

# Thistleton Lodge Limited

# Thistleton Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service

Thistleton Lodge Care Home is a large detached property in its own grounds providing care for up to 54 people in three units. Two units specialised in providing care to people living with dementia. There was a passenger lift for ease of access and the home was wheelchair accessible. At the time of inspection 47 people lived at the home.

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

Although people said they felt safe at Thistleton Lodge, this did not reflect our findings on this inspection. People's medicines were not consistently managed safely or in line with good practice guidelines. This meant errors were more likely to occur. People were not always protected from avoidable harm because senior staff did not fully assess all health concerns or behaviour that challenged. There were hazards in the home which placed people at risk of harm. The registered manager did not consistently follow correct process in response to concerns. All of these findings increased risk and the possibility of harm to people. We have required the provider to address these.

There were poor infection control practices which put people at risk of cross infection. We have made a recommendation for the provider to consider current infection control guidance.

Staff had been recruited safely, trained and supported. People told us there were enough staff to support them.

People were not consistently supported to have maximum choice and control of their lives and staff did not always 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.

The registered manager had not consistently assessed people's capacity to make specific decisions in accordance with the Mental Capacity Act 2005 or supported them with decision making. Staff reviewed and updated assessments and care plans. However, these did not cover the full range of people's diverse needs, always involve them or deliver care in line with good practice guidance. We have required the provider to address these issues.

Parts of the environment needed attention to provide a safe, pleasant place for people to live. We made a recommendation for the provider to make improvements to the environment.

People were usually supported to access health and social care professionals, but referrals were not always made promptly when equipment failed. Staff supported people to eat healthy nutritious food and drink sufficient fluids and knew their likes and needs. There was dementia friendly signage and equipment to assist people moving around the home and meaningful activity. People and relatives felt staff had the skills, knowledge and experience needed to provide good care.

Staff were caring in their approach. However, they did not always look at different ways to care for people when distressed or uncooperative with care. Care plans did not always help staff to deliver the right support or show people's involvement in care plans. We have required the provider to address these.

Locks had been removed from some bathrooms, reducing privacy for people. We made a recommendation about managing privacy to maintain people's dignity.

People told us staff were kind, friendly and supportive and most said they and their relatives were happy at Thistleton Lodge. Staff knew people well and were familiar with their likes and dislikes. We saw caring and sensitive interactions and people were encouraged to make choices throughout the inspection.

Care records did not always have information to provide people with personalised care based on their current needs. We have required the provider to address this.

People knew how to complain and most felt the registered manager would take action to resolve any concerns. There were frequent and varied social and leisure activities. People could stay in the home when heading towards end of life. Staff knew the importance of supporting people to have a comfortable, pain free and peaceful end of life.

The service was not suitably monitored and managed. There was a lack of oversight and risks were not fully understood or addressed. We have required the provider to address this.

The provider was not always clear about their responsibilities to notify CQC of incidents about significant events that occurred in the service. Most people supported, and relatives told us they had confidence in the registered manager who was open and transparent. They talked with and sought people's views. The registered manager was receptive to our inspection feedback and proactive in starting to address the issues we found. Staff told us they felt well supported and enjoyed working at Thistleton Lodge.

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

At the last inspection the service was rated good (published 26 April 2017).

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines, infection control, staffing, staff recruitment and training, staff attitudes, care, equipment and record keeping. 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 safe, effective, caring, 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.

#### Enforcement

We have identified breaches in relation to safe and person-centred care, management of medicines and governance and monitoring of the service and accurate record keeping this inspection.

#### Follow up

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.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always 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?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Thistleton Lodge

## 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

This inspection was carried out by two inspectors and an inspection manager.

#### Service and service type

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

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

#### Notice of inspection

The inspection was unannounced on day one and announced on day two.

#### What we did before inspection

We completed our planning tool and reviewed information we had received about the service since the last inspection. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. This information helps support our inspections. We used all of this information to plan our inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We gained information from four people who lived at Thistleton Lodge and six relatives. 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 with six members of staff including the registered manager and deputy manager. We also spoke with a visiting professional.

To gather information, we looked at a variety of records. This included medicine records and five people's care records. We looked at information in relation to recruitment, staff training and supervision records. We also looked at other information related to the management of the service including audits, surveys and meeting minutes. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We walked around the building to check the home was clean, hygienic and a safe place for people to live and checked maintenance.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicines were not always managed safely or in line with good practice guidance. Examples included staff putting one person's liquid medicine on a table for the person in a beaker identical to drinks beakers around them. The staff member walked away before the person had taken the medicine. This may have been mistakenly taken by someone else.
- Another person was admitted to home with an opened bottle of medicine which expired within 90 days of opening. There was no indication as to when this was opened. So, it was unclear if it was outside the use before date.
- People did not always have written guidance in place for staff to follow when they were prescribed medicines to be given "when required" or with a choice of dose. This meant staff did not always have the information to tell them when someone may need the medicine or how much to give.
- Systems to monitor the use of medicines were not operated effectively. Risk assessments for people who self-administered their medicines were not regularly reviewed. Medicines training and staff competency checks were not completed regularly. Medicine audits did not always find errors or omissions and had not identified the concerns we raised with the registered manager.

Medicines were not managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare were not always effectively assessed, monitored or recorded. People told us they felt safe living at the service. However, people's records were not always complete, accurate or up to date to support them to stay safe.
- Risk assessments were not always completed to help keep people safe. There were no risk assessments for situations when a person was unsafe outside out of the home, for behaviour that challenged, or risks associated with health issues. We observed one person smoking a cigarette who was doing so in an unsafe way. There was no risk assessment for this.
- Where there were risk assessments, we saw these lacked detail about the actions to take and control measures to lessen risks. This included risk assessments about falls and pressure area care where the person was at high risk.
- Staff did not have guidance to support people effectively and maintain their safety. There were no written strategies for managing behaviour that challenged, no information on possible triggers or how to distract and divert people from specific behaviours.
- People were at risk of harm with the environment. When looking around the home we found the laundry &



hairdresser rooms unlocked. There were harmful chemicals easily accessible to people in these rooms. Fire exits were poorly maintained, with algae and moss on stairs and leaves at the bottom of stairs. These were a hazard if people had to use them. On day one we saw not all windows had restrictors and those window restrictors in place did not meet national guidelines. Window restrictors reduce the risk of a window being opened too widely. These were dealt with during the inspection.

Risks were not robustly assessed and managed to make sure people were safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse and avoidable harm. Although people said they felt safe and liked the staff, the correct processes were not always followed in response to concerns being raised or possible safeguarding issues seen. We saw brief records about situations between people that may have put them at risk of harm. Staff did not document enough information about the concerns, the action taken or other details of possible abuse or harm. Risks had not been assessed. This meant the correct actions may not have been taken. Neither did the provider always send the information to relevant organisations. This meant people who should have been aware of the issues, did not have that information.

The provider did not follow correct processes to safeguard people which placed them at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in safeguarding adults. They were able to describe the action they would take if they felt someone was being harmed or abused.
- There was information displayed around the building with contact details of the local safeguarding authority.

Preventing and controlling infection

- Improvements were required to infection control practices. The service had an infection control policy, but had not followed good practice. We were informed during the inspection visit there had been an outbreak of sickness and diarrhoea days before the inspection. This had not been reported to Public Health England as required.
- Domestic staff were employed by the service and in general the home was clean. We reviewed the cleaning rotas and noted daily cleaning tasks were carried out and signed for.
- When we walked around the home we noted an unpleasant strong odour of urine in the entrance hall and several bedrooms. The environment was reasonably surface clean but needed deep or detailed cleaning as several areas required attention. This included handrails, which were painted by day two of the inspection, a bath hoist and toilet raisers which were stained or had rusty surfaces. Some carpets were stained as was some bedding and bed rail bumpers. We brought these to the registered manager's attention. They assured us these would be attended to.

We recommend the provider consider current guidance on infection prevention and control and take action to update their practice accordingly.

- Staff had completed training in preventing and controlling the spread of infection. Staff had access to disposable protective aprons and gloves to help reduce the risk of infection. However, not all staff followed good practice of short and unpainted finger nails.

- We referred the service to infection control professionals at the local authority.

#### Staffing and recruitment

- The registered manager completed recruitment checks, before new staff were able to start working at Thistleton Lodge. This reduced the risk of employing unsuitable people
- People told us there were usually enough staff to provide care. However, it was unclear from rotas which units staff were working in or to confirm staffing was adequate to meet people's needs.
- Staff usually responded quickly to call bells, so people had prompt attention if they needed help.

#### Learning lessons when things go wrong

- There were only limited audits or monitoring arrangements in place to review incidents and accidents. Although staff knew people well, there was no effective structure to provide an overview of incidents. This reduced the opportunities for staff to learn from situations that did not go as well as planned and to discuss actions to improve this.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had not consistently assessed people's capacity to make specific decisions in accordance with the MCA which caused safety risks. We saw one person did not have capacity to make a particular decision in relation to their safety. Although senior staff told us they had discussed this with other professionals and relevant people, there had been no best interests meeting and they had not documented this information. Neither had they been proactive for updates from other professionals on actions being considered.
- Senior staff had made applications for DoLS where people did not have capacity and restrictions were placed upon them for their safety. Staff met any conditions where DoLS had been approved. People had been asked for consent to decisions where they were able to give this. One person told us, "Staff check with me if I am ready to be helped."
- Staff checked if people had given authorisation to any other person to make decisions about their care, such as a Lasting Power of Attorney. We saw this was recorded in care records, so staff knew who could make decisions for each person.
- Staff did not always have the knowledge to support people as they needed. Senior staff carried out assessments of people's needs and reviewed assessments and care plans. However these did not include health issues such as diabetes, epilepsy and behaviour that challenged or enable staff to deliver care in line with good practice guidance. Staff needed to follow specific steps with one person with diabetes. However,

the person's care record gave incorrect information about this. Staff were not consistent with their actions as only some staff knew about the changes. Where people had particular religious beliefs and practices, staff did not give these the importance the person did. Another person wanted a male member of staff to support them with personal care. This was not recorded and they often had a female member of staff supporting them.

Staff had not always assessed and designed personalised care that met people's needs or involved relevant people in decisions about care. This was a breach of Regulation 9 (Person-centred care) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The environment and décor did not always meet people's needs. Several flat roofs and windows were in a poor state of repair. A window was damaged in one bathroom. Hot water taps were turned off in several bathrooms and bedrooms. It was unclear whether this was because the water was too hot, or the tap had previously been left running. This left people without warm water to wash their hands. The chapel, which was being used to store furniture, bags and boxes, was cluttered and could be a fire risk. Some walls and doors were scuffed and marked.
- A secure garden was available for people to access and there and there was dementia friendly signage and equipment. However, there were no locks on bathroom doors, so anyone could walk in while a person was using the bathroom.

We recommend the provider assesses the environmental and plans the necessary work.

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

- People were usually supported to access health and social care professionals for their health needs, but referrals were not always made promptly when equipment failed. We saw a pressure relieving mattress was working incorrectly, but this had not been referred to the appropriate professionals for repair or replacement. This reduced the person's comfort and placed them at risk of receiving inappropriate pressure care.
- The staff team had developed effective and supportive relationships with health and social care professionals. A visiting health professional told us staff made appropriate referrals to them and followed their guidance and advice.

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

- People were supported to maintain a healthy and nutritious diet. They received a choice of food and drink to help them maintain a balanced diet. People told us they liked the food. One person told us, "It is always good and tasty, and we have a choice." However, one person told us their food was often cold by the time they got it. The registered manager said they would look into this.
- We saw staff supported people respectfully and effectively at mealtimes. People were assisted to eat where needed and provided with special crockery and cutlery to help them to eat independently.
- Staff had received training in food safety. A recent food safety visit found hygiene standards were generally satisfactory.

Staff support: induction training, skills and experience

- Staff had received induction and training relevant to their role to assist with developing their skills and knowledge. They felt this helped them use evidence-based care practice. Relatives told us they felt staff were capable and skilful.

- Staff told us they had regular supervision and staff meetings and felt supported by the registered manager and senior staff. They said they were useful and informative.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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; Supporting people to express their views and be involved in making decisions about their care

- Care plans did not always have person-centred information to help staff to deliver the right support that improved people's health and wellbeing.
- Most people told us they or their relatives care and support was planned with them. However, two people felt excluded from involvement and decision making. They said they were not always listened to about the way they wanted their or their relatives care provided. People's input into their care planning was not always reflected in their care records.
- Although kind, staff did not always consider different ways to assist people when they were distressed or uncooperative with care. For example, we read in one person's care plan they were distressed by personal care. We discussed this with senior staff who accepted different ways of managing this had not been considered. We saw the person enjoyed listening to a particular singer, but this was not used to try to make care less stressful for them.

Care was not always personalised to improve people's well-being. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff usually respected people's rights and differences and we saw caring and sensitive interactions throughout the inspection. Most people told us staff were kind, friendly and supportive and they and their relatives were happy at Thistleton Lodge.
- Relatives told us, and we saw, staff knew people well and were familiar with their likes and dislikes. They told us staff encouraged people to get involved in daily living or work-related tasks. One ex-hotel worker folded napkins before meals and enjoyed putting them out ready for mealtimes as they had done when working.
- Although one person said they often had to wait for a long time after using their call bell, this did not reflect our findings. Staff did not appear rushed and responded promptly to call bells during the inspection.
- We saw good examples of staff encouraging people to express their views and opinions and supporting people to make choices and decisions. People were usually involved in making day to day decisions. Most relatives told us they could be included in decision making.
- The registered manager was regularly available, so people had the opportunity to ask questions, give feedback and discuss any issues they wanted to raise.
- People had the information to request support from advocacy services so an independent person able to act on their behalf, if needed.

Respecting and promoting people's privacy, dignity and independence

- We saw staff, in the way they supported people, were respectful of people's privacy, dignity and independence. People confirmed this and were complimentary about staff support. However, the locks had been taken off the bathroom doors on the dementia unit, so people could not have privacy when using the bathroom. The registered manager said they had removed them as people kept getting locked in bathrooms.

We recommend the provider look at alternative to having no locks on bathroom doors in order to protect people's dignity.

- People's care records were kept securely and their confidentiality respected.

## Is the service responsive?

### Our findings

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

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

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

- The service did not manage people's care needs consistently. Care plans and risk assessments did not always have all the information to provide people with personalised care based on their current needs. This included support and health information and management of behaviour that challenged. There was not a robust assessment of the behaviour or guidance for staff how to support the person.
- People were at risk because the service did not appropriately manage behaviour which challenged. Incidents of behaviour that challenged had not been recorded except in the briefest way. There had been no analysis to identify triggers, patterns or trends for possible causes of the behaviours.

Care was not always personalised to maintain and improve people's well-being. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff responded promptly to people's needs and well-being and spent time supporting and engaging with them. People told us they enjoyed the social activities provided and they provided a pleasant diversion. These included bingo, dominoes and board games, art and crafts and pamper sessions. There were also regular entertainers and trips out. One person told us they particularly liked having an ice-cream on the trips out.
- Staff were welcoming and friendly. People said they were able to see friends when they wanted. Relatives told us they were always made welcome when they visited.

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.

- The registered manager was aware of the accessible information standard. They made sure people with a disability or sensory loss were given information, so they knew what it meant.
- Care plans identified each person's communication abilities and difficulties, including speech, hearing, sight or understanding.



#### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure and complaints information was available for people and their representatives. No formal complaints had been received over the previous twelve months.
- Most people were confident any concerns would be dealt with quickly and changes needed made. They said they would discuss with senior staff if they had issues. Almost everyone we spoke with said they were satisfied with the care provided and response to any concerns. One person felt senior staff would not listen. The registered manager was aware of this and attempting to resolve the issues. Other people told us any queries were responded to quickly.

#### End of life care and support

- People could stay in the home supported by staff they knew when heading towards the end of life. Staff explored preferences and choices in relation to end of life care where people were willing to discuss these.
- Senior staff told us they regularly provided end of life care. They understood the importance of supporting people to have a comfortable, pain free and peaceful end of life and provided thoughtful and sensitive care. They also supported the person's family, other residents and each other.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was not appropriately audited, and good governance was not established to ensure the service was suitably monitored and managed. There was a lack of oversight and risks were not fully understood or addressed. Audit processes had not been effective in identifying shortfalls in policy, practice or in record keeping. Some monitoring took place, but this was limited or infrequent and had not identified the issues we found on inspection.

Systems were not in place or robust enough to demonstrate the service was well-led. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was not always clear about their responsibilities. They had not always notified CQC of incidents as required about significant events that occurred in the service. Notifications are important so CQC can monitor the safety of the service people receive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was fully involved in the day to day routines and management of the home. They were visible and accessible to people and their relatives, and other professionals.
- Staff told us the management team often worked alongside them to support them and monitor the standard of care provided. People told us they felt the service was caring and organised and said they provided a good service.
- The registered manager was open and transparent and aware of and met their responsibilities regarding the duty of candour.

Continuous learning and improving care

- The culture of the service was open, honest and caring. The management team were receptive to our inspection feedback and were proactive in starting to address the issues we found.

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

#### characteristics

- The registered manager sought people's views, taking account of people's preferred ways of communicating. They involved people and their relatives in day to day discussions about their care in a meaningful way. There were reviews and surveys as well as more informal discussions with people. Most people supported and relatives told us they had confidence in the registered manager who was open and transparent.
- Staff told us they had team meetings and had other opportunities to share ideas and comments about care. They told us the registered manager and senior team were very supportive. A staff member said, "They have been fabulous, so easy to talk to, approachable and they listen to any ideas or problems."

#### Working in partnership with others

- The management team maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals, and other organisations involved in the running of the service.
- A visiting professional told us they had confidence in the registered manager and staff team and they followed advice and instruction well.
- The registered manager was keen to develop community links. They encouraged ministers from local places of worship to visit and provide spiritual support to people. Children from a local nursery school visited the home regularly and engaged with people as did a local school.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9. 1. 2.a,b,c,d,e,f HSCA RA Regulations 2014 Person-centred care</p> <p>People who use services did not always receive appropriate personalised care that met their individual needs and supported their wellbeing.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12.1.2.a,b,d,e,g HSCA RA Regulations 2014 Care and treatment</p> <p>People who use services were not always provided with care and treatment in a safe way.</p> <p>The provider had not ensured the proper and safe management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13. 1. 2. HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment.</p> <p>Systems and processes were not operated effectively to reduce the risk of abuse of service users.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 1, 2 (a), (b), (c) HSCA RA Regulations 2014 Good governance.</p> <p>Systems for monitoring and improving the quality and safety of the service and maintaining accurate, complete and contemporaneous service user records were not operating effectively.</p>