation to falls, medicines and accessing the community. However, not all risks people faced had been adequately assessed.
- When we arrived for our inspection, we were advised to store our personal belongings in a cupboard in the office. The first aid box was stored in a locked cupboard in the kitchen. The nominated individual explained that things had to be kept locked away, because otherwise there was a risk that one person would take these things. There was no risk assessment in place for this and the nominated individual told us they did not know this was required. They told us they would put a suitable risk assessment in place.
- People did not have Personal Emergency Evacuation Plans (PEEPs) in place. A PEEP is an individual plan created for those who require assistance or special arrangements in order to safely evacuate a building in an emergency, such as a fire. We discussed this with a director who told us they were not aware that PEEPs were needed, telling us, "I think we haven't done one [PEEP] that is person-centred." They said they would ensure PEEPs were put in place.
- Steps had been taken to ensure the premises and equipment used were safe. For example, gas and electrics had been checked by a qualified person.
- However, the provider stored food for people in fridges and freezers. The temperatures of these had not been checked since July 2022. This meant if they were faulty the provider might not have been able to identify this.
- We also found that one of the fridges and a freezer compartment did not have a thermometer so temperatures could not be checked. These were provided after our inspection. In addition, we found three food items stored in the fridge, when the label on them said they should be stored in the freezer.

We found no evidence that people had been harmed. However, the provider had failed to take adequate steps to protect people and others from the risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in regard to medicines management.

- Medicines were stored securely in locked and designated medicines cabinets. Staff had taken training about how to provide support with medicines.
- Medicine administration records were kept. These were accurate and up to date. This meant there was an audit trail of medicines administered. Checks were carried out on medicines records.

- People told us they were supported by staff to take their medicines. One person said, "They gave me my medicines 3 times a day. They always remember."
- At the time of our inspection no one using the service was prescribed any controlled drugs. These are drugs that require additional checks to be in place. Staff did not fully understand the legal requirements for the management of controlled drugs.

We recommend the provider familiarises themselves with best practice and legislation in regard to the management of controlled drugs in care homes.

Staffing and recruitment

At our last inspection the provider did not have sufficiently robust staff recruitment practices in place. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the last inspection the provider had not obtained references or Disclosure and Barring Service checks for some staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. At this inspection this issue had been addressed and these checks had been made, along with others, including staff providing proof of identity and a record of their previous employment history.
- There were enough staff working at the service. At the time of inspection, the provider only employed two care staff. The nominated individual told us the two directors also worked a lot of shifts, and they used agency staff to make up any shortfalls. They told us they were seeking to recruit more care staff.
- People told us there were enough staff. One person said, "Staff are here all the time." Staff told us they had enough time to carry out their duties.

Learning lessons when things go wrong

At our last inspection the provider had failed to review accidents and incidents in order to learn lessons when things went wrong. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection we found that accidents and incidents were not reviewed to see how the likelihood of similar incidents re-occurring could be reduced. At this inspection we found this issue had been addressed.
- The provider had a policy on accidents and incidents, and we found this had been followed. A director told us there had only been one significant incident since the last inspection. We saw this had been reviewed and actions had been taken to help prevent the risk of a re-occurrence.

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.
- People told us staff helped to keep the premises clean. One person said, "The [staff] clean it [person's bedroom], but I try to keep it tidy myself [which helped to promote the person's independence]."

Visiting in care homes

- There were no restrictions on visitors to the service. People were able to receive visitors as they wished in line with the government guidance at the time of the inspection.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service where we have given the Effective question a rating. 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.

Staff support: induction, training, skills and experience

- Staff undertook regular training to develop their knowledge and skills. This included an induction training programme on commencing work at the service. Training included first aid, working with people with dementia, fire safety and safeguarding adults.
- A director told us they had regular one to one supervision with staff but that this was not always recorded, saying, "These were not written down, they were oral." A member of staff said their last written supervision record was from March 2022 and records confirmed this. The provider's policy on supervision did not stipulate how frequently supervision should be held.

We recommend that the provider has a clear policy on staff supervision which it follows, which includes having regular formal supervision which is recorded.

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

- Assessments had been carried out of people's needs before they moved into the service. This was to assess what the needs were and also if the service was able to meet those needs. Assessments were carried out with the involvement of the person and, where appropriate, family members. This helped ensure assessments covered what was important to the person.
- Assessments covered needs including personal care, medicines, mobility, mental and physical health. However, they did not cover needs related to equality and diversity. Please see the Responsive section of this report for more details about this.

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. Care plans included information about people's dietary needs and their food likes and dislikes.
- People told us they got enough to eat, that they enjoyed the food, and were able to choose what they ate and drank. One person told us, "We get enough to eat, more than enough. The food is good."

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

- The provider worked with other agencies to access healthcare services and to support people to live healthy lives. People had access to healthcare professionals such as GPs and dentists, and had recently had vaccinations to combat influenza and COVID-19. One person told us, "Oh yes, I go to the doctors and the ear clinic. The staff take me."

- Care plans covered people's health care needs. People were supported to take part in exercises and to eat healthy diets to promote good health care.

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

- The service had some adaptations to meet people's needs. For example, the shower was designed to accommodate a shower chair and handrails were fitted in bathrooms to aid mobility.
- The service was decorated to a good standard and was homely in appearance. People had their own bedrooms, which they had been able to personalise to their own tastes. For example, with family photographs and their own possessions.

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.

- At the time of inspection no one using the service was subject to a DoLS authorisation. However, the provider had applied for a DoLS authorisation for one person and were able to show us this application. They were waiting for the local authority to make a decision about this.
- People were supported to make decisions about their care themselves. Where people lacked the capacity to do so, mental capacity assessments had been carried out and best interest decisions made, for example, in relation to self-administering of medicines.

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 where we have given the Caring question a rating. This key question has been rated 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 treated well. People told us they liked the staff and got on well with them. One person said, "They [staff] respect me and I respect them." The same person added, "I'm happy in myself here and what is around me, and the staff and everything."
- Staff were respectful when they talked about people. We observed that staff interacted in a friendly way with people, and people were seen to be relaxed and enjoying the company of staff. A member of staff told us. "We have to take time to chat [to people], to get to know them, to respect them."
- Equality and diversity was respected, and the provider sought to meet people's needs in this area. For example, people were supported to attend places of worship and food reflected people's culture. However, care plans did not cover equality and diversity needs. See the Responsive section of this report for more details.

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

- People were supported to express their views and be involved in making decisions about their care. People were involved in developing their care plans, as were their relatives.
- Staff understood the importance of supporting people to make choices and were able to tell us how they did this. For example, staff told us they supported people to make choices about what they ate and the clothes they wore. A person told us, "I choose what I wear."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was promoted. Staff understood the importance of respecting people's right to privacy, for example, we observed they knocked on doors and waited for an answer before entering bedrooms.
- Staff provided personal care in a way that promoted people's privacy. A member of staff told us, "After showering, I have to cover up [person's] body from the bathroom to the bedroom."
- Staff were aware of issues around confidentiality and told us they would not share information about people unless it was authorised. Confidential records were stored in locked filing cabinets and password protected electronic devices.

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 where we have given the Responsive question a rating. 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; End of life care and support

- Care plans were in place for people, however, these did not cover all of people's needs in a comprehensive way.
- Care plans were in place about supporting people with personal care, medicines, mental health and continence. These were person-centred and sufficiently detailed.
- However, there were no care plans in place around people's needs related to equality and diversity needs. Nor had this area been covered in people's pre-admission assessments. We discussed this with one of the directors, who told us they would draw up care plans in this area, telling us, "We can have that [care plans covering equality and diversity] implemented."
- Although no one using the service was at the end of life stage of care, the service is registered to provide support to older people. Despite this, there were no care plans in place around end of life care for people. We discussed this with one of the directors, who said, "Oh no, we haven't gone that far. To be honest, we haven't got a reason [for not having end of life care plans in place]." They told us they would make sure these plans were put in place.

We found no evidence that people had been harmed, however, the provider had not carried out a comprehensive assessment of people's care needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- People's communication needs were covered in care plans. People using the service were able to communicate verbally and to read English. Care plans set out how to communicate verbally with one person to maximise their level of understanding.

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 and maintain relationships. People were able to see visitors as they

wished, and maintain relationships with their relatives. One person told us, "They [relatives] come any time."

- The service supported people to engage in various activities. For example, people were supported to attend places of worship, tea dances, parks and cafes. A person told us, "I go to the [place of worship] nearby and I go to the community centre on Wednesday to watch them dancing."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the provider.

- People told us they knew who they could complain to if need be, but said they had not had any reason to do so. One person said, "I've got nothing to complain about." A director told us they had not received any complaints since the last inspection, and we saw no evidence to contradict this.

Is the service well-led?

Our findings

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

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

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

At our last inspection the provider had failed to ensure that effective systems for monitoring the quality of care provided were implemented. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made in this area and the provider was still in breach.

- Quality assurance and monitoring systems were in place, but these were not always effective. Although the provider had addressed some of the concerns we found at the last inspection, we found some significant areas of concern remained, which the quality assurance systems had failed to identify.
- Care plans and risk assessments were subject to review. However, these reviews had failed to identify that risk assessments did not cover all significant risks or that care plans did not cover all people's care needs. Auditing systems were in place, but these had failed to identify that there was no system in place for monitoring the spending of people's money by the service.
- There was a clear management structure in place at the service and staff knew who their line manager was. Staff were provided with a copy of their job description to help provide clarity about their role.
- The provider was aware of regulatory requirement. For example, they were aware of what issues and incidents they had to report to the Care Quality Commission. Other regulatory requirements were met, such as having employer's liability insurance cover in place and ensuring fire safety equipment was serviced appropriately. However, they did not always have a good understanding of all relevant issues. For example, they told us they were not aware that care plans should cover equality and diversity needs or that Personal Emergency Evacuation Plans should be in place for people.

We found no evidence that people had been harmed. However, the provider had failed to implement effective systems for monitoring the quality and safety of care provided. This was a breach of Regulation 17 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

- The provider engaged with people and others. For example, people told us they had residents' meetings.

One person said, "Sometimes we have a little meeting with all the staff." Staff meetings were also held which gave staff the opportunity to raise issues of importance to them. One member of staff said, "We do have staff meetings, we talk about safeguarding, caring, infection control. One time we had a meeting after [person] went missing to talk about that."

- The provider had sent feedback forms to relatives in the summer of 2022. Completed forms we saw contained positive feedback.
- The provider did not always fully consider equality characteristics. As stated in the Responsive section of this report, equality and diversity was not covered in people's care plans. Staff recruitment forms asked prospective staff to declare their marital status. The nominated individual told us this was because, "They [prospective staff] may say 'my husband says I can't do this, and I can't do that' so we have to know if a husband is there." We discussed this with the nominated individual who told us they would amend the staff application form, so it no longer asks about marital status.

We recommend the provider carried out staff recruitment in line with good practice in relation to equality and diversity.

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

- People and staff told us there was an open and inclusive culture at the service. One person said they got on well with the nominated individual and spoke with them regularly. A member of staff said, "[Nominated individual] is so good, they are so helpful."
- The provider worked with other agencies to develop best practice and share knowledge. For example, they told us they had worked with the local authority who had provided support with training.

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

- The provider had systems in place to respond if things went wrong and to be open and honest. For example, accidents and incidents were reviewed to see how they could be prevented from happening again. There was also a complaints procedure in place to address concerns.

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 registered person had failed to carry out an assessment of the needs and preferences for care of the service user, in relation to end of life care and equality and diversity needs.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not comprehensively assessed the risks to the health and safety of service users and others.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person had not established systems to effectively prevent the financial abuse of service users.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to establish and operate effective systems to assess, monitor and improve the quality and safety of the services provided.

