

Partnerships in Care Limited

Grafton Manor

Inspection report

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Date of inspection visit:
10 August 2023
11 August 2023
15 August 2023

Date of publication:
02 October 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grafton Manor is a care home providing personal and nursing care to up to 19 people. The service provides support to people with an acquired brain injury. At the time of our inspection there were 9 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: People were at risk of harm because risks were not always fully assessed and care plans contained inaccurate or missing information. Risks in relation to diabetes were not always managed safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged to discuss their care and support needs and were encouraged to set goals for themselves.

Right Care: People had limited opportunities to participate in meaningful activities. Staff understood how to protect people from poor care and abuse. Staff received training on how to recognise and report abuse and knew how to apply it. People's needs were assessed before they started using the service and the assessment process was ongoing. People were treated with dignity and respect. We observed staff interacting with people in a positive way. The provider worked positively and in partnership with other healthcare professionals to meet people's needs.

Right Culture: Audits were not always effective to ensure quality of records and minimising risk. Feedback about people's experiences of care was gathered through questionnaires and regular meetings. We received mixed feedback about the service. A recent change in management and direction of the service was seen by the majority of people we spoke with as a positive change.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 09 March 2023) and there were breaches of

regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 09 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 have identified breaches in relation to assessing risks, governance processes, social opportunities and records at this inspection.

We have made recommendations around staff induction, mental capacity records, stimulating environments and people's communication needs.

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

Follow up

We will work alongside the provider and 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 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 not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

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 always well led.
Detailed findings are in our well led findings below.

Requires Improvement ●

Grafton Manor

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 was carried out by 2 inspectors and a specialist nurse advisor.

Service and service type

Grafton Manor 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. Grafton Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

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. 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

We visited the service and observed people and their interactions with staff and each other. We spoke with 13 members of staff including the registered manager, deputy manager, nurses, health care assistants and ancillary staff. We received email feedback from a further 5 members of staff. We also spoke with 3 relatives and 2 professionals who are involved in the service.

We viewed a range of records. This included 4 people's care records, associated risk assessments and medicine administration records (MAR). We looked at 4 staff recruitment files. A variety of records relating to the management of the service, including health and safety records, risk assessments, staff rotas, quality assurance audits and a selection of policies were examined.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; Using medicines safely

At our last inspection the provider failed to ensure correct procedures to monitor and mitigate people's risks were implemented and failed to ensure medicines were administered safely. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection although we found improvements had been made in relation to medicines, not enough improvement had been made and the provider was still in breach of Regulation 12.

- Care plans contained conflicting and outdated information about people's support needs which could put people at risk. For example, 1 person's care plan stated they had a PEG tube. A PEG is a tube that is inserted into the stomach to provide nutrition to the person. This information was incorrect as this had been removed in the previous month.
- Another care plan contained outdated diabetes information which did not include a lunch time insulin medicine dose which had been instructed by the specialist diabetic team.
- Care plans we looked at were inconsistent and lacked detail in some areas. For example, 1 person used a specialised device for staff to monitor their blood sugar levels. Staff were not always clear on how the device worked and alerted them to concerns, how often they should monitor this or at what stage staff should call for support from nurses on duty. This placed the person at risk of harm.
- Another person had recently been diagnosed with type 2 diabetes; their care plan had not been updated to reflect this. Due to new and agency staff needing to rely on people's care plans to support people safely, this posed a risk to people.

Failure to ensure procedures to monitor and mitigate people's risks was a continued breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider responded to our findings during the inspection, they immediately updated the care plans and confirmed that the transfer to electronic records would be completed shortly.

- Environmental risks such as water safety and fire safety had been assessed and were regularly monitored to manage and mitigate any risk.
- Medicines were administered, stored, and disposed of safely. Any errors were documented and followed up by the registered manager.
- Medicines given 'as needed' were administered safely following clear protocols. There was a medicines

policy which gave guidance to staff on the safe management of medicines.

- Where people received their medicines covertly (without their knowledge) there were clear processes in place and the provider ensured relevant professionals were involved.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider failed to ensure that people were protected from abuse and improper treatment. This was a breach of regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 13

- People were protected from the risk of harm and abuse.
- Staff received training in safeguarding, understood signs of abuse and were aware of their responsibilities in reporting any concerns. One staff member told us, "I would report any concerns to the manager and take it higher if I needed to."
- The provider had policies and procedures in place to safeguard people from abuse. The registered manager had made referrals to the local authority where this was required.
- Improvements had been made in relation to physical interventions. People that displayed expressions of emotional distress had a comprehensive behaviour management plan in place to support staff to use non-physical interventions. There had not been any incidents of physical interventions recently as current methods were effective.
- Processes were in place for the reporting and follow up of any accidents or incidents. These were reviewed by the registered manager and any learning was shared during team meetings.
- Daily 'flash' meetings were held with various members of the team in attendance to share any learning or concerns, this helped reduce reoccurrences and improve care quality.

Staffing and recruitment

At our last inspection the provider failed to ensure there were enough staff deployed to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 18.

- There were enough staff to meet people's needs safely.
- The provider used an assessment tool to calculate required staffing levels. This included the requirements of people that received 1:1 support. Rotas confirmed the required staff were on duty.
- Staff told us they felt there was enough staff to meet people's needs. One staff member said, "During the day there is more than enough staff to look after the people we have."
- Staff were recruited safely. Staff files viewed during the inspection, contained evidence of references being received and criminal record checks being completed before staff started to work at the service.

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider did not have cleaning staff on duty at the weekends. The registered

manager told us care staff completed light cleaning duties at the weekend, however there were no records to confirm key areas of the service, such as communal toilets and high touch points were cleaned during these periods.

- Personal Protective Equipment (PPE) was in use and readily available, staff received infection control training which included the correct use of PPE.
- The provider had an infection prevention and control policy which was up to date with the current government guidance.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were welcomed at any time. One relative told us, "Before it was like a prison. You couldn't go into the communal areas or [person's] bedroom. We had to be escorted everywhere, all doors locked. It didn't feel like [person's] home. It's much better now, we can come and go whenever, and we can visit [person] wherever in the home they are."

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

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

- The provider failed to ensure people were provided with a nutritionally balanced diet that met their clinical needs. For example, 1 person's care plan stated they should be provided with a low fat and low sugar diet. There was no further information to explain why this was important or the impact to the person if this guidance was not followed.
- Nutritionally balanced diets were not considered as part of meal planning. Care staff had recently taken over preparing and cooking meals in the service. Staff told us they did not feel equipped to take on this role.
- People were encouraged to develop the menu and make choices in relation to their meals.
- Where people required a texture modified diet this was provided, and information was available to staff on how to prepare this.

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

At our last inspection the provider failed to ensure people's needs were assessed, monitored or managed. This was a breach of regulation 12 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection enough improvement had been made in the effective domain, however the provider was still in breach of Regulation 12. We have reported on this in the safe section of the report.

- People had comprehensive plans in place to identify and reduce their exposure to the things that caused distress. This was followed up with a 'traffic light' plan, providing guidance to staff around supporting the individual with expressions of emotional distress.
- People's needs were regularly assessed, these covered a range of areas such as mobility, eating and drinking. The assessments highlighted people's level of independence and the support they required.
- Evidence based tools were used to identify people's needs. For example, to identify people's risk of malnutrition, skin integrity and risk of falls.
- The provider assessed people on a continuous basis and made changes as needed. One relative told us, "[Person] was in a very small room. I raised my concerns with them and as soon as the new [management] came in, they reassessed and moved [person] to a much better room."

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

- Communal areas lacked stimulation, did not facilitate a homely environment and was institutional. One

relative said, "I do think they need to make it more homely."

- Areas of the service needed refreshing such as accessible ramps and walls where paintwork was damaged due to chips and marks, the provider confirmed they had a redecoration programme to address this.
- Some of the outside space was fully accessible and there were plans in place to utilise the outside further, for example, vegetable patches.
- People had been encouraged to personalise their bedrooms. One person was proud to show us their room and how they had made it their own.

We recommend the provider seek guidance from a reputable source about providing a suitable, stimulating environment for people living in the service.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff were competent to provide safe and effective care. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 18.

- At our last inspection we found staff had not received training to meet the needs of people with health conditions such as diabetes and epilepsy. At this inspection, we found there were still some staff with outstanding training, however this risk was mitigated, as only staff with updated training provided direct support to individuals with these health conditions.
- We received mixed feedback from staff about the induction process. Staff told us, overall, the induction was thorough and comprehensive, however, could be improved as they felt less confident when they are preparing to support people with more complex needs. One staff member said, "I did receive diabetic training during my induction though I was not fully prepared [to support] the complex diabetic resident in the beginning."
- Staff told us they received supervision and generally felt supported in their roles.
- People were supported by staff who knew them well and provided consistency to enable them to build relationships with them. When agency staff were required, the provider ensured that the same people were used.

We recommend the provider review their induction processes to include more details and guidance for staff who may support people with complex needs.

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.

At our last inspection people's consent to care and restrictions had not been assessed. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

- Where people lacked the capacity to make their own decisions, the provider had completed MCA assessments with an accompanying best interests decision, however this was often completed with internal staff only, we found minimal evidence of consultation with people outside of the service.

We recommend the provider review their MCA assessment processes, ensuring people outside of the service are consulted and their views around decision making are recorded.

- The provider was aware of their responsibilities under the MCA and had procedures in place in the event a person lacked capacity to make decisions
- Staff received MCA training and sought consent from people prior to providing support. Care plans contained consent forms as well as people's decisions and choices about their care.
- Where people were deprived of their liberty, appropriate DOLS applications were completed.

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

- The service worked with other agencies and contacted outside support such as specialist nurses when needed.
- Hospital passports were available on people's care records which ensured essential information could be shared with emergency and medical staff in the event people were admitted to hospital.

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

- People were supported to maintain healthier lives. With support and encouragement from staff, 1 person had made changes to improve their diet resulting in them losing weight.
- The provider had worked with another person who wanted to stop smoking. Guidance and support were provided, and the person was now using a vape. They told us how they were proud to have stopped smoking after so long.
- During the inspection we observed the dining experience at lunch time. People ate where they preferred. Alternatives were offered to people, the food was well presented, and any adaptations were provided where needed.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At the last inspection the provider failed to ensure people were provided with appropriate person-centred care that met their preferences. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection enough improvement had been made in the caring domain, however the provider was still in breach of Regulation 9, we have reported on this further in the responsive domain.

- People were supported to maintain their independence. Care plans included information about the support a person needed and what areas they were still able to do themselves. Staff told us it was important they encouraged people to continue to do as much for themselves as they were able.
- Staff were very caring towards people and talked about them with affection. They told us they thought of people living in the service being like family members. We observed during lunch time, staff demonstrated kindness and patience when supporting people with their meals.
- Relatives we spoke with told us they were overall happy with the care people received. One relative said, "We are happy with the care. They always call us and keep us up to date on what is going on with [person]."
- We observed staff interacting with people in a friendly and supportive way. Staff responded promptly and did not rush people. Staff spoke about people with warmth and compassion.
- People's records were stored securely which maintained people's confidentiality. The provider was meeting their responsibilities under the General Data Protection Regulation (GDPR).

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

- The provider held regular meetings with people to gather their feedback. The notes of these meetings were presented in an easy read format for people to refer back to.
- Where people wanted to express or celebrate their achievements, this was presented on a 'you said, we did' board in the lounge area. One person wanted to see more cars and had recently attended a classic car show.
- People were supported by an advocate where needed. This enabled them to share their views and help them make decisions about their care. The advocate told us the provider was open and receptive to their involvement and had seen a number of improvements. They told us, "When I used to visit [person] they were very negative about the home, now [person] loves it there, they get involved in all sorts of things. I've seen a

real, positive change in them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider failed to ensure people were provided with appropriate person-centred care that met their preferences. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 9

- There was a lack of structured activities in the service. For example, 1 person's care plan said they enjoyed a range of activities. Previously they would go out to the local snooker halls or to restaurants to eat. This had not happened recently; records indicated the only activity provided recently was dominos. The registered manager confirmed they had recently acquired a snooker table for the service and recruitment was ongoing for activities staff.
- Care plans stated people had many interests outside of the service, however we found opportunities for people to go out and about were limited. The registered manager explained that a lack of staff able to drive the vehicles limited how often people could leave the service, they hoped to address this in the future through recruitment.
- We received mixed feedback from staff about engagement opportunities in the service. One staff member told us, "Some [people] are exhibiting signs of loneliness, there is a lack of entertainment." Another told us, "The development centre is filled with things to do, sometimes we take [people] there, if the weather is nice, we take people for a walk."

The provider failed to ensure people were provided with appropriate person-centred care that met their preferences. This was a continued breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people had regular, routine activities; these were accommodated wherever possible. For example, 1 person liked to go shopping and they were supported with this. Another person had been involved in a baking session.
- Where people required a specific gender of staff to support them, this was provided, and rotas confirmed this.

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.

- One person's care plan highlighted they had a limited understanding of English. This person had a translator visit 3 times a week for a few hours, however there was no evidence of other methods used to present information to this individual. Care plans said that staff used some key phrases, however when we spoke with staff, they were not able to give examples of this outside of 'hello'.

We recommend the provider seek additional guidance and support in relation to people's communication needs and update records to provide staff with clear information when supporting people who communicate in a different language.

- Care plans contained a detailed assessment of people's communication needs and preferences. This covered a range of areas including verbal and non-verbal communication, written communication and visual aids.
- The registered manager told us information about the service could be requested in other formats if needed. We saw information about the service had been produced in an easy read format and was on display on the notice board. We also saw pictorial menus to support people with meal choices.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints since the last inspection. There was a policy in place to support people to raise any concerns.
- The registered manager had implemented a staff suggestions box. This meant people could provide feedback anonymously if they wished to.

End of life care and support

- The service was not providing end-of-life support to anyone at the time of the inspection. Staff had received training in end-of-life care.
- Care plans provided information about people's wishes at the end of their life and any advanced decisions. Documentation was in place where DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions had been made.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement: 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.

At our last inspection the provider failed to ensure the quality, safety and leadership of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems in place to monitor the quality and standards of the service were not always effective. Some of the issues we found during the inspection had not been identified by the registered manager and quality improvement manager. For example, some staff had not been provided with sufficient training or knowledge to ensure people's complex health needs were always met.
- Oversight of diabetes management was not consistently safe, which the provider had not identified. We found an error and unclear information in 1 person's diabetes management plan which raised the potential of them receiving unsafe care. Clarification from a specialist team was promptly sought during the inspection and their care plans were reviewed.
- People's nutritional needs were not always met due to lack of staff training and knowledge in this area. The negative impact this could have on people's existing health conditions was not identified prior to the inspection. One staff member told us, "I don't have a certificate to do the cooking and don't feel safe to do it." Another said, "We only get basic e-learning, it's not enough."

Failure to ensure the quality, safety and leadership of the service was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We found improvements in many aspects of quality assurance since the last inspection. This was aided by an action plan and an overall service development plan. These plans were updated and reviewed regularly and included dates for completion of tasks.

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

- Some aspects of communication required strengthening so all staff felt informed and involved in ongoing changes in the service. One staff member told us, "There is a lack of communication from management regarding day to day running of the service." Another said, "I don't always feel like management listen to our

ideas or concerns, sometimes management make changes without letting us know."

- Resident meetings took place regularly and people were encouraged to contribute their views.
- The provider and registered manager were supportive of the inspection and acted promptly to make improvements when issues were brought to their attention.

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

- When things went wrong the provider ensured appropriate actions were taken in line with the duty of candour. The management team had a positive attitude to learning from mistakes. Action plans showed how incidents and feedback were used to make improvements to the service.
- Relatives told us staff updated them when needed and contacted them when something went wrong. Feedback confirmed the management team took action to put things right. One relative said, "They always call me if there is a problem and discuss what they are doing about it."
- The provider had up to date policies and governance arrangements in place. The provider and registered manager notified CQC of incidents as required by law. This means CQC can check appropriate action has been taken.

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

- The management team were working hard to embed an open and person-centred culture throughout the service. People, relatives and staff provided positive feedback about this and the approach of the new management team. One relative told us, "I have noticed there is a more relaxed atmosphere." A staff member said, "Things have improved big time."

Continuous learning and improving care

- Improvements had been made in a range of areas since our last inspection. The provider and registered manager were committed to ongoing and continuous improvements. Actions were identified and plans were in place to improve the quality of the service further.
- The provider ensured any learning from incidents was shared across the staff team and with other services in the region. There was evidence that incidents were reflected on, discussed and shared with staff through supervision and general discussions in team meetings.
- The registered manager met regularly with the quality improvement manager to share information and consider how to drive and embed further improvements in the service. The service improvement plan was used to track and monitor their progress.

Working in partnership with others

- Staff worked well with other health and social care professionals involved in people's care and treatment and made appropriate and timely referrals where needed. Some people had complex health needs and effective working relationships with other professionals ensured their needs were usually met.
- People were supported to attend medical appointments.

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
Treatment of disease, disorder or injury	The provider failed to ensure people were provided with appropriate person-centred care that met their preferences.

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
Treatment of disease, disorder or injury	The provider failed to ensure procedures were effective to monitor and mitigate people's risks.

The enforcement action we took:

After the last inspection, we imposed conditions on the providers registration, following this inspection, we have left these conditions in place.

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 failed to ensure the quality, safety and leadership of the service.

The enforcement action we took:

After the last inspection, we imposed conditions on the providers registration, following this inspection, we have left these conditions in place.