

Morecambe Care Limited

Springfield Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
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

Springfield Lodge is a residential care home providing personal care to up to 15 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 14 people using the service.

Springfield Lodge accommodated people in one adapted building across two floors.

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

People were at risk of harm because of failures to adequately identify and address concerns about the safety and quality of the service. The leadership of the service was ineffective; the registered manager and provider were not fulfilling their regulatory responsibilities. The provider did not have effective systems in place to maintain oversight of the service and had not identified the issues we found during inspection. The registered manager was responsive to our feedback and had started to make improvements.

People were at risk as health and safety, including fire safety had not always been robustly assessed and known issues had not been fully addressed. Falls risks to people were not always effectively managed to ensure preventative measures were considered. People were at risk as systems to support the safe and proper use of medicines had not always been established.

People were not always 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. We have made a recommendation about the provider's visiting policy.

People were not able to access outside space at the service as ongoing work was in progress. We have made a recommendation about the provider setting a timescale for this work being completed.

People's care records did not always give full details of their care and support needs, including any health needs to guide staff in how to provide their care. People were at risk of receiving inconsistent care as systems were not established and followed to monitor and support staff practice. Appropriate referrals were made to relevant professionals to meet people's health needs.

The provider's approach did not always ensure people's care was planned in person-centred ways and that people were able to make decisions about their own care and support. Although people were given choices about their day to day routines and asked about their preferences, their care records did not reflect this. We have made a recommendation about people being involved and supported to make decisions about their care and the recording of this. Despite this, people and their relatives consistently praised the caring approach by staff. People were treated with dignity and respect; privacy and confidentiality were maintained.

People were supported to maintain their relationships with relatives and friends, who were able to visit. An activities programme had been developed, which provided people with stimulation and catered to varying interests. People and their relatives knew how to raise any concerns they may have and were confident in how these would be responded to.

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

Rating at last inspection

The service registered with us on 28 April 2021 and this is the first inspection.

The last rating for the service under the previous provider when the service was under the name Springfield Retirement Home Limited was good, published on 03 September 2020.

Why we inspected

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

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified breaches in relation to safe care and treatment, need for consent and good governance. We issued warning notices for the breaches of safe care and treatment and good governance. You can see what action we have asked the provider to take at the end of this full report. The provider started to make improvements in these areas based on our feedback. These changes were still in development and had yet to be embedded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore 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 rating, 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.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Springfield 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 Health and Social Care Act 2008.

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

Inspection team

The inspection site visits were carried out by two inspectors. One inspector supported the inspection remotely by speaking to relatives and staff.

Service and service type

Springfield Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This inspection was carried out by conducting a site visit and speaking to relatives and staff remotely. We spoke with three people who used the service and three relatives about their experiences of the care provided. We spoke with and contacted nine staff including the nominated individual, finance and operations director, provider representative, registered manager, team leader, care workers, agency staff, activities coordinator and housekeeper. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records in full and five care records in part. We looked at multiple medicines' records. We reviewed staff recruitment and supervision records. A range of records relating to the management of the service, including staff training records, accident and incident records, quality assurance checks, health and safety records and a sample of the provider's policies and procedures were also reviewed. We sought feedback from health professionals that worked alongside the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at risk of harm as the provider had not assessed and managed health and safety issues appropriately.
- The provider had not acted on recommendations made in a fire risk assessment completed by an expert consultant in April 2021. For example, a recommendation had been made for fire drills to be carried out three monthly. There were no records of fire drills and the team leader told us fire drills had not taken place.
- Fire safety issues had not been identified and acted on by the provider. A door between a high-risk zone and communal areas, where people sat did not have a closure or fire resistance to protect people in the event of a fire.
- Appropriate checks were not being carried out to ensure equipment and the premises were safe. For example, the call bell system had not been serviced or checked.
- Falls risks to people were not always well managed. There was no evidence to demonstrate medical advice had been requested and that preventative measures had been implemented to prevent future falls risks.
- The service did not monitor safety related information to look for themes and trends. When people had accidents and incidents it was not always clear what action was taken and how any lessons learnt were shared with the staff team.
- People's care plans and risk assessments were not always reviewed and updated following accidents and incidents to consider any changes needed to their care arrangements.

We found no evidence people had been harmed. However, the provider had failed to assess and lessen risks to people's health and safety and ensure the premises was safe for its intended use. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We made a referral to the local fire and rescue team during our inspection to further review fire safety risks and support the provider.
- Following our feedback, the team leader planned to speak with staff about fire evacuation arrangements and hold fire drills. The provider started to make improvements to fire safety following our inspection.
- The provider planned to install a new call bell system in October 2022 to improve this system.
- The provider started to introduce additional health and safety checks after our inspection.
- Information about risks to people was not always well recorded to effectively assess, monitor and manage these.

- Falls risk assessments and mobility care plans did not always detail measures in place to reduce people's risk of falls.
- Information about people's mental health needs, was not always detailed to show how the provider had assessed, monitored and reduced these risks. Information about how these needs affected people and any support required was not always recorded.

Whilst we found no evidence people had been harmed, the failure to assess, monitor and mitigate risks and maintain accurate, complete and current records was a breach of regulation 17 (Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were knowledgeable about risks to people, which helped to keep them safe.

Using medicines safely

- Systems were not in place to support the safe and proper management of medicines.
- Accurate medicines records were not always maintained to ensure people were given their medicines as prescribed. 'As and when required' protocols were not always in place to support the use of these occasional medicines.
- Medicines were not always stored in-line with guidance to ensure they were safe for use. Fridge temperature records had not identified an issue with the fridge being above the permitted range for a period of five months.

We found no evidence people had been harmed. However, the provider had failed to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following day one of our inspection, the registered manager had started to introduce changes to medicines records and storage systems.

Preventing and controlling infection

- Robust systems were not in place to effectively identify and prevent infection control risks.
- Risks linked to people being at increased risk of severe COVID-19 had not been assessed for in-line with government guidance.
- Infection control checks were not being carried out regularly or reviewed by the registered manager to monitor and identify risks in the service.

We found no evidence people had been harmed. However, the provider had failed to assess and manage infection risks. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Systems were not always in place to support the safe recruitment of staff.
- The registered manager did not have access to staff recruitment records on day one of the inspection and told us they had not been involved in this process.
- The provider's recruitment policy was not always being followed. Two references had not always been requested and it was not always clear references had been requested from the last employer. Full Disclosure and Barring Service (DBS) checks were not always in place prior to staff commencing work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Agency staff inductions were not recorded to provide them with key information about the service, people living there and the provider's processes.

We found no evidence people had been harmed. However, the provider had failed to have effective systems in place to support staff recruitment and enable the registered manager to carry out their responsibilities. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff available to support people safely.
- The service had a well-established team of care staff working there, who provided consistent care and support to people. One relative told us, "The core staff are always there and there seems to be enough, [family member] has never raised a concern."
- We saw an induction record was being completed for the agency care worker on shift on day two of the inspection to help them become familiar with the service.

Visiting in care homes

- Visitors were able to visit their friends and family members living at the service and were able to support them with visits from health professionals.
- Relatives were happy with the visiting arrangements in place. One relative said, "I can visit regularly."
- The provider had two visiting policies. Neither of the two policies were in-line with current government guidance. For example, the provider requested that visitors to book in advance and carry out testing prior to attending.

We recommend the provider reviews and updates their visiting policy.

Systems and processes to safeguard people from the risk of abuse

- The registered manager did not always understand safeguarding processes or their purpose.
- Staff were familiar with how to identify and raise any concerns they had about people.
- People told us they felt safe at the service. One person said, "I feel safe, I know the staff here and it's nice to see them day to day."

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care records did not always give full details of their care and support needs to guide staff in how to meet these.
- Information about people's health needs, including diabetes, was not always recorded. This information would help staff to identify how this affected them and guide staff in how to respond.
- Agency care staff were unable to access people's electronic care records and use this information to inform how they provided people's care and support. Agency staff were unable to record electronically information about any support they had provided or incidents they had witnessed.
- People were referred to health and social care services to ensure their health and care needs were met. Records did not always document when these referrals had been made.

We found no evidence people had been harmed. However, the provider had failed to ensure accurate, complete and up to date records were maintained for people and were accessible to staff providing their care. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Agency care staff told us they were briefed about people's care needs and risks to them as part of their induction to the service.
- Professionals felt staff at the service worked well with them to make sure people received the care and support they needed. One healthcare professional told us, "I have always found the staff to be competent and caring."
- People received support to maintain their oral hygiene.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The provider did not always follow the principals of the MCA. Records did not show people's capacity to make specific decisions about their care and support had been assessed and made in their best interests.
- The registered manager did not always understand MCA requirements.
- Following our feedback, on the second day of inspection the provider had recorded mental capacity assessments. However, records did not evidence mental capacity assessments had been carried out in discussion with people and in-line with the MCA.
- The use of sensor mats had not been considered as a restrictive practice.
- Records of Lasting Power of Attorney (LPA) were not in place to ensure people had representatives legally authorised to make specific decisions on their behalf.

We found no evidence people had been harmed. However, the provider had failed to take act in accordance with the MCA. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager started to request LPA documents from people's representatives in response to our feedback.
- The registered manager had submitted DoLS requests for people that may be being deprived of their liberty.
- Staff sought consent from people prior to assisting them with their care and support needs.

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

- People had limited access to outside space as work was ongoing to develop the garden area.
- The people and relatives we spoke with gave mixed feedback on the environment at the service. Most found it to be homely and welcoming, two relatives felt further work was needed to adapt and update the home.
- People were able to move freely throughout the home and spend time in communal areas, a quiet lounge or their bedroom as they wished.

We recommend that the provider establishes a timescale for completing work on outside space and update people and their relatives on this.

Staff support: induction, training, skills and experience

- The effectiveness of people's care was not guaranteed as robust systems were not in place to monitor and support staff.
- Staff did not always receive regular supervisions to support their development and monitor their practice. The registered manager held supervisions where they were aware staff may require additional support. Following our feedback, the registered manager told us they planned to introduce a tracker system to monitor and identify when staff supervisions were due.
- Staff medicine competencies had not been completed regularly in-line with the provider's policy. Medicine competencies are used to assess whether staff have the knowledge and skills needed to provide medicines support.

- The provider had not always checked agency staff training information to check they were appropriately trained to support people and that their knowledge was up to date.
- Staff had completed a range of training courses, including infection prevention and control and safeguarding to equip them with knowledge to provide people's care.

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

- People had choice and control over what they ate and drank. Sufficient food and drinks were available.
- Staff provided support and encouragement to people that needed assistance.
- Fresh fruit was available in the lounge for people to access freely.
- People gave positive feedback about the quality and choice of food available. Comments from people included, "The food is excellent, and the cook is excellent" and "lunch was delicious."

Is the service caring?

Our findings

Our findings - Is the service caring? = Requires Improvement

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's care had not always been planned in ways to ensure they were well-supported, cared for or treated with dignity and respect.

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

- There was no evidence people and their relatives had been involved in planning their care. We were not fully assured people had been encouraged to make decisions about how their needs should be met.
- The registered manager was not fully aware of advocacy services available to support people to make decisions about their care and support.

We recommend that the provider ensures people are fully involved and supported to make decisions about their care and that this is recorded.

- Whilst we saw people had choice and control over their daily routines, this was not always reflected in their care records. One care worker said, "I always ensure I give people the choice of clothing, the menu each day is always diverse and each person is given many choices."
- Staff took time to explain people's care to them to support them to process and understand this.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider's approach and systems did not support the delivery of high-quality person-centred care.
- People were supported by kind and caring staff. One person said, "They take great care of me."
- Care staff spoke about people they supported in a warm, respectful manner. One relative told us, "Staff are generally very compassionate."
- There was a strong ethos of care. Staff felt valued, respected and proud to work for the provider. One care worker told us, "It is one of the most caring homes I know, and I truly enjoy working here."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. Staff gave people time on their own to attend to their personal care needs.
- People were encouraged to be independent with aspects of their care.
- Staff understood their responsibilities to protect people's confidential information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always planned or delivered in ways that met people's needs.

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

- The provider did not always organise care in person-centred ways. People's care records did not reflect their individual needs and preferences.
- People's care records did not always reflect that they had been reviewed and any changes made.
- Despite the issues we found with records, people's experiences of their care were positive. One relative told us, "[Family members'] needs have increased and they try to keep [person] well and safe, they adapt their care."
- Staff understood people's care needs. Staff were prompt to respond and support people. People and their relatives complimented the responsive care provided. One relative said, "The quality of care is very good, they seem to be very responsive."

Meeting people's communication needs

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

- Staff were familiar with people's communication needs and knew how to share information with people in ways they would understand.
- People's communication needs were recorded in their care records. We were not assured that support needed to meet these was facilitated in a timely way. One person had been waiting several months for their glasses to be repaired. This was raised with the registered manager, who advised they would follow this up with the person's family.

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

- A varied activities programme was in place to provide people with stimulation and enable them to pursue their interests. We observed people participating in an armchair exercise class, which they were engaged in.
- People were supported to access local community facilities and activities. For example, people had the opportunity to go out on the minibus each week. One relative said, "They have a minibus now and [person] enjoys going out."
- One to one time was arranged for people, including for people who had higher dependency care needs.

- People were supported to maintain their relationships with family and friends. Visitors to the home were able to spend time with people in a quiet lounge or in the privacy of people's own bedrooms.

Improving care quality in response to complaints or concerns

- People were able to provide feedback and raise any concerns with the registered manager and team leader, who would regularly ask people about their care.
- Relatives found the registered manager and team leader approachable. One relative told us, "They will respond to anything I request and are approachable."

End of life care and support

- Staff worked alongside health professionals to support people at the end of their life.
- Care plans were used to identify people's care needs and wishes at this life stage.
- Information whether people had decided to refuse resuscitation should they need it was recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. 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.

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

- The leadership of the service was weak, inconsistent and top-down.
- The provider's oversight of the service was ineffective. Systems were not in place and well-established to support the monitoring and improvement of the service.
- The registered manager and provider had not identified the issues we found, including with health and safety checks, falls records, medicines, MCA records, care records, staff recruitment, agency staff, staff supervisions, the provider's policies and statutory notifications.
- The registered manager did not carry out robust quality assurance checks or review audits completed by staff. For example, a call bell audit tool was in place. However, there were no records of this being completed.
- The registered manager and provider were not clear about their roles. We found the registered manager was unable to carry out their responsibilities and maintain oversight of the service as they were regularly working as a care worker. The provider had not provided effective oversight of the registered manager to check their compliance with regulations and people's experiences of care.
- The provider was not following their policies and procedures to maintain consistency in care delivery. For example, staff recruitment and medicines policies were not being followed.
- The provider's policies were not always in-line with national and best practice guidance. This included the provider's visiting policy and processes for seeking consent.

We found no evidence people had been harmed. However, the provider had failed to have effective systems in place and assess, monitor and improve the quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following day one of our inspection, the provider and registered manager started to make changes to the service to improve systems and records. These changes were in progress and had yet to be embedded.
- People and their relatives spoke positively on how the service was run. One relative said, "It has changed for the better since the new owner took over."

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

- There were limited opportunities for sharing information and obtaining the views of staff, people who use

the service and external partners via alternative formats.

We found no evidence people had been harmed. However, the provider had failed to seek and act on feedback to evaluate and improve the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider encouraged people, relatives and staff to share feedback verbally on the service with them and the registered manager.
- Relatives felt they were kept informed about the service and their relatives. One relative said, "They keep me up to date, they ask my views."
- The provider worked in partnership with other organisations to provide people with joined up care.

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

- The provider had not always submitted statutory notifications for events they are required to inform CQC about following people sustaining serious injuries and allegations of abuse.

We found no evidence people had been harmed. However, the provider had failed to inform CQC of incidents. This placed people at risk harm. This was a potential breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. This is being addressed outside of the inspection process.

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

- Whilst the provider was passionate about people's care, their approach was not in-line with best practice guidance and person-centred care.
- Staff were clear about the provider's value base and how they expected people's care to be supported. One care worker told us, "They are very clear we are trying to achieve a high quality of care."

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to act in accordance with the Mental Capacity Act 2005 where people were unable to consent and lacked capacity to do so. 11(3)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to people's health and safety and do all that was practicable to mitigate such risks. The provider had failed ensure the premise was safe for its intended use and to ensure medicines were properly and safely managed. 12(2)(a)(b)(d)(g)

The enforcement action we took:

Warning notice issued to the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure good governance. Systems and processes were not established to support this effectively. The provider had failed to assess, monitor and improve the quality and safety of the service, assess monitor and mitigate risks to people's health and safety and maintain accurate, complete and up to date records for each person. 17(1)(2)(a)(b)(c)

The enforcement action we took:

Warning notice issued to the provider.