

Primecare Homes Britannia Limited

# Heatherdene Residential Care 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?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Heatherdene Residential Care Home provides support with personal care to 11 older people. The service can support up to 20 people in one adapted building.

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

People were not always protected from environmental risks. The provider's procedures for staff recruitment did not fully protect people. The procedures for the management and administration of people's medicines were not always safe.

People told us there were sufficient staff to meet their needs. People said they felt safe living at the home and with the staff who supported them. Staff knew how to recognise signs of abuse and how to report any concerns. There was a culture of learning from any incidents and ensuring they did not reoccur. The home was clean, and staff followed good infection control procedures.

The manager had reviewed staff training and had arranged the necessary refresher training to ensure staff had up to date skills and knowledge. However, at this inspection staff did not always have the necessary skills to meet people's needs. This will be followed up at the next inspection.

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 lived in a comfortable environment where on-going improvements were being made. People were able to personalise their bedrooms.

People were provided with meals and drinks which took into account their needs and preferences. People saw healthcare professionals when they needed. Before moving to the home people were assessed to ensure their needs and preferences could be met.

People were supported by staff who were kind, caring and considerate. People were treated with respect and their right to privacy was upheld. People could choose how and where to spend their day. Staff understood and respected people's right to confidentiality. However, more time is needed to ensure any improvements can be sustained or are fully embedded.

People did not always receive support in accordance with their needs and preferences. Care plans informed staff on what was important to the person and what they liked to do. Information could be produced in accessible formats where required. People's visitors could visit whenever they wanted. There were some activities which people could join in with if they chose. People felt confident to discuss any concerns they may have. Complaints were investigated and responded to. People's wishes during the end of their lives and following death were considered.

The home was managed by a manager who had applied to become registered with the Care Quality Commission. The manager had been pro-active in addressing the issues raised at our last inspection however, more time is needed to ensure any improvements can be sustained or are fully embedded. Internal audits had not always identified the shortfalls we found at this inspection. People, staff and visitors were positive about the manager. The manager had a good understanding of their responsibilities and regulatory requirements and promoted an ethos of openness and transparency.

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 (and update)

The last rating for this service was inadequate (published 12 October 2019) and there were multiple breaches of regulation. The service was placed in special measures. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, the management and administration of people's medicines, staffing and quality assurance at this inspection.

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

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 overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

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

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was not always safe	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was not always effective	<b>Requires Improvement</b> ●
<b>Is the service caring?</b> The service was not always safe	<b>Requires Improvement</b> ●
<b>Is the service responsive?</b> The service was not always responsive	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service was not well-led	<b>Inadequate</b> ●

# Heatherdene Residential Care Home

## **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 an inspector, an inspection manager, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Heatherdene Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who had applied to register 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

This inspection was unannounced.

#### 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 and professionals who work with the service and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who lived at the home and two visitors about their experience of the care provided. We spoke with four members of staff which included the manager, care staff and housekeeping staff. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at a staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 inadequate. At this inspection this key question has now improved 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection action had been taken to address the concerns raised at the last inspection, however we found further concerns which may pose a risk to people's safety and welfare.

- Free standing wardrobes in bedrooms were not secured to the wall and were easy to wobble. Not all windows on the first floor had been restricted. Risk assessments had not been completed.
- A fire door at the top of the stairs, which was also an escape route, was fitted with a keypad lock. Risks associated with this had not been assessed which meant measures were not in place to ensure people could be safely evacuated in the event of an emergency.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Action had been taken to ensure equipment used by people was safe and well-maintained. Moving and handling equipment and the passenger lift had been serviced by an external contractor.
- Risks associated with electrical safety, legionella and environmental risks had been assessed and considered. Regular checks were carried out to ensure the home remained safe for people.
- Staff had received up to date training in fire safety
- The manager had reviewed risks associated with people's health. Care plans now contained information for staff about how to manage and mitigate risks to people's health and well-being.

### Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment systems were in place and followed. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of

regulation 19.

- We looked at a recruitment file for a member of staff employed since the last inspection. We found checks were not still not robust and sufficient to ensure staff recruited were of good character and had the correct skills required. For example, the file we viewed did not contain any references, which included from their previous employer.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during the inspection and told us that a review of all staff recruitment files would take place and any missing information would be obtained. The manager was recently recruited after staff were employed and they told us robust staff recruitment procedures would now be followed.

- People told us there were enough staff to meet their needs. One person said, "Whatever I ask is provided. I couldn't fault them [staff]."

Using medicines safely

At our last inspection the provider had failed to ensure the safe management and administration of people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicine administration record (MAR) charts were not able to demonstrate people received their medicines as prescribed. Medicines held at the home did not always tally with people's MAR charts.
- Handwritten entries on MAR charts had not been confirmed as correct by two staff.
- Where people had been prescribed medicines on an 'as required' basis there was no information to guide staff on when to administer these medicines.
- Medicines were not always stored in accordance with the manufacturer's instructions. For example, an antibiotic medicine was found in the medicines trolley when it should have been stored in the fridge.
- Fridge temperatures were not regularly checked to ensure they remained within acceptable ranges.
- For people who wished to administer their medicines independently, the provider was not able to demonstrate risk assessments had been completed, which explored the risks to them and other people using the service.
- Audits of how medicines were managed were being carried out regularly, however the audits were not robust enough to identify and rectify shortfalls.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safely and effectively managed. This placed people at risk of harm. This was a continued 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

At our last inspection we recommended the provider sought advice and guidance to ensure safeguarding protocols were established and in line with good practice. At this inspection, improvements were found.

- The manager had followed the provider's safeguarding policy and reported concerns to the local authority. Records showed they liaised closely with the local authority to ensure people were safe.
- People told us they felt safe living at the home and with the staff who supported them. One person said, "Yes I feel safe. The staff are always very helpful."
- Staff had been trained and knew how to report any concerns. A member of staff said, "I would report anything worrying straight away. [Name of manager] would definitely do something about it."

### Preventing and controlling infection

At our last inspection we found systems were either not in place or robust enough to demonstrate infection control processes were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) 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 this part of regulation 12.

- All areas of the home were clean and smelt fresh. Daily infection control audits were carried out to ensure the environment and equipment remained clean.
- Stained carpets and chairs in the communal areas had been replaced following our last inspection.
- Staff had access to good supplies of personal protective equipment such as disposable gloves and aprons and we observed them using this when assisting people.
- Handwashing facilities and hand sanitising gels were available throughout the home.

### Learning lessons when things go wrong

- The manager promoted a culture of learning from accidents and incidents which was shared with staff.
- Records of any accidents or incidents were maintained and regularly reviewed. This helped to identify any trends.
- Where things went wrong, reasons were explored, and action was taken to reduce the risk of it happening again. For example, when a person fell from their bed, their risk assessment was reviewed, and their bed was replaced with a hospital type bed which could be lowered.

# 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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection we found the provider's systems were either not in place or robust enough to demonstrate staff received the required training to enable them to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the manager had taken some steps to address this by organising training for staff, however training had not been fully completed. Therefore, the provider remained in breach of regulation 18.

- The recently appointed manager had reviewed all training for staff and found that staff had not received required refresher training in a number of topics. They were in the process of booking staff on the required training.
- We observed a member of staff attempting to move a person using an underarm technique which was not in accordance with current best practice. We found that this member of staff had not received any up to date moving and handling training.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that all staff had the necessary training to safely meet people's needs. This placed people at risk of harm. This was a continued breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we asked relatives whether they felt staff had the skills and knowledge to meet people's needs, one relative said, "I would say so, they never seem flustered." Another relative said, "Oh yes, they are very good."
- Staff told us they had received supervisions with the manager. A member of staff said, "I've had a supervision with [name of manager] and they were very supportive. Things have really improved."

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

At our last inspection the provider had failed to follow the principles of the Mental Capacity Act 2005 (MCA). Assessments of people's capacity to consent to their care and treatment had not taken place and restrictions were placed on some people unlawfully. This was a breach of regulation 11 (Consent) 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 11.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager had been trained and had a good understanding of the MCA. Where there were concerns about a person's capacity to consent to their care and treatment assessments of their capacity and discussions had taken place to ensure decisions made were appropriate and, in the person's, best interests.
- The manager had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.
- Staff sought people's consent before assisting them with a task and understood the importance of ensuring people's rights were respected.

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

At our last inspection we recommended the registered manager seeks and implements good practice guidance in relation to the usage of signage around the home.

Since our last inspection the registered manager had left, however the manager had taken steps to ensure improvements were made.

- Signage was appropriate and helped people orientate themselves around the home.
- An information board had been placed in the main hall which displayed photographs of the staff and details of up and coming events at the home.
- Two bedrooms (currently not occupied) would not be suitable for people as they did not have direct access to sufficient direct natural light or a window which opened.
- People's bedrooms were personalised in accordance with their tastes and preferences.

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs, such as religious preferences were discussed prior to using the service.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- People were provided with food and drink which met their needs and preferences. One person said, "The

food is excellent, and we have a new chef." A relative told us, "My [relative] has a very specialised diet and they [staff] seem to manage their diet very well."

- The lunch time experience was relaxed and sociable. The chef asked people if they were happy with their meal. Staff asked people if they would like an apron and when they had finished their meal people were offered more.
- People were offered drinks and snacks throughout the day.
- Care plans detailed people's needs and preferences and where there were concerns about a person's intake or weight, these were monitored.

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

- The manager worked closely with other professionals to ensure people's health care needs were met.
- Records showed people saw a range of healthcare professionals. These included visiting GP's, district nurses, dentists, chiropodists, opticians and audiologists.
- The manager had liaised with other professionals to ensure one person was assessed and supported to transfer to a more appropriate placement.

# 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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection we found people's privacy and dignity were not always respected. We made a recommendation that the registered manager sought and implemented good practice to ensure privacy and dignity was promoted at all times.

The registered manager was no longer in post; however, the recently appointed manager had ensured that some improvements had been made. However, further time is needed to ensure the improvements made are embedded and sustained over time.

- People told us they were treated with respect and staff respected their right to privacy. One person said, "The staff are respectful, and they are very friendly." Another person told us, "They [staff] always knock on my door."
- We observed many acts of genuine kindness and consideration during our visit. Staff got down to a person's level when talking to them and we observed a member of staff offering their arm and gentle reassurance to a person who was mobilising.
- Staff spoke to people in a kind and respectful manner and they regularly checked people were happy and content.
- People looked clean and well-attired. A member of staff discretely assisted one person to remove their tabard during lunch when they noticed it was soiled with food.
- Staff understood and respected people's rights to confidentiality. People's records were stored securely, and staff discussed people's needs in private areas where they could not be overheard.

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

- Throughout our visit we heard staff asking people what they wanted to do. We observed people moving freely around their home, choosing what they wanted to do and where they wanted to spend their time.
- The manager sought people's views on a regular basis. People had been recently asked to vote on whether they wanted to keep the home's cat. Other topics included colour schemes in the home, menus and activities.
- The manager had arranged for an advocate to support one person who was in the process of moving to another service.

# 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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection we found there was not always a focus on providing support that promoted inclusion, choice, participation and equality of opportunity. Choice and control were not always managed in a person-centred way. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements were found, and the provider was no longer in breach of regulation 9. However, further time is needed to ensure the improvements made are embedded and sustained over time.

- At our last inspection we found the care plan for a person who displayed behaviours which may challenge, did not contain sufficient information for staff about how to manage the behaviours. This meant staff approaches were inconsistent and not always effective. Records showed that the person regularly displayed these behaviours.
  - At this inspection the manager told us the person's care plan had been reviewed and staff now followed a consistent approach of distraction techniques which had reduced the incidents of these behaviours. However, during the morning of our inspection we observed the person constantly seeking the attention of staff and entering the office. Whilst staff used distraction techniques, the person was not receiving the one to one support which they were funded for. We brought this to the attention of the manager and during the afternoon a member of staff took the person shopping.
  - Since taking up post, the manager recognised that the person was not appropriately placed at the home and liaised with other professionals to ensure a more appropriate placement was found. The person was due to move within the next few weeks and they said, "I am happy. I am looking forward to moving."
  - The care plan for a person who was non-compliant with their personal care needs did not contain information for staff about how to manage this.
  - Care plans contained information about people's preferences and life history which helped staff get to know the people they supported. Throughout our visit we heard staff chatting with people about topics which interested them.
  - People were able to choose how and where they spent their day. One person said, "I can do as I please."
- 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 manager had a good understanding of the AIS and told us information could be produced in accessible formats, such as large print, for those people who required this.
- People's communication needs were assessed and detailed in their plan of care.

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

- Activities were currently provided by the care staff. One person said, "Staff play games with us." Another person told us, "Staff take us shopping and to the park." A member of staff said, "The manager wants the staff to spend more quality time with the residents which is really good."
- People were supported to maintain contact with their friends and family. During our visit we met with a number of visitors who were visiting their loved ones.

Improving care quality in response to complaints or concerns

- People and their relatives did not have any complaints about the service they received, however all were confident that any concerns would be addressed. One person said, "I would speak to [name of manager] who is both a paper and people person." A visitor told us, "I would take any complaints to the new manager who is very efficient."
- There had been one complaint which had been fully investigated and responded to in accordance with the provider's complaints procedure.

End of life care and support

- At the time of our visit, nobody was receiving end of life care. However, people's preferences during their final days and following death were considered and recorded in their plan of care.

# 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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure that systems were in place to effectively assess, monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider has systematically failed to ensure compliance with this regulation. This was the eighth inspection since 2012 and the sixth time the provider has been in breach of the regulation.
- Whilst the new manager had implemented systems to address the shortfalls found at the last inspection, more time is needed to ensure these systems are effective and can be sustained.
- Audits had not been effective in identifying or addressing the shortfalls found at this inspection. This related to risks associated with the environment, staff recruitment, training and the safe management and administration of medicines.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care records had been reviewed and updated which now helped staff deliver more individualised and person-centred 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 the service was effectively managed and that regulatory requirements were met as the registered manager did not always understand their responsibilities and regulatory requirements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the registered manager had left. There was a new manager in post who had

submitted an application to register with us. The manager understood their responsibilities and the regulatory requirements. These included the requirement to inform us of significant events in the home.

- Since taking up post the manager had reviewed and changed the staffing structure to ensure each shift had a team leader.
- Staff were positive about the manager and they told us they felt more supported. One member of staff said, "It's really improved since [name of manager] started. He is very approachable and is making positive changes. He's sorting out training and also the residents seem more relaxed now."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Since taking up post the manager had met with people who lived at the home, relatives and staff to introduce themselves and to discuss their plans for improvements.
- The manager was very visible in the home and people knew them well. We saw them spending time chatting to people and supported them during lunch. One person said, "[Name of manager] will often come into my room and have a chat with me." The manager took time to speak to a visitor who telephoned the home every day.
- Staff were positive about the changes which were being implemented. In a completed questionnaire a member of staff said, "There have been a lot of changes and I fully understand and appreciate them. I know they are being done to move us forward."
- The manager had worked closely with the local authority who had been monitoring the home since our last inspection. In their report following a recent visit they had commented, "[Name of manager] has a clear focus of what needs to change at the home and is working to implement these changes."

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

- The manager promoted an ethos of openness and transparency which had been adopted by the staff team.
- There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were discussed with appropriate authorities and healthcare professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Environmental risks were not always considered which placed people at the risk of harm.</p> <p>People were not protected from the risks associated with the management and administration of medicines.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to monitor the quality and safety of the service provided had systematically failed to identify shortfalls or drive improvements.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure that robust staff recruitment procedures were followed to ensure only fit and proper persons were employed.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff received the required training to meet the needs of the people they supported.</p>

