

# Achieve Together Limited

# Sheringham House

## Inspection report

54 Old Road East  
Gravesend  
Kent  
DA12 1NR

Tel: 01474329807

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Sheringham House is a residential care home providing a regulated activity of accommodation for people who require personal care for up to 10 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 8 people using the service. The service was a large home and people's rooms were on the ground floor and first floor.

### 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.

**Right Support:** People were not always supported to have maximum choice and control during mealtimes. Some people at the service could take other people's food and drink and this had not been consistently well managed. People had not always been supported to maintain a healthy weight, for example some people were identified as being overweight and there was not a clear plan in place to support these people. Staff supported people to achieve their aspirations and goals and these were regularly reviewed. The service gave people care and support in a safe, well equipped, well-furnished, and well-maintained environment that met their sensory and physical needs.

People were not always 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.

**Right Care:** People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

**Right Culture:** People and those important to them, including advocates, were involved in planning their care. Relatives told us since the last inspection the service has improved their communication with them. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

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

### Rating at last inspection and update

The last rating for this service was inadequate (published 01 December 2022). 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 some of the regulations.

This service has been in Special Measures since 01 December 2022. 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

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.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement

We have identified breaches in relation to person centred care and good governance at this inspection.

#### 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 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 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** ●

# Sheringham House

## **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.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Sheringham House 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. Sheringham House is a care home without 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they

plan to make. We used this information to plan our inspection.

During the inspection

We spoke with three relatives about their experience of the care provided to their loved ones. We spoke with five members of staff including the regional manager, the registered manager and three care staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At 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

At the last inspection the provider failed to manage risks associated with people's care in a safe way. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- People's specific health risks had been assessed but were not always monitored and well-managed. For example, people's care and support plans outlined specific health risks, such as constipation. However, bowel charts were not always completed to determine how frequently people opened their bowels and if they were constipated. Staff had administered 'as required' medicines but we could not be assured people were getting consistent support with constipation. The registered manager was aware that further work was needed to support staff to always complete bowel record charts.
- People who lived with epilepsy had care and support plans in place. Staff followed guidance when supporting people with epilepsy to ensure they were kept safe. Staff ensured that seizure records were completed and up to date.
- People who were at risk of choking were supported by staff who understood how to prepare their food and support them whilst eating and drinking to reduce the risk of choking. Staff were able to tell us who had modified diets and who had guidance from the SALT (speech and language therapy) team.
- Environmental risks were well managed. For example, regular fire drills took place to ensure staff were confident in the home fire evacuation procedure. People also had PEEPs (personal emergency evacuation plans) in place to ensure each individual was supported to evacuate according to their support needs.

### Staffing and recruitment

At the last inspection the provider failed to deploy enough suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- The service deployed enough staff to meet people's needs. We observed enough staff to support people's needs. The service identified a need for some people to have additional hours so they could receive the

support they needed. Whilst the service waited for people's hours to be reviewed, the service provided additional hours to support people.

- The numbers and skills of staff matched the needs of people using the service. One staff member told us, 'I think we have enough staff now, also the manager will come and help out if needed.'
- The services recruitment process promoted safety for people. Staff undertook checks including a DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

At the last inspection the provider failed to ensure accidents and incidents were monitored, recorded and reported. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- People received safe care because staff learned from safety alerts and incidents. Incidents and accidents were recorded on a central system which could be accessed by all staff. One staff member told us, 'We record all incidents and hand them over to the manager to prevent it happening again.'
- The registered manager had a system to review all incidents and accidents and take any action that was needed to ensure if there were lessons to be learnt, this was shared with staff. For example, an incident occurred when a person fell off the sofa whilst having an epileptic seizure. The registered manager developed actions from this and contacted healthcare professionals to ensure they could provide alternative seating that would also be safe for the person.

#### Preventing and controlling infection

At the last inspection the provider failed to manage risks associated with people's care in a safe way. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. In one person's bathroom the shower was not clean and the shower mat was mouldy. This was highlighted to the registered manager and the shower mat removed and replaced straight away.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.



- 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 have also signposted the provider to resources to develop their approach.

There were no restrictions on people visiting the service.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "If we see something that is not right, we report to the manager. This can be if they are withdrawn or show any other signs of discomfort etc."
- People and those that matter to them had safeguarding information in a form they could use. Relatives told us they felt their loved one was safe. One relative said, "[person] is always happy to go back."

Using medicines safely

- The service managed people's medicines safely. The service ensured people's behaviours were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed in line with these principles.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. When 'as required' medicines were administered the MAR (medication administration record) clearly stated why it had been administered.
- Medicines were securely stored in a temperature-controlled room. Temperature records were taken for the room and the fridge where some medicines were stored in line with prescriber guidelines.

# 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 requires improvement. The rating for this key question has remained 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 consistently ensure people's nutritional needs were met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- People's nutritional needs had not consistently been assessed and implemented to ensure meal-times were enjoyable and supported people's wellbeing. Some people in the service were known to take food and drink from others. For example, during the morning of the inspection we observed one person taking a drink from another on more than one occasion. Also, at lunch time we observed another person taking food from other people on at least 3 occasions. We observed one person rushing their food and another drinking their drink quickly when other people were around. Staff were not always confident when supporting people during these incidents.
- Some people in the service were overweight. Staff had not always considered how to support them to maintain a balanced diet. We observed people to have large portion sizes and multiple portions in one sitting. Staff had not considered if this was in their best interest for their overall health and wellbeing.

The provider had failed to consistently ensure people's nutritional needs were met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People were supported to eat food that was stored safely. For example, perishable food stored in the fridge had use by dates on them to ensure they were consumed within the manufacturer's timescales.

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

At the last inspection the provider failed to ensure care was designed to meet people's needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 9.

- People had care and support plans that were personalised, holistic and reflected their needs and

aspirations. There had been no new admissions to the service, however care plans had been updated and contained more details regarding people's assessed needs. This also included looking at people's protected characteristics under the Equality Act (2010), such as religion.

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication and sensory needs. For example, communication support plans were in place which outlined how people preferred to communicate.
- Care plans also detailed people's goals and aspirations. Some people had short-term goals and some long-term goals which included going on holiday again. Monthly key worker meetings ensured they followed up on these goals and identified any changes with the persons support needs.

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

At the last inspection risks associated with people's health needs were not always being met. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, one person was not being regularly supported to attend hydrotherapy sessions. However, at this inspection it had been recorded that the person regularly attended hydrotherapy sessions to support their physical health.
- People were supported to attend annual health checks, screening and primary care services. This included regular visits to the opticians, chiropodist and dentist. People were also supported to contact their GP if they were feeling unwell.
- People had health actions plans which were used by health and social care professionals to support them in the way they needed. The health plans clearly detailed what support the person needed for each of their health concerns. For example, one person's plan outlined they had PICA and needed 1-1 staff support. PICA is a feeding disorder when someone eats non-edible items and objects.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure that staff received appropriate training and supervision this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by enough staff. Since the last inspection new staff had been recruited, some of which were still going through the induction process. During the inspection we observed some staff were not always confident when supporting people during mealtimes. When we spoke to the registered manager, they informed us that a few of the staff on shift were new and were still going through their induction. Other staff we observed to be confident in their role.
- The service had clear procedures for team working and peer support that promoted good quality care and support. The registered manager checked staff competencies and carried out regular supervisions. One staff member told us, 'The induction is good, I am putting what I learnt into practice'.
- The service provided staff with training that met people's needs. The registered manager ensured staff carried out extensive dysphagia training. Dysphagia is the medical term for swallowing difficulties. One staff member told us, 'We have done lots of training such as first aid, fire training and medication.'

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

- People's care and support was provided in a safe, clean, well equipped, and well-furnished environment which met people's sensory and physical needs. The sensory room in the garden had been reorganised so people could access it easily. We observed one person in the sensory room during inspection who appeared to be enjoying themselves.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One person had a large mural painting of a farm because the person liked farms.
- The service had adapted equipment for mobility to support people. For example, one person needed the use of a hoist and the home had installed a ceiling track (overhead) hoist in the persons bedroom for ease of use.

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 the last inspection the service failed to consistently gain consent from people in relation to their care. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Where a DoLS authorisation was needed, it had been requested.

# 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.

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

At the last inspection the service failed to consistently treat people with dignity and respect. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- People were supported to express their views and people were given time to process the information and respond to staff and other professionals. We observed staff being patient with people when they were communicating.
- Staff supported people to maintain links with those that were important to them. One relative told us, "They drop [person] off so we can spend time with them."
- Staff respected people's choices. At mealtimes, staff gave visual options for the food choices and people were able to see and pick which option they wanted.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. For example, at mealtimes, staff ensured that people could eat independently where this was possible. Staff would prepare some people's food by cutting it for them so then they could use cutlery independently.
- We observed staff respecting people's dignity and privacy. For example, staff ensured they had permission from a person to enter their room, this included asking their permission the day before they needed to access their room to support with cleaning. This gave the person time to process the information.
- Staff knew when people needed their space and privacy and staff respected this.

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

- Relatives told us staff were kind and supportive towards their loved one. One relative told us, "Staff treat [person] respectfully."
- We observed staff treating people with respect and engaging in positive and meaningful interactions. One staff member was giving someone a foot massage and asked permission prior to starting and if they were happy with what they were doing.
- Staff spoke about people in a kind and respectful way and staff used respectful and appropriate language when talking to people.

# 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 inadequate. At this inspection the rating has changed to good. 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; 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 the last inspection the provider failed to ensure that care and treatment met people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of the regulation.

- Since the last inspection the registered manager has made improvements regarding personalised care planning and delivery and people being supported by staff to go out more frequently.
- People were supported to develop goals and aspirations. Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. These were reviewed regularly and updated.
- People were supported to participate in their chosen social and leisure interests. For example, people were supported to attend day centres, hydrotherapy and the local community. One relative told us, "They [person] seem to be getting out more."
- The registered manager had identified periods of the day when more staff were needed to support people to go out. The service was providing the additional staffing hours to ensure people could take part in activities of their choosing.
- People were supported with their sexual orientation/religious/ethnic/gender identify needs without feeling discriminated against. The service had discussions with people and also their families if they were unable to verbally express their choices.

### Meeting people's communication needs

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

- Staff ensured people had access to information in formats they could understand. For example, people had key worker review meetings that were in picture format if this was their preferred method of communication.
- People had individual communication plans that detailed effective and preferred methods of

communication, including the approach to use for different situations.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Relatives told us they knew how and who to raise a complaint or concern to. Since the last inspection, the service has listened to relatives concerns and complaints and actioned this by working with the families.

End of life care and support

- People had end of life care and support plans in place.
- At the time of the inspection the service was not supporting anyone who needed end of life care and support.

# 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.

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

At the last inspection the provider had failed to undertake robust quality checks this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Governance processes had not always ensured staff provided support that met people's needs, specifically regarding nutrition. For example, staff had not always ensured mealtimes were person centred and that staff were able to consistently manage situations when people in the service would take others food and drink.
- The service had not always taken action to support people who were overweight. The registered manager had identified that a number of people in the service that were overweight. We observed people to have large portion sizes and more than one serving at one sitting. The manager had not put a plan in place to support these people to maintain a healthy weight.
- The manager had not always identified and addressed gaps in recording for constipation management. Staff had not consistently documented people's bowel movements when it was needed. The manager could not always be sure if people were consistently receiving the support that they needed.

The provider had not ensured governance processes were consistently effective. This is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the manager had implemented systems to ensure accidents and incidents were recorded and reported. Incidents were reviewed by the manager and actions taken where needed and lessons learnt shared with staff.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. This included notifiable incidents being reported to the Care Quality Commission.

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

At the last inspection the provider failed to have robust oversight of the service and failed to make the



necessary improvements to the culture of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of the regulation.

- The manager worked hard since the last inspection to instil a culture of care in which staff truly valued and promoted people's individuality and protected their rights. One staff member told us, "The communication is great and everyone works as a team", another staff member told us, "I love supporting people here, and how I can help them. My manager so supportive and helps me with my role".
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "If I have any concerns, I feel confident to raise them".
- The manager told us they felt supported by the provider. They had regular meetings to discuss the service and any outstanding actions that needed to be addressed.

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

At the last inspection the provider had failed to adequately evaluate and improve care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of the regulation

- The service had worked hard since the last inspection to improve the communication between themselves and people's relatives and loved ones. The registered manager had contacted relatives individually and created actions to address from these conversations. We spoke to relatives who felt the communication had improved. One relative told us, "There has been considerable improvement with the new manager."
- Staff felt there had been much improvement since the last inspection and felt supported by the registered manager. One staff member told us, "They [manager] is very approachable and will always come and help if needed."
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

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 manager understood their responsibility around duty of candour. The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.
- Relatives told us they were informed about incidents and accidents. One person told us, 'I am always updated'.

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 provider had failed to consistently ensure people's nutritional needs were met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured governance processes were consistently effective.