

Altham Care Limited

Altham Care Home

Inspection report

Burnley Road
Clayton Le Moors
Accrington
Lancashire
BB5 5TW

Tel: 01254396015
Website: www.althamcare.co.uk

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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

Altham Care Home is a residential care home that was providing personal care to 32 people at the time of the inspection. This included people with a diagnosis of dementia. The service can support up to 36 people. Bedrooms comprised of 32 single and two double rooms.

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

Effective systems and processes were not always in place to safeguard people from the risk of abuse. People were not always safe and protected from risks within the environment. People were at risk as the service was dirty and unhygienic. Adequate staffing levels were not always in place, particularly at night time. Recruitment systems and processes were not always robust. There was limited evidence of how lessons were learned.

We have made a recommendation about managing medicines.

Staff had not always received training and support for their roles. People were not supported to have maximum choice and control of their lives and staff did not 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 mealtimes and the recording of food and fluid.

We have made a recommendation about environments for people living with dementia.

People's privacy and dignity was not always protected. We observed poor practice on two occasions and found CCTV in operation; without the consideration of relevant guidance and legislation. People were not always supported to make decisions about their care and support.

Care was not always planned in a person-centred way. There was no evidence to show people had been involved in planning their care. People told us they had not seen their care plans. People were not always supported to engage in meaningful activities to stimulate them and prevent boredom. People did not access the community regularly. Complaints were not always managed in line with policies and procedures.

We have made a recommendation about end of life care and support.

We have made a recommendation about communication needs.

The registered managers and provider did not always promote a person-centred culture that achieved good outcomes for people. The registered managers failed to ensure robust auditing systems were in place to identify issues and drive improvements. Both registered managers lacked knowledge about certain people using the service and did not ensure adequate risk assessments were in place. The service did not always

engage and involve people.

People told us they felt safe in the service. We received positive comments about the food and people received a healthy and balanced diet. People's needs were assessed prior to them using the service. People had access to external healthcare professionals. People told us they were supported to be independent by kind and caring staff. We received positive comments about the kindness of staff. Staff described the culture within the service as open. The service engaged with external professionals.

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

Rating at last inspection

The last rating for this service was good (published 01 April 2019).

Why we inspected

The inspection was prompted in part due to concerns received about infection control, bathing, risk assessments, staffing, care plans and the use of equipment. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to person-centred care, dignity and respect, consent, safe care and treatment, safeguarding, complaints, good governance, staffing and recruitment.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 '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 of 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Altham 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 one inspector, an assistant 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

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

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

Notice of inspection

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. 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 nine people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including the providers, nominated individual, registered managers, senior care workers, care workers, laundry person and the cook. We also spoke with a visiting professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and multiple staff supervision records. 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 good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective systems and processes were not always in place to safeguard people from the risk of abuse. The registered managers failed to notify the relevant authority of an allegation of abuse. They did not follow internal policies and procedures in this matter.
- The registered managers failed to make the relevant Deprivation of Liberty Safeguards (DoLS) applications for three people they deemed they were restricting. At the end of the inspection, one of the registered managers confirmed two of the three applications had been submitted.
- Staff had received safeguarding training. However, they had not responded to the above allegation appropriately. Safeguarding policies and procedures were in place and staff knew where to locate them. We asked care staff about whistleblowing; all were conversant with the procedure, with the exception of one

The registered managers and provider failed to ensure effective safeguarding systems and processes were followed. This is a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living in the service. Comments we received included, "I have been living here for about 18 months and feel happy and safe", "I feel safe. I would speak with [name of staff] if I was not happy with something" and "I have lived here for four years and feel safe." One relative commented, "[Family member] is very safe."

Assessing risk, safety monitoring and management

- Risks to people's health and safety had not always been managed. The registered managers had not considered any of the risks within the environment. Hot water outlets were not being checked and were extremely hot. The provider took action during the inspection to address this. Three hoists had not been serviced. Some flooring was in a state of disrepair. Some mattresses were too big for the bed frames. Electrical equipment had not been PAT tested since September 2018, this was done during our inspection to ensure the safety of equipment.
- We found concerns about fire safety. The registered managers had not ensured personal emergency evacuation plans contained enough information to evacuate people safely. These were also not updated or reviewed on a regular basis. The registered manager took action to address this during the inspection. On the first day of our inspection we observed a hoist blocking a fire exit. The provider had also failed to ensure fire safety work had been undertaken within a target completion date. At the end of the inspection we were informed this work would be completed within two weeks.
- Accidents and incidents were being recorded. However, the registered managers were not analysing these to spot themes and trends.

The registered managers and provider failed to ensure people were safe from risks within the environment. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People were at risk as the service was dirty and unhygienic. On the first day of our inspection we were told the housekeeper was off due to sickness. However, we found numerous concerns that were consistent with being in place for some time. For example, torn bed sheets, dirty carpets and flooring, dirty equipment such as stand aids and a commode, a dirty en-suite, dirty plug hole in a shower and a heavily stained bed base. One bathroom sink contained a brown matter. One person told us, "This floor is not very clean. It's not how I would have it at home." One relative told us, "The home is quite clean."
- On the first day of inspection we noted an overwhelming smell of urine in one part of the service and a number of other smaller areas. This was also highlighted as a concern during our last inspection. We saw infection control audits had highlighted an odour in one of the same areas on a number of occasions since July 2019. The provider ensured one carpet was changed during our inspection which improved the smell within the service.
- Not all staff felt the service was clean. One staff commented, "The home needs a deep clean. I think they need more cleaners to do this." We observed poor practice placing people at risk of infection such as, communal toiletries in one bathroom and clean laundry being sorted and folded on a dining table. Three out of four staff told us they had not had training on infection control.

The registered managers and provider failed to ensure appropriate hygiene standards were maintained. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- During the inspection we received concerns about staffing levels within the service. The registered managers confirmed the required staffing levels for the service. We were told three staff were required at night time; some people required two staff to support them with personal care. However, rotas showed on 23 occasions over an eight-week period there was less than three staff on duty at night. The registered managers confirmed they did not use agency staff to cover any sickness; they used internal staff when possible.
- We received mixed responses from people about the staffing levels. One person commented, "Sometimes the home can be short staffed." Another person said, "Sometimes I take lunch in the dining room, but I can't always choose to do this as it depends on staff numbers."
- Day staff we spoke with gave us mixed responses about staffing levels. Some felt there were enough staff, but others did not. However, three out of four of them said they did not have enough time to sit and talk to people. One staff member said, "What I don't like is having too much overtime as we need time off and don't always get it. I feel bad to say no when they need us."
- The registered managers and provider told us they were recruiting for staff and two were due to commence soon.

The registered managers and provider failed to ensure adequate staffing levels were consistently in place. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Robust recruitment systems and processes were not always in place. The provider had not always checked gaps in employment, reasons for leaving previous employment was not always sought and health

questions were being asked at point of application. The provider also failed to ensure appropriate risk assessments were in place when a disclosure had been made.

The registered managers and provider failed to ensure robust recruitment systems and processes were always in place. This is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- In the main, medicines were managed safely. However, the registered managers failed to ensure liquids and eye drops were dated when opened. This was a concern during our last inspection. Topical creams were also not being signed for consistently.

We recommend the provider seeks guidance on the safe management of these types of medicines.

Learning lessons when things go wrong

- There was limited evidence to show how lessons were learned and how these were discussed with staff. We discussed this with one of the registered managers during the inspection.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff had not always received training and support for their roles. We looked at the training matrix and courses the provider deemed mandatory and found gaps in training. For example, staff responsible for cleaning had not completed control of substances hazardous to health training. The registered managers had also not ensured staff were up to date with annual mandatory training. The registered managers were not following their own internal policy and procedure.
- The registered managers failed to ensure staff received regular supervisions. At our last inspection, we were informed a new format was being developed. This had not been actioned. The registered managers confirmed staff should receive five supervisions a year however, only four staff had received a supervision in 2019 and two staff in 2020. None of the staff had received appraisals.
- People told us they felt staff were adequately trained. However, staff told us they had not had training in several subjects, such as nutrition, MCA, DoLS, infection control and end of life.

The registered managers and provider failed to ensure staff received the required training and support as deemed necessary. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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 service was not working within the principles of the MCA. People with capacity were not always asked

for their consent for restrictions to be in place, such as bedroom door sensors, or for their photographs to be taken. The registered managers advised us new forms would be developed so people could be consulted with in the future. Relatives were signing to consent without the correct authorisations in place. Some people did tell us staff asked for their consent when completing personal care.

- Capacity assessments were not always robust. For example, one person was deemed as having capacity, however care records suggested they did not. The registered managers could not tell us if the person had capacity or not. We were advised a new assessment would be completed. Staff we spoke with were unclear about who had capacity and who did not.
- Training records showed that all staff had completed training in MCA & DoLS however, all the staff we spoke with told us they had not had this training and could not tell us what this meant.

The registered managers and providers failed to ensure they were following the principles set out in the MCA about consent and capacity. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received a healthy and balanced diet. A menu was on display however, the writing was small, and people were unaware it was there. There was no pictorial menu available to support people. Table settings were not always suitable for those living with dementia.
- Staff supported people to eat their meals in a sensitive and patient manner. The cook knew people's dietary needs well, especially those on fortified or blended meals. Food and fluid charts were in place, but these were not detailed. For example, they did not show what meal the person had eaten. The recording of meals was a concern at our last inspection.
- People told us, "The food is very good. They will cook me alternatives too, such as chicken", "I certainly eat enough here. The food is home-cooked with fresh vegetables and some fruit. It's good" and "We are well fed here. It's good food and I am enjoying it. I can sit at any table and talk to people." Meals looked appetising and people appeared to enjoy them.

We recommend the service considers current best practice guidance around mealtimes for those people living with dementia, and the recording of food and fluid intake.

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

- The service did not always meet the needs of people living with dementia. Whilst some attention to detail had been made, such as different coloured toilet seats and plain carpets, this was not consistent throughout the service.
- We found several bedrooms and communal areas that needed redecoration. Those that had been done were homely and bright, with new furniture. Some furniture needed replacement, such as correctly fitting beds and mattresses. One relative told us, "This bedroom is bigger and better than the last. The floor collapsed in the one before." Another relative told us, "The bedroom is lovely."

We recommend the service considers current best practice guidance on environments for people living with dementia.

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

- People's needs were assessed prior to them moving in to the service. However, these did not always cover end of life, religious or cultural needs or oral health.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People had access to external healthcare professionals such as, dieticians, speech and language therapists and district nurses. People felt staff would contact GP's if they needed to. One relative told us, "The GP has been called a couple of times."
- In the main, care records contained information about people's medical history and contact details of healthcare professionals.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always protected. We observed poor practice on two separate occasions during our inspection which was not respectful of people's privacy and dignity. We also saw the provider had installed CCTV without considering the relevant guidance and legislation to ensure people's human rights were protected. The CCTV was turned off following discussion and in agreement with the inspector.
- We looked at the bathing records for all the people in the service. We found four people had not received a bath/shower or bed bath in 28 days, two people had received a bed bath/bath or shower and four people had received two bed baths/showers or baths. These figures took into consideration those people that were recorded as refused.

The registered managers and provider failed to ensure people's privacy and dignity was maintained. This is a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were supported to be independent. One person said, "I dress and wash myself and go to the toilet independently." Another person told us, "I could still manage a Hoover and a duster, and I would like to do some of these things myself." Care plans we looked at did not consistently show what people could do for themselves.

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

- People were not always supported to express their views or be involved in decisions. None of the people we spoke with had been involved in making decisions about their care. One person told us, "I have not had any discussions about my care." Care plans did not evidence people had been involved in the development of these or any reviews.

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

- People were well treated by kind and caring staff. Comments we received included, "I think the staff are kind and will help if anyone needs assistance", "I think that all the members of staff are nice, caring and they really look after us all" and "Staff are kind." Comments from relatives included, "I can't fault the staff. It's fantastic here" and "The staff are good here."
- Equality and diversity and policies and procedures were in place. These considered protected characteristics and provided guidance for staff. Expressing sexuality care plans were in place, but these

focussed more on what clothing people liked to wear rather than their sexuality.

Is the service responsive?

Our findings

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

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

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

- Care was not always planned in a personalised way to ensure people had choice and control and to meet their needs and preferences. The registered manager had not ensured care plans were set out with how to meet people's needs in a person-centred way or updated to reflect changes in needs. For example, people's likes/dislikes/preferences, incontinence care plans did not evidence what type of products to use and mobility care plans did not set out what types of slings to use.
- People had not signed to consent to their care plans and had not seen them. One person told us, "I haven't seen the care plan, but everything seems to be OK and they are doing what they should." One relative told us, "We have not been involved in the care plan since [family member] came to live here. We have asked for a review of care, but this hasn't happened yet."
- People were not always supported to engage in meaningful activities. For example, people being cared for in bed did not have access to any activities, people living with dementia were not always stimulated and care plans did not always evidence what activities or pastimes people enjoyed. One staff member told us, "We did have some twiddle mitts [for people living with dementia] and things but they got ruined and have not been replaced." The registered managers had not ensured activities were documented to show what people had engaged in.
- We observed an activity planner. This did not truly reflect the activities we saw on the first day. There was no evidence to show what activities promoted independence. For example, giving people meaningful opportunities to set tables and other household tasks.
- People told us they did not access the community often. One of the registered managers confirmed this, stating, "They don't go out much as most people have dementia." One person told us, "I would like to go out more and go shopping. We very rarely get taken out. They did take us by coach to the Blackpool Illuminations last October and we had fish and chips there. I would just like to get out more."

The provider and registered manager failed to ensure people's care was planned in a person-centred way to meet their needs. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Complaints were not always managed in line with policies and procedures. No complaints had been logged since 2018. However, a relative told us they had made a complaint and staff meeting minutes recorded that complaints had been made. The relative also told us they had not received any feedback from their complaint.

- The registered managers had not followed their internal policies and procedures.

The registered managers and provider failed to ensure complaints were handled effectively. This is a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- People's end of life wishes had not always been considered. The registered managers told us no one was receiving end of life care at the time of the inspection. However, end of life care plans was basic and did not show any consideration had been made to what people may want in the event of sudden death. Staff told us they had not received training in end of life. One relative told us, "In terms of end of life, I have only dealt with signing the DNR."

We recommend the provider consults best practice guidance in relation to end of life care and support.

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.

- One of the registered managers did not fully understand what the AIS was. They were able to discuss what things could be sourced and put in place to support people with any sensory impairments. For example, accessing braille and larger print.
- One person using the service should have worn a hearing aid to support their communication needs. However, the registered managers and staff failed to ensure they had access to a hearing aid. Two staff were unaware the person wore a hearing aid. This was found during the inspection and was broken.

We recommend the provider consults best practice guidance in meeting people's communication needs.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered managers and provider did not always promote a person-centred culture that achieved good outcomes for people. We have identified several breaches of the regulations within other domains to evidence this. Both registered managers lacked knowledge about certain people using the service. For example, what types of dementia people had, who had a lasting power of attorney and who was at risk of choking.
- The registered managers and provider failed to ensure robust auditing systems were in place to identify issues and improve the quality of the service. We found audits were not always completed when required and audits that should have been in place were not.
- The registered managers failed to manage risks to people's health and well-being. For example, one person was deemed to require specialist equipment for their hands. These were not being used as prescribed. The registered managers told us they were being washed. However, no consideration had been made to have spare sets.

The registered managers and providers failed to ensure people achieved good outcomes for people, to identify and drive improvements and to manage risks. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service did not always engage and involve people. For example, the last minutes for a residents meeting were dated 2014. The registered managers were unable to tell us when any had occurred. People told us, "There are no residents meetings", "I don't think there are any meetings" and "There are no residents meetings that I am aware of."
- The provider told us surveys were given out to people. However, we could only find a score sheet and were informed the surveys were destroyed. We were therefore unable to corroborate the findings of these. People told us, "I haven't seen any questionnaires or surveys" and "I don't think there are any questionnaires."
- There had been three staff meetings in the past 12 months. Staff told us they could make suggestions. However, we were told that suggestions made by staff were not always followed up or addressed.

The registered managers and provider failed to adequately seek and act on feedback. This is a breach of

regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered managers and providers understood the duty of candour and their responsibility to be open and honest when something went wrong.
- Staff described the culture of the service as open. We received positive feedback relating to the approachability of one of the registered managers. However, some staff felt the other registered manager was not always approachable.

Working in partnership with others

- The service engaged with external professionals. Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional teams for advice and support. We received positive feedback from a visiting healthcare professional. They told us, "The staff are really helpful and responsive."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered managers and provider failed to ensure people's privacy and dignity was maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider and registered manager failed to ensure people's care was planned in a person-centred way to meet their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered managers and providers failed to ensure they were following the principles set out in the MCA about consent and capacity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered managers and provider failed to ensure effective safeguarding systems and processes were followed.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 16 HSCA RA Regulations 2014
Receiving and acting on complaints

The registered managers and provider failed to ensure complaints were handled effectively.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered managers and provider failed to ensure robust recruitment systems and processes were always in place.

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 registered managers and provider failed to ensure people were safe from risks within the environment. The registered managers and provider failed to ensure appropriate hygiene standards were maintained.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered managers and providers failed to ensure people achieved good outcomes for people, to identify and drive improvements and to manage risks. The registered managers and provider failed to adequately seek and act on feedback.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered managers and provider failed to ensure adequate staffing levels were consistently in place. The registered managers and provider failed to ensure staff received the required training and support as deemed necessary.

The enforcement action we took:

Warning Notice