

Sanctuary Care Limited

Yarnton Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Yarnton nursing home on 24 April 2018. This was an unannounced inspection.

Yarnton 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 care home accommodates up to 60 people in a purpose built building. The accommodation is spread over two floors and divided into four units namely Oriel, Magdelan, Trinity and Keble. Oriel is a nursing unit, Magdelan specialises in providing care to people living with dementia and Trinity and Keble are residential care units. On the day of the inspection there were 52 people living at the service.

There was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home was led by an interim manager.

People at risk of developing pressure sores were not always protected from these risks. People's pressure mattresses were not always set to correct pressures. People's medicines were not always stored safely. Fire evacuation measures were not always correct. Staff supervision, appraisal and refresher training records were not up to date. Some of the provider's quality assurance systems were not used effectively.

People told us they felt safe living at Yarnton. Other risks to people's well-being were assessed and managed safely to help them maintain their independency. Staff were aware of people's needs and followed guidance to keep them safe. Staff clearly understood how to safeguard people and protect their health and well-being. There were systems in place to manage people's medicines. People received their medicines as prescribed. Infection control measures were in place to help reduce the risks of cross infection.

Yarnton continuously recruited staff to ensure people's needs were met. The home had staff vacancies which were covered by regular agency staff to meet people's needs. Some agency staff were used to maintain continuity. The management team were doing all they could to ensure safe staffing levels. The home had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People's needs were assessed prior to living at Yarnton to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported to meet their nutritional needs and maintain an enjoyable and varied diet. Meal times were considered social events. We observed a pleasant dining experience during our inspection.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The interim manager and staff understood the MCA and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The interim manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

People's care plans gave details of support required. The provider had a complaints policy and people knew how to complain. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way.

People told us they were treated with respect and their dignity was maintained. People were supported to maintain their independence. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

There was an open and inclusive culture in the home and people and staff felt they could approach the management team and were comfortable to speak with the interim manager if they had a concern. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home. The home had established links with the local communities which allowed people to maintain their relationships.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

The equipment used for prevention of pressure sores was not always set correctly.

Fire evacuation measures were not always correct.

Medicines were administered as prescribed. However, medicines were not always stored safely in medicine fridges.

The home had staff vacancies which were often covered by regular agency staff to meet people's needs.

Staff who had a good understanding of safeguarding procedures.

Requires Improvement 

Is the service effective?

The service was effective.

Staff had the knowledge and skills to meet people's needs.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Good 

Is the service caring?

The service was caring.

People were supported by caring staff who treated them with dignity and respect and supported them to maintain their independence.

Staff knew how to maintain confidentiality

Good 

Is the service responsive?

The service was responsive.

Good 

People's care records were up to date.

People had access to activities.

People knew how to raise concerns and concerns.

Is the service well-led?

The service was not always well-led.

Lack of consistent leadership affected the day to day running of the service.

Staff felt supported but did not always receive formal supervisions and appraisals. The provider's mandatory training was not up to date.

The provider's quality assurance systems were not always effective.

The provider was working towards improvement.

Requires Improvement ●

Yarnton Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 April 2018 and was unannounced. The inspection team consisted of three inspectors and two Experts 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.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from two social and health care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We also reviewed the home's last inspection reports.

We spoke with 19 people and 10 relatives. We looked at seven people's care records and six medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. 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 the interim manager, the regional manager and 11 staff which included a nurse, care staff, domestic staff and catering staff. We reviewed a range of records relating to the

management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

The provider's fire evacuation measures were not always effective. We found, the evacuation list was out of date and had been last updated on 25 March 2018. As a result, four people living at the service were not on the list and three of those people did not have their personal evacuation emergency plans (PEEPs) in the grab bag. PEEPs contain detailed information on people's mobility needs and additional support required in the event of a fire. One person who had passed away was still on the list. The fire risk assessment review was two weeks overdue. People were exposed to the risk of harm in the event of an emergency evacuation. Following the inspection, the interim manager contacted us and confirmed these concerns had been addressed.

We found, people who were at risk of developing pressure sores had appropriate equipment in place which included pressure relieving mattresses and cushions. However, the pressure mattresses were not always set to the correct pressures. For example, one person weighed 63.2 kg. However, their pressure mattress was set on maximum for people weighing over 100kgs. We found three more mattresses set incorrectly. This put the person at risk of developing pressure sores. We spoke to the nurse on duty and they immediately took action to address this. We spoke to the interim manager and they told us they would put in place a more robust pressure mattress checking system.

These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. Risk assessments included areas such as nutrition, falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person was prone to chest infections. There was an acute care plan for the person that stated that the person should receive antibiotics and be positioned slightly up when lying in bed to aid their breathing and reduce the risk of chest infection.

People's medicines were not always stored safely. We found on more than 10 occasions in the previous three months, fridge temperatures had not been checked or recorded. There were medicines kept in this fridge. Records showed these shortfalls had been discussed in staff team meetings and some improvement noted. However, further improvement was still required.

We found on Magdalene Unit, records relating to the application of topical medicines were not always fully completed. There were several gaps on the topical MAR charts. We looked at four topical MAR charts and they all had several gaps on them. People were at risk of not receiving their medicines as prescribed. The interim manager told us, and records showed this had been identified in the last home's audit on 5 April 2018 and there was an unannounced night visit planned on the day of our inspection.

The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. We observed staff administering medicines to people in line with their prescriptions. There

was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why.

People told us they felt safe living at Yarnton. People said, "I feel reasonably safe enough here, I suppose you have to compare it with somewhere else and I have nowhere to compare it with" and "I'm as safe as I can be, there's always enough staff as far as I'm concerned". One person's relative told us, "This is the safest, most caring place in the world".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Records showed staff had attended training in safeguarding vulnerable people. One member of staff told us, "I would report any concerns the manager, safeguarding team or CQC (Care Quality Commission)". The provider had a whistle blowing policy in place that was available to staff across the home. Staff were aware of the whistle blowing policy.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented and investigated to reduce the risk of further incidents occurring. The interim manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents.

The service learnt from mistakes. Staff told us and records of staff meetings showed shortfalls were discussed with the aim of learning from them. For example, a recent incident of a delayed referral had resulted in staff receiving training in sepsis management.

Yarnton had staff vacancies and the interim manager told us they were continuously recruiting. The home used regular agency to cover staff shortages and this allowed continuity of care. Throughout our inspection we saw people were attended to without unnecessary delay and call bells were answered timely. Staff rotas confirmed that planned staffing levels were consistently maintained. People told us staffing levels had improved and there were enough staff to meet their needs. People said, "Yes, there's enough staff, it's fair enough", "It's better than before, there's more nurses about and there's lots of bits that are better and the building has got better" and "There's more staff than when I first came here".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

The environment looked clean and equipment used to support people's care, for example, weight scales, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. We observed staff using mobility equipment correctly to keep people safe. People's bedrooms and communal areas were clean.

The provider had an infection control policy in place. Staff were aware of the providers infection control policy and adhered to it. People told us staff used personal protective equipment (PPE), such as disposable aprons and gloves and washed their hands. During the inspection we saw staff followed the provider's infection control policy.

Is the service effective?

Our findings

People's needs were assessed prior to their admission to ensure their individual care needs could be met in line with current guidance and best practice. The assessments took into consideration people's needs in line with their religions, race and disabilities. People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people.

People received effective care from staff who were knowledgeable and skilled in their practice. One person said, "They're very well trained, they know what they're doing". Records showed and staff told us they had the right competencies, qualifications and experience to enable them to provide support and meet people's needs effectively.

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role and shadowing an experienced member of staff.

Records showed and staff told us they received the provider's mandatory training before they started working at Yarnton. Mandatory training included; manual handling, safeguarding, equality and diversity, emergency first aid and fire training.

People told us they enjoyed the food provided by the home. One person told us, "The food is lovely and we're given a choice and even if I don't like that I get something else". Other people's comments included, "Yes, I like the food", "On the whole it's [food] pretty good. In the dining room there is a choice of two dishes" and "I've just had a bowl of cornflakes. I had chicken yesterday and gooseberry crumble, it was delicious and it's a good standard. I went to the dining room".

During lunch time we observed people having meals in all four dining rooms. The atmosphere was pleasant. There was conversation throughout. People chose where they wanted to have their lunch and did not wait long for food to be served. The food was home cooked and looked appetising. People were given drinks and meal choices. On Magdalene unit people were shown two choices. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace. One person requested an omelette which was not on the menu and this was provided. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience despite where they were.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. The provider facilitated weekly GP visits to review residents as needed. People's care records showed details of professional visits with information on changes to treatment if required.

Yarnton was a purpose built home set on two floors. People could move around freely in the communal areas of the building and extensive gardens. There were several sitting areas on each floor which gave people a choice of where to spend their time. There were activity corners, for example, a corner with quizzes printed out for people or corners with engineering parts which people could use. There was also a corner from which people could observe birds. People's rooms contained personal belongings, photographs and furnishings giving a homely feel. People's doors were a different colour to the walls and this enabled people to recognise their rooms. There were memory boxes to personalise people's doors. The home had a greenhouse in the garden for people who wished to participate in the gardening club.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

The interim manager and staff followed the MCA code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests. For example, where people refused medicines and had no insight on why they needed it.

Staff we spoke with had a good understanding of the MCA. One member of staff said, "We assume people have capacity. If in doubt we do mental capacity assessments". Another member of staff told us, "We do assessments if we think people might lack capacity".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS.

Is the service caring?

Our findings

People told us they received care and support from staff who were caring, compassionate and kind. People's comments included; "Yes, they are kind and compassionate. They have a need to be, you can always pick out exceptions but they're great", "They are very kind, if not, I'd scratch their hair out" and "They are kind and compassionate within limitations, they vary so much".

During the inspection we observed staff talking to people in a polite and respectful manner. They interacted with people as they went about their daily work. People were given options and the time to consider decisions about their care. Throughout our inspection, we observed many caring interactions between staff and the people they were supporting. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant. Staff sounded very affectionate when talking about people.

People told us staff treated them respectfully and maintained their privacy and dignity. One person said, "They are always very respectful". People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing.

The provider's equality and diversity policy was available in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people and staff's gender and sexual orientation. People's needs in relation to gender, faith and disability were clearly recorded in care plans and staff knew the needs of each person well. We asked staff about equality and diversity. One member of staff told us, "We treat everyone the same despite their race, age, colour or sex".

People's care plans showed that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. Records showed where appropriate, people's relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care.

People's care records highlighted what people could do for themselves in order to remain independent. This included aspects of personal care, mobility and getting dressed. Where the need to promote independence had been highlighted, there was guidance for staff on how to prompt and support people effectively. We observed staff following such guidance. Staff told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence. One staff member told us, "We offer minimal supervision and lots of encouragement for our residents who use walking aids. This helps maintain their independence".

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. One member of staff told us, "We keep care plans in locked cabinets and only talk about people to the only people who need to know". Throughout the inspection we saw records were kept in locked cabinets only accessible to staff. Staff spoke about people in private.

Is the service responsive?

Our findings

People's care records were personalised. Care plans were in place to give staff guidance on how to support people with their identified needs areas such as personal care, medicines management, communication, nutrition and mobility. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. Staff were provided with information which detailed what was important to each person, described their life history, daily routine and the activities they enjoyed. For example, people's preferences about what time they preferred to get up or what food they liked to eat. People's abilities and hobbies were taken into account. For example, one person enjoyed the company of a dog as they had previously had dogs as pets in their household.

Records showed there were regular formal review meetings with people using the service and their relatives where appropriate. At these meetings people's care was discussed and reviewed to ensure people's needs were met effectively. People told us they were involved in care planning and reviewing. One person told us, "Myself and my family are involved in my care and decision making". People's relatives told us they were involved in plan of care and reviewing. They said, "We are involved in our parents' affairs in regard to their care, the care plan and all personal services" and "I am involved in my mums care and all decisions are made with the family".

The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress. We saw daily records were maintained to monitor people's progress on each shift.

People had access to an activities programme which included a range of group or individual activities. The home had an activities coordinator who was keen to improve activities. On the day of our inspection, we saw people enjoyed activities organised in the communal area on Magdalene unit participating in quizzes and playing with a ball. However, there were no activities provided to people who were bed bound or people who wished to stay in the comfort of their own bedrooms.

People had mixed views about activities. People's comments included, "Last week when the weather was good, the man here did a ball activity thing in the garden, it was good but it was too hot so I came in", "I stay in my room but I do go to the lounge but I tend not to get involved. I wouldn't mind more activities, it's a matter of what it is or who is leading it" and "One day they called me into the office and they said did I want to go gardening, I love it, someone must have told them. So, I do it every day. I go to the greenhouse ten times a day". Records of residents' meeting minutes showed activities were discussed and suggestions made to include more bus trips. The home had extensive gardens which people had unlimited access to.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place and displayed. People and their relatives commented the interim manager was always available to address any issues. One person said, "I can talk to anyone here but I've never had a complaint so far". We looked at the complaints records and saw complaints had been dealt with in line with the provider's policy. Records

showed complaints raised had been responded to and followed up to ensure actions were completed. There were many compliments and positive feedback received about staff and the care people had received.

Records confirmed that people's funeral wishes in relation to burials, cremations and family arrangements had been discussed with them. People's relatives where appropriate were involved in advanced decisions about people's end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) document in place. We saw the person and their family were involved in this decision. People and their families were supported by staff during such stressful time. The home involved GPs and other healthcare professional to plan and ensure a pain-free death.

Is the service well-led?

Our findings

Yarnton was led by an interim manager who was supported by a regional manager. At the time of our inspection, the interim manager had only been in post for a few months. We saw significant changes had been made since the interim manager's appointment. Since the previous registered manager left, a lot of staff were dismissed and agency staff brought in. This had a huge impact on staff morale as well as people's care. The interim manager had successfully recruited staff and people's care and staff morale had improved. They were passionate about their role and had a clear vision to develop and improve the quality of the service.

We saw a lack of continuous leadership had impacted on the service improvement. Records of complaints showed changes in leadership were a constant theme which people and their relatives felt affected communication and continuity of care. One person's relative told us, "I think they've had a lot of alterations here and at the beginning we weren't very conscious of what was going on". The regional manager told us a new manager and deputy manager had been recruited and would be starting work in two months' time.

Staff felt the lack of continuous leadership had affected team working, staffing levels as well as care improvement. Staff told us, "There had been four managers recently, including two who were interim", "I've been here for four years, there's been loads of different Managers. There's been too many and it's been too inconsistent. Deputies come and go too", "This is a beautiful place to work. The only problem is lack of stable management" and "The home is lovely, the managers no, not consistent, which impacts us all and makes us down in the dumps".

However, staff were complimentary of the support they received from the interim manager and management team. They were appreciative of the changes and told us the current management made good changes. Staff commented, "The current interim manager is absolutely approachable and doing a great job. They visit us, walks the floor", "Manager is approachable and knowledgeable", "Manager is trying to address issues and needs support" and "It's all on the mend. We're all trying to get it right".

Staff told us and records showed most staff had not had any supervisions, appraisals and mandatory refresher training as per provider's supervision policy. However, staff told us they felt supported. One member of staff said, "I have not had any appraisal and I can't remember when I last had a supervision. I do feel supported though".

The provider had quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, falls and infection control. Some quality assurance systems were operated effectively and used to drive improvement in the service. For example, the fall audits had identified a pattern and hourly checks were introduced. This had resulted in a significant reduction of falls. However, some of the quality audits had not identified the concerns we found in relation to fire safety.

Yarnton had a positive culture that was open and honest. The provider had a no blame culture which valued staff and treated people as individuals. One member of staff said, "This is an honest and open organisation.

The CEO came to meet us and talk to us. We raised concerns around domestic issues and the provider listened. Now we have recruited domestic staff". Another member of staff told us, "I can go to the manager and discuss any concerns. We will learn from them".

People, their relatives and other visitors were encouraged to provide feedback about the quality of the service. Feedback was sought from people through satisfaction surveys and residents' meetings. Records showed that some of the discussions were around what changes people wanted. For example, changes in activities and better leadership. Records showed there were many positive comments about the impact the interim manager had made. Results of the last survey showed people were generally happy with the care they received.

Staff described a culture that was open with good communication systems in place. Staff were encouraged to attend staff meetings and contribute their ideas to the running of the service. Staff told us discussions were around suggestions on how to improve care. The meetings were recorded and minutes made available to all staff. For example, in one meeting staff discussed the results of audits and the actions that needed to be completed. Staff also attended daily '10 at 10' meetings. These were head of departments update meetings which allowed staff to share and discuss changes in a timely manner. One member of staff told us, "We have our 10 at 10 meetings every day for half an hour. We can raise any problems so we know what is going on. I think that the communication has recently improved in the service".

Records showed the service worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The interim manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people came to harm.

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 Fire evacuation measures were not always correct. People at risk of developing pressure sores were not always protected from these risks. Regulation 12 (2)(a)(b)