

# St. Quentin Residential Home Limited

## St Quentin Senior Living, Residential & Nursing Homes

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Quentin Senior Living is a care home providing personal and nursing care, the home accommodates up to 73 people in three separate buildings. These buildings are located next door to each other, they are named St Quentin, The Hawthorns and Langley house. At the time of the inspection, the service supported 67 people. Each building had its own care manager. The registered managers worked across all three buildings.

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

We found risks to people were not always monitored. People's medicines were not always managed or administered in a safe way. Some items, which could cause significant harm if ingested, were not stored securely.

The registered managers, home managers and nurses carried out quality assurance processes, including internal audits. However, we saw these were not always effective. This meant errors were missed that could potentially cause harm.

Relatives did not always feel engaged in the service. They did not feel the registered managers had sought their opinions or views to inform service delivery.

Staff felt supported and received regular training. The service worked in partnership with other professionals in order to achieve good outcomes for people.

People felt safe living at the home and with the staff who supported them. People felt supported and listened to as individuals. There were sufficient numbers of trained staff to meet people's needs in a safe way. The home had safe recruitment procedures and training in place to protect people from abuse. Staff followed good infection control procedures.

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. Staff gained consent from people before assisting them and respected their privacy.

Care plans were in place to manage risks, these were detailed and clear to follow. People were included in their care planning process. Staff had a good knowledge of each person's care needs, including their likes, dislikes and preferences. People experienced positive mealtimes.

Staff monitored and reviewed people's health and well-being and worked with other professionals to make sure they received the care and treatment they needed. People were supported by kind and caring staff.

There were opportunities for social stimulation and people could see their friends and family in line with

COVID-19 visitors' policy.

People and their relatives felt confident and comfortable to discuss any concerns with staff. People were confident their wishes for end of life care would be respected by staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good (published 4 December 2018).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. The provider took effective action to mitigate some of the risks during the inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well Led sections of this full report.

#### Enforcement

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 to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the way people's risks were monitored and mitigated, medicines management, and governance systems at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Quentin Senior Living on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Quentin Senior Living, Residential & Nursing Homes

## **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.

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

This inspection was carried out by two inspectors, an assistant inspector, 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

St Quentin Senior Living, Residential & Nursing Homes 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 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 sought feedback from the local authority, commissioners 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. We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection we spoke with seven people who used the service and 12 relatives about their experience of the care provided. We met with both registered managers, one of these was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 15 further members of staff. These included registered nurses, care staff and domestic staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. In addition, we reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered managers provided us with information about the actions they had taken to address our feedback found during the inspection. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- Risks to people were not always assessed or mitigated to protect them from the risk of harm.
- On initial arrival to each of the three buildings we were not asked to sign in. This meant in the case of a fire people would be unaware of our location. On the second day, we were asked to sign in correctly.
- Prescribed nutritional supplement drinks were left unattended in communal rooms, on a medicines trolley and in an unlocked cupboard. Staff were not always present in these communal areas. This meant people could access these substances without the knowledge of staff, which placed them at risk of harm.
- In one building the cleaning cupboard was unlocked and unsupervised. This meant people could access cleaning products, which could be harmful to them, without the knowledge of staff. We informed staff who immediately locked the door. Later, the door was unlocked and unsupervised again.
- Due to COVID-19 safety precautions, the fire door was being used to allow entry in and out for visitors. During the inspection, the door was found to be open with people present in the room and no staff. This meant people could leave the building unsupervised, which placed them at risk of harm.
- In all three buildings window restrictors were either not compliant with health and safety executive guidance or did not sufficiently cover all windows. This meant people were at risk of injury through falls from height.

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 breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to make improvements and mitigate risks to people. For example; window restrictors were replaced in line with Health and Safety Executive guidance, and action taken to ensure medicines and cleaning materials were secured. We will assess this at our next inspection.

### Using medicines safely

- Medicines were not always managed safely. During inspection, the door to the medicine's storage room was unlocked and unsupervised, the medicines fridge was also open. This meant there was a risk people could ingest these substances without the knowledge of staff, this placed people at risk of harm. The registered manager alerted the nurse to the unlocked door, it was then secured.
- People who had been prescribed medicines on a 'when required basis' had written plans in place. However, the information included was not sufficient to inform the staff of how and when to administer

these medicines. For example, we saw written information for pain medicines directing staff to "look out for signs of pain and discomfort", but there was no explanation describing what the signs of pain and discomfort would look like for the individual. This meant staff did not have sufficient guidance to help them assess when people needed their 'as required' medicines.

- Refrigerator temperatures, where medicines were stored, were not being measured correctly. The service was not recording the maximum and minimum temperatures on a daily basis and therefore were not able to demonstrate medicines that required cold storage conditions were being stored correctly.
- The majority of the Medicine Administration Records (MARS) reviewed indicated people received their medicines as prescribed and there were auditing systems in place. However, we found discrepancies between the records and the balance found, this showed that the audits were not always sufficient to identify discrepancies.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate people's medicines were safely managed. 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.

The provider responded immediately, during and after the inspection. They reviewed their current auditing system and updated this to reflect our findings and mitigate risk. We will assess the effectiveness of this at our next inspection.

- People told us, "The staff are kind, they help me with tablets, they are always on time, I don't have any pain. I have a cream for legs".
- Processes were in place for the timely ordering and supply of medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home and with the staff who supported them. One person said, "Yes I do feel safe, I'd let somebody know if I didn't, I'm not shy". Another person said, "I feel safe here, I have no real worries".
- Relatives told us they felt the care was safe. One relative said, "Yes I think [my relative] is safe since she has 1-2-1 in the room during the daytime".
- Staff knew about safeguarding procedures and who to report to.
- The registered manager reported incidents to the relevant organisations for the necessary action to be taken in order to keep people safe from the risk of further harm.

Staffing and recruitment

- There were sufficient levels of skilled and experienced staff on duty. People said that they did not have to wait long for staff to attend to their needs.
- Our observations showed there were enough staff available to ensure people were supported in a timely way to meet their needs. One staff member said, "The staffing ratio is good here, we have consistent staff".
- One relative said, "The staff do change, but they are always friendly". Another relative said, "There are some new carers but when you ring up it seems to be the same voices that answer".
- The provider had a staff dependency tool, which was completed each month. This tool assists providers to assess the number of staff required. The tool showed sufficient amounts of staff were deployed to meet people's needs.
- The provider checked to ensure staff were safe to work with people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.



### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- The service kept a record of all incidents or accidents. We saw lessons had been learned and improvements made when things had gone wrong.
- We saw records showing how the registered manager emailed staff members to alert them when things went wrong. This included the previous incident where doors had been left open, seen earlier in the inspection. Although, later in the inspection an exit door was left open, this suggests a more robust system is required.
- We saw monthly accident and incident audits. The registered managers told us they used these to look for patterns, themes and for safeguarding. For example, they had found less conflicts between people when they had implemented 1:1 staff ratio.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans and risk assessments were individual and provided staff with the information needed to meet people's needs and choices.
- Care plans and risk assessments were reviewed regularly and in-line with people's changing needs.
- Staff knew people well and how best to meet their individual needs. Staff told us about people's care, likes and dislikes.

Staff support: induction, training, skills and experience

- Staff felt supported by management. Staff told us they had regular supervision, explaining if they had any concerns, they would approach the registered manager.
- Staff received regular training. One staff member said, "The training is good here". Another staff member said, "Training is good, really you could say we had 'over-sufficient' training".
- The provider's training matrix's showed staff members had received training in accordance with best practice and current legislation.

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

- People were supported to enjoy a choice of meals and chose where to eat their meal. For example, one person from a different building chose to walk over to a different building to eat their meal.
- Times of meals were flexible. One person chose to have breakfast later in the morning due to an activity taking place later that day.
- People could access food, snacks and drinks at any time they wanted and there was a tuck shop where people could buy chocolates etc.
- The food looked appetising and well presented, we saw people were able to choose alternative meals if they did not want what was on the menu.

Staff working with other agencies to provide consistent, effective, timely care

- Care plans showed people received regular visits from healthcare professionals when needed.
- The GP conducted weekly 'ward rounds' via video call due to the current pandemic.
- Staff contacted the GP when they had concerns about people's medical presentation to maintain their health and wellbeing.

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

- People told us the home was well maintained and clean. One person said, "They clean my room every day,

its lovely".

- Some renovation and refurbishment was required and the outside paths needed tidying. The registered manager told us this was planned to be carried out throughout the next couple of months.
- The home was suitably adapted to meet people's needs.
- There were positive dementia adaptations such as a talking clocks and picture exchange communication systems. This is where people can communicate by pointing to pictures instead of speaking.
- There was a sensory room available in one of the buildings. This type of room can enhance feelings of well-being and comfort for people with cognitive and/or learning difficulties.

Supporting people to live healthier lives, access healthcare services and support

- Relatives felt the home supported people to live healthier lives and exercise. One relative said, "When [my relative] first came out of hospital they weren't able to walk but they can now, they seem to be mainly happy, they talk of having exercise".
- People's care plans detailed regular checks with health care services, these were regularly reviewed.
- The registered manager had introduced a domiciliary dentist to assist people to access dental services.

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 make 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.

- Staff had received training in MCA and understood their role. One staff member said in reference to one person, "We have to make best interest decisions each time about manual handling".
- The registered managers were aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and had made appropriate DoLS applications for people who required this level of protection.
- Staff members gained consent from people before they supported them with daily living tasks. For example, staff asked people whether they wanted support to go to the toilet and consent was considered and recorded when taking and storing photographs.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- In one building the electronic tablet containing private information about people was left unlocked and unattended. This meant people without authorisation could access confidential information. The registered manager immediately locked the tablet and later sent an email out to remind staff about confidentiality.
- People told us, "The staff always knock on my door before they come in". This showed staff respected peoples' private spaces.
- Staff promoted people's independence. For example, we saw staff encouraging people to use their walking frames when walking down corridors and encouraging people to eat their meals independently.
- Staff took an interest in people's wellbeing and respected their privacy and dignity. For example, we heard staff whispering or talking softly when they were asking if people needed assistance with the toilet.

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

- People were supported by caring staff. One person said, "Staff are kind" and another said, "The care is really good, I couldn't do better".
- Staff told us, "I love it here, it's so rewarding" and "People get good care here". Another staff member said, "If I had a loved one, I would be happy for them to come here".
- Relatives told us, "Staff are very good, they always answer my questions, they communicate well with me".
- Staff spoke kindly to people. We saw warm and respectful conversations between people and staff.

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

- People told us they had choices. We saw staff provided people with daily living choices. Staff listened and respected people's choices.
- We saw people being encouraged to engage in activities. The activities included bingo and a trip to the local pub. People who did not wish to engage were respected and others were provided with alternative options.
- Care plans showed peoples likes and dislikes. This meant people could receive the care and support they wanted, in line with their preferences and choices.
- Relatives felt involved in peoples care. One relative said, "The home has involved me in the care plan, and they will phone if there is a problem".

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received a service which was responsive to their needs and preferences. One person said, "I like spending time in my room reading the newspaper, the Sun and the Sentinel. I go downstairs occasionally but it is too noisy. The [activity coordinator] comes to my room to play drafts, we are going to the pub on Friday".
- Care plans considered people's life history, likes and dislikes etc. They were regularly updated and reviewed in line with people's preferences and changing needs.
- Staff knew people well and demonstrated an understanding of their needs and preferences.

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.

- Visual signs were placed on bedrooms to remind and orientate people to their bedrooms.
- Welcome handbooks and information were available in accessible formats. This makes it easier for people to understand the homes policies and procedures, and how to understand how to raise compliments and complaints.
- Communication needs and assessments were available in the care plan. This detailed how staff should communicate with each individual.
- The provider was starting to implement 'communication corner', where communication aids such as communication mats, picture cards and other aids will be easily accessible for people, visitors and staff to increase communication with people who do not communicate verbally. We saw some of the products had arrived.

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

- There were opportunities for social stimulation. One person told us, "I want to remain in bed longer today because bingo is on later, I love bingo, but I can't sit up too long, so they will help me up later".
- One relative told us about an activity occurring later in the day where people were going to the local pub.
- People's relatives and friends were welcome, although there were restrictions in place due to COVID-19, these were proportionate and did not prevent people from seeing their relatives.
- There was an activities timetable on the wall showing people what activities were on. We saw people engaged in a game of bingo; we saw other people sitting with staff members reading newspapers together.

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

- People said they felt confident to raise any concerns with staff. One person said, "I haven't had to make a complaint, I would complain to the nurse".
- Relatives felt confident to raise their concerns. One relative who had recently complained, contacted us after the inspection to explain how they felt listened to by the registered manager and said positive actions had been implemented to resolve their complaint.
- One relative explained they were putting forward a complaint. Later, they said they had met with the registered manager and felt listened to, they now felt positive moving forward.
- Notice boards in each building clearly displayed actions to take when making a complaint, including notifying local authority, CQC and ombudsman. The social care ombudsman are people who investigate complaints about adult social care.

#### End of life care and support

- People could be confident about receiving kind and compassionate care at the end of their lives.
- Care plans contained signed DNACPR and ReSPECT forms. These detailed whether a person wished for any emergency resuscitation at the end of life. Clear information regarding people's religious preferences during their final days and following death was identified in care records.
- The home had received thank you cards from relatives thanking the home for the care the person had received at the end of their life.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives did not always feel engaged and involved in the service. Some relatives said, "We are not involved in any care planning; we do not receive any questionnaires or feedback forms".
- Most relatives spoke about not knowing who the registered managers were. One relative said, "I have never seen the registered manager and wouldn't even recognise them". Another relative said, "I've not seen the manager or senior staff. I would have expected that by now someone would have come, even just to say hello".
- Checks and audits were in place to monitor quality and safety. However, these had not always been effective in preventing risks. The quality monitoring systems had failed to identify the shortfalls we found at this inspection. For example, the safe storage, management and administration of medicines, the safe storage of cleaning products and awareness of the correct window restrictors. This meant people were placed at risk of harm because the systems in place had not mitigated risks effectively.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate effective management to ensure quality and manage risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that action had been taken to address some of the immediate shortfalls identified. Additional audits and spot checks are now in place. We will assess the effectiveness of these at our next inspection.

- The registered manager(s) understood their legal requirement to notify us of all significant events.
- Staff were clear about their roles and knew where to access information. Staff said, "If I need to find something out, I just check it out on the (electronic) system". Another staff member said they receive and pass information over during handovers.
- Staff felt involved in the service. One staff member said, "Staff meetings are held regularly, they are useful, and we get together and offer suggestions".
- Due to the pandemic, the registered manager explained the difficulties they had involving people from the

community. The home had been involved in Postcards for Kindness during lockdown. Postcards for Kindness is an Age UK initiative asking people to write and send postcards to residents of care homes. This helps people feel connected to the community.

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

- People spoke positively about the home. One person said, "If I had the choice of going home, I'd rather stop here".
- Relatives spoke positively about the culture in the home. One relative said, "The atmosphere seems positive".
- Staff spoke positively about the atmosphere. One staff said, "There is a good team morale". Another staff member said, "There is a lovely atmosphere here".
- There was a culture of learning where things went wrong, and this was shared within the home through a learning from mistakes email.

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

- Staff were aware of the whistleblowing procedure and said they would use this if the need arose. One member of staff gave a clear description of the procedure but said that they had never used it.
- The registered manager understood their responsibility in relation to duty of candour.

Continuous learning and improving care

- The registered managers had a clear vision and action plan for how they wanted to improve the service as it developed. This included improvements to the environment and facilities. For example, the home was scheduled for refurbishment and there were plans for a summer house.
- The registered managers reviewed accident and incident records on a monthly basis, this had led to increased staffing levels at certain times. A staff member said, "One person was unsettled at night, so we got an extra staff member". This meant they used information to improve care for people.

Working in partnership with others

- The home worked closely with the GP, district nurse and other health professionals to achieve good outcomes for the people who lived at the home.
- The home used a domiciliary dentist. The registered manager said, "This has had a big positive response".



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always safely stored or managed. Regulation 12(2)  Window restrictors were missing or not sufficiently covering all windows. Visitors were not always signed into buildings correctly. Hazardous items were not always secured and left unsupervised. Prescribed supplement drinks were left unsecured and unsupervised. Exit door was left open and unsupervised Regulation 12(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not seek and act on feedback from relevant persons and other persons on the services provided. The service did not promote transparency and collaborative working with relevant persons, such as relatives and people using the service. Regulation 17(2)  Systems to monitor the quality and safety of the service provided were not always effective in identifying shortfalls or driving improvements. Regulation 17(1) & 17(2)