

# Ranc Care Homes Limited

## Orchard House

### Inspection report

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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?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Orchard House is a care home providing personal and nursing care for up to 67 older people in one purpose-built two storey building. At the time of this inspection 51 people were living at the service.

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

Risks to people were not always identified or reported and acted upon. Staff did not always complete assessments to manage the effects of known risks for such things as challenging behaviour, leaving medicines for people to take or locks on the outside of room doors. Staff did not always report possible safeguarding incidents to a senior manager, which did not make sure that referrals were made to the local authority safeguarding team.

Staff did not always keep care records up to date or have care plans in place. This meant that staff did not have guidance on how to support people's needs, and there was not always a clear strategy to manage these. People were unhappy with the amount of activities that were provided. Staff missed opportunities to spend time with people, who spent periods unoccupied. We have made a recommendation about developing activities for people with dementia.

Systems to monitor how well the home was running were carried out but did not always identify actions, responsibilities or follow up when issues were identified. There was a lack of oversight of the service by the provider and responsibilities were placed on a frequently changing management team for improvement.

There were enough staff available to meet people's care needs. The provider obtained most key recruitment checks before new staff started work. Staff received training and supervision, which supported them to carry out their roles, although not all staff following this information and guidance.

Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons to promote safe hygiene practices. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

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 liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected.

There was a complaints procedure in place, and complaints were investigated and responded to appropriately.

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 requires improvement (published 6 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections and inadequate at the inspection prior to these.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to assessing risks to people, keeping people safe from harm, and assessing and monitoring the service. Please see the safe, caring, responsive and well-led sections of this full report.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Orchard 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 Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors and an Expert by Experience on the first day, and one inspector on the second day. 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

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

The service had a manager 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 looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and three visitors about their experience of the care provided. We spoke with eleven staff members, including the registered manager, care workers and senior care staff. We also spoke with a visiting health care professional.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at a variety of records relating to the management of the service, including complaints and the systems for monitoring the quality of the service.

After the inspection

We spoke with the local fire and rescue service about our concerns in regard to locks on people's doors.

# 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 requires improvement. At this inspection this key question has remained the same. 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 our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) 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 12.

- Risks to people were not always assessed, monitored or mitigated effectively to ensure people were safe. Staff had not always assessed the risks to people when challenging behaviour was shown. One person's behaviour record showed that they frequently went into other people's rooms. On one occasion getting into bed with the person and on other occasions trying to force people out of their beds. Another person's behaviour record showed an increase in aggressive behaviour towards staff, although there was no assessment to show how to reduce the risk of this or possible injury to staff.
- We noted that several doors on one floor had locks on the outside of the door. One person's visitor told us their relative had been locked in their room by another person. We were also locked in a room by a person during our visit. The potential for people to be locked in their rooms and unable to get out, because these were one-way locks, had not been assessed. Nor had the potential risk of people being trapped in their rooms in the event of a fire been assessed. We raised this with the registered manager who made sure the locked were changed the same day.
- One person had been given their medicine to take by themselves. While people should be encouraged to continue to take their medicines if they are able, this must be assessed to ensure it is safe to do so. There was no information in this person's care records to show how any risks had been reduced and no guidance for staff about leaving the medicines. The person had forgotten to take their medicines, which they confirmed they should have taken earlier in the morning.

The lack of assessment of risks associated with challenging behaviour meant that appropriate actions had not been identified and therefore people and staff remained at risk of abuse or injury. This was a further breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had appropriately assessed other risks, such as for moving and handling, falls and developing pressure ulcers and actions had been identified to reduce these risks. One person, whose ability to swallow had reduced did not have these risks assessed by staff. However, action such as obtaining guidance from

health professionals and adapting the person's meals and drinks, had been taken to make sure the person was safe.

- People told us they felt safe with staff, one person said, "I'm safe with the carers, they're nice and friendly." Staff also completed most risk assessments in relation to people's environment. These included those for fire safety and equipment. This meant that most risks had been identified and regular checks were completed to make sure people were safe.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and told us they would report incidents of possible abuse. They had information about how to report this in the home and to external agencies, such as the local authority. However, we found that incidents involving one person had not been reported to the deputy or the registered manager and therefore had not been reported to the local authority. The registered manager notified us of two of the four incidents following the inspection but said that one incident was not as described in the report. We were not notified about an incident where a person received an injury to their cheek. Not all staff fully understood their role and responsibilities in safeguarding people or how to properly apply appropriate policies and procedures if circumstances required it.

The lack of assessment of risks meant that appropriate actions had not been identified and therefore people and staff remained at risk of harm or injury. This was a further breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had safeguarding systems in place for management and staff to follow. We found that referrals about other incidents had been made to the local authority and appropriate action was taken to safeguard people. The registered manager told us that they would investigate and discuss appropriate safeguarding procedures with staff members.

Staffing and recruitment

- Pre-employment checks were carried out before staff started work. This helped the provider make sure that only suitable staff were employed. However, we saw that not all the required information was available in two staff members' files. Where references only provided dates of people's employment, no further action had been taken to verify the conduct of the prospective staff in their previous care role. Gaps in one person's employment history had not been checked. This meant that the provider could not guarantee all staff were safe to work with people.

- There were enough staff on duty to support people safely. People told us that when they rang their call bells staff attended quickly. One person said, "The [staff] have time to chat now, they didn't for a while, must have been short staffed but it's better now." Staff, however, told us that there were days when they were busier and were not able to spend time with people. We found that staff were available when called and they responded quickly.

- There was a system in place to recruit new staff to make sure there were always enough staff on duty. Staffing levels were determined through the use of a needs dependency tool.

Using medicines safely

- Staff had received training in how to safely give medicines, they respected people's decisions if medicines were refused.

- Staff usually administered medicines safely and maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or only as required. There were also instructions for applying creams and where on the body these were needed.

- Medicines were stored securely, and staff continued to make sure medicines were secure by only

administering these to one person at a time.

#### Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- We smelt offensive aromas around the home, particularly on the first floor. Some of this dissipated during the day, although there was one area where the smell persisted. Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. Housekeeping staff told us they took action to reduce offensive smells. Two visitors told us that their relatives' rooms were, "clean and tidy."

#### Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were not all managed effectively. Staff did not record or report all these appropriately, so the registered manager was unable to take action to reduce the risk of these reoccurring. Where accidents had been reported, staff and senior staff took appropriate actions to reduce risks and change practice, if this was needed.

# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working at the home and this was updated each year. Staff told us that they received other training, such as for specialised care needs like dementia. They told us that dementia training they had received had given them a new perspective about living with dementia.
- However, we found there were many instances when staff showed they were not working in the way they had been trained to. For example, they were not all following safeguarding procedures, best practice in regard to the Mental Capacity Act 2005 and end of life training. There was inconsistent support for people who may challenge others, and therefore new dementia training had not yet embedded in staff practice.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt supported to do their jobs.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff members had received training in the MCA and DoLS. They understood the principles of the MCA and encouraged people to make decisions for themselves. We saw that even where people were not able to make decisions staff still involved them as much as possible in the process. However, not all staff were confident in their knowledge about the MCA and DoLS processes. We spoke with the registered manager about how to improve this.
- Where people did not have capacity, best interest decisions were not well recorded in care records. This meant that staff would not easily know how to support people with specific decisions.

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

- Staff completed assessments of people's needs before they started using the service. This helped them to make sure they had enough staff with the right skills to meet their needs.
- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to consult when needed and it helped them better understand generally how people's health needs should be met. However, there was a lack of information about people that means their specific needs may not have been met under the Equality Act 2010.

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

- People said they liked the meals they received. One person said, "The food is quite good. It's always nice and hot when I get it." Another person told us there was always a choice available and said, "...the choices (are) good."
- People chose where they sat, they were able to eat at their own pace and both courses were appropriately spaced apart. Staff provided support to people who were not able to eat and drink independently. This included prompting and encouraging people or directly assisting them.
- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This reduced the risk of people losing weight and made sure that advice was sought if it did happen.

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

- Staff completed a 'This is me' form, which recorded important information about people, their needs, daily routines and preferences. People took the form, together with a 'grab sheet' with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- People were referred to health care professionals for advice and treatment, for example to community nurses, dieticians or community mental health teams. A visiting health professional told us that staff contacted them promptly when needed and assisted them when they visited. Staff also followed advice and recommendations made by health professionals. They said, "Seniors are always helpful," and, "When we come in to do insulin we can see it's laid out ready for us."

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

- Adaptations had been made to ensure people were able to move around the home safely. A hand rail was in place along corridor walls. Equipment was in place in toilets and bathrooms to allow people to safely use these areas.
- People had information, such as photographs and names, on their doors to help them find their own room. Most person's rooms were decorated with their personal possessions.

# Is the service caring?

## Our findings

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

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

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

- We found that although individual staff were caring in their support to people the lack of provider oversight and consistent management of the service did not promote a caring approach towards people living at the home. For example, the lack of staff understanding about assessing risk or passing on information about possible safeguarding concerns led to people being at risk and vulnerable.
- People said that staff were kind and caring and they commented positively about staff members. One person told us, "Staff are very good. Incredible really in terms of help. They're exceptional I think." A visitor told us, "I've got to know the staff well. The carers are good, you've only got to ask." People were comfortable in the presence of staff. They were able to express themselves to staff and staff listened to them. Most interactions with staff gave people positive experiences, although these were infrequent. When people were actively engaged with staff this enhanced people's wellbeing and they smiled, had conversations and were visibly happy. However, when people were alone, which was more frequently, their body language showed that they were bored and unable to focus on any particular activity.
- Staff showed concern for people and made sure people had everything they needed. One staff member covered a person who had fallen asleep in the lounge with a blanket to make sure they did not get cold. They were aware of people's individual needs and preferences. People confirmed that staff knew them well, with one visitor saying, "The care is really good. We visit most days and there's never any signs that [person] isn't being looked after."

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

- People said that staff asked about how they preferred their care and support provide.
- Staff told us they provided care to people in a way that each person preferred but that still encouraged them to do as much for themselves as possible. People were supported to make choices about their care throughout the day. For example, they chose when to get up and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and they made sure people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas. Friends and relatives were welcome at the home, which had an open visiting policy.

## Is the service responsive?

### Our findings

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

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

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

- People told us their care needs were met and they were happy with the care they received. One person said, "The care is pretty good." A visitor also commented that, "[Person] is always clean and happy."
- People had care plans in place for most of their identified needs, and most of these gave staff enough guidance on how to respond to people's needs. However, plans had not been updated, written in enough detail or written at all for four people whose health had deteriorated and/or who showed challenging behaviour. Guidance had been obtained from health professionals for one person. Although neither this information or the other person's increased aggression had been written in a care plan.
- Staff told us about different actions they would take if people showed challenging behaviour towards them or other people. However, these different methods were not recorded. One staff member told us they recognised that the information was not in people's care records and had wanted to review them but had not yet done so. This meant that staff did not have a clear approach for understanding and supporting people whose behaviour may challenge others.
- Staff had also obtained information and guidance from health professionals about one person, whose ability to swallow had reduced. They took action to make sure the person was given the appropriate care and there was some information in the person's care records. However, the person's care plan had not been updated to reflect this change in their needs. A staff member responsible for writing this said the plan would be updated when the person's condition settled. This did not provide clear guidance to staff while the person's care needs were variable and placed them at risk of choking.
- There was some general information about people's long-term health conditions. However, there was no information about how their health conditions affected them, what they were normally able to do or what might make the condition worse. This did not ensure that all staff had enough information to support people with their health conditions or to assess whether the person had deteriorated or what to do if this occurred.

The lack of care plan information meant that staff did not have sufficient guidance or an effective strategy to meet people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they had little to occupy their time during the day. One person said, "There's not much entertainment, it can be quite boring. I used to be given a weekly list (of activities) but no longer ... We used

to have chair exercises each week but that's stopped too." Only one visitor told us that staff encouraged their relative to take part in activities and they were "not just left to sit."

- Two staff were responsible for planning events and activities for people to take part in each day. There was a programme of activities and events planned for each week, many of these were for staff to spend time with people. Staff members told us that these two staff members did spend time each day with people individually. However, we found that people had little to occupy them in those periods between planned events. Staff missed opportunities to engage people in tasks of everyday living, such as setting tables.

#### End of life care and support

- There was not enough information available for staff to be able to care for people at the end of their lives in the way that each person wanted. Limited information was available in people's care records about their end of life wishes. The registered manager told us that people or their relatives did not always wish to discuss this. However, care records did not show when staff had asked about this, even when people's conditions deteriorated.

- Staff said they had not received any training in caring for people at the end of their lives, even though they had cared for people at this stage of their lives. However, the registered manager provided information that staff had received training in different aspects of this type of care and other training was scheduled. Staff also had guidance in the form of an end of life policy and the support of district nursing staff.

#### 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.

- The registered manager identified people's communication needs during their initial assessment. These were recorded in people's care records and staff knew how to make sure people understood information they were given. Staff had printed cards with questions in another language for one person whose first language was not English.

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

- People knew who to speak with if they were not happy with the care they received. One person told us, "If something wasn't right, I would see the manager."

- People had a complaints procedure to follow if they needed to raise a concern. Information provided before this inspection told us that seven complaints had been made in the previous 12 months. We saw that complaints were investigated and responded to within an appropriate timeframe.

# 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 now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. This is the fourth consecutive inspection where the provider has failed to meet the required standards to ensure people receive safe and effective care.

At our last inspection the provider had failed to adequately assess and monitor the risks relating to health and welfare. This was a breach of Regulation 17 (Good Governance) 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 17.

### Continuous learning and improving care

- We continue to have concerns about how the service is led and the provider's ability to make and sustain improvements. Orchard House had been rated as requires improvement or lower at the last four inspections. Over that time there had been recurring concerns and repeat requirement notices about assessing risk and reporting safeguarding concerns. Both of these issues were also identified at this inspection. While we saw improvements on two occasions in three key questions, this was not sustained for consecutive inspections.
- The provider completed action plans following previous inspections. These identified the actions that were to be taken to address and improve the service. While the actions were appropriate, none of the action plans identified possible causes for the breaches. Nor did they show how the provider could determine that non-reporting of incidents would not happen again.
- The action plans identified that the home's and provider management teams were responsible for improving and ensuring the improvements were made. However, there had been significant changes in personnel to both teams. In the 47 months (almost four years) since we first assessed the service to be non-compliant with the regulations, and our rating of inadequate, there has only been a registered manager in post for 22 months. The current registered manager had only submitted an application to register with the Commission four months after being employed as manager in January 2019. We also found that there was a new deputy manager and regional manager. This meant that there had been inconsistencies in the management team for a considerable period of time.
- Processes to assess and check the quality and safety of the service were completed and identified when records were not available. Although audits found an overall improvement in the performance of the home, they also showed that the same issues were identified again and again. The audits did not always identify actions to address these issues, who was responsible for the action or any follow up to see whether any

action had been taken. These audits did not look at the quality of the information written in care records, they simply commented on whether they had been completed or not.

- Medicine audits were also completed and provided some analysis of the information obtained. However, they did not look at information to identify trends and themes, such as which staff members were involved in medicine errors or poor practice. In one audit a staff member was seen to carry out unsafe medicine administration practice, which was addressed at the time. However, there was no further information to show what lessons were learnt from this incident or what action was taken to make sure the staff member did not repeat the practice. During this inspection we found that one person was left with medicine to self-administer, although the risks associated with this practice were not assessed.
- The auditing process, therefore, did not provide a robust system that looked critically at the risks to or welfare of people living at Orchard House.

The ongoing lack of consistent home management and provider oversight meant that risks to people were not identified and learning through identifying the cause of issues did not take place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider sent us information about events and incidents that happened, such as serious injuries, and what action they had taken to resolve or improve things, when they had been informed of these incidents. They also displayed their CQC (Care Quality Commission) inspection rating in the entrance to the home and on their website.

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

- The registered manager communicated with people, their relatives and professionals in an open way. They understood their responsibilities to ensure people received the care they needed and had recently completed the Care Quality Commission's process to become registered manager.
- Staff told us they were able to raise issues with the registered manager and were confident their concerns would be listened to. They said the registered manager was approachable and would work with them if needed. One staff member told us the registered manager had changed how the home ran, "It can be stressful but generally things have improved since [registered manager] has been here." Staff knew people well and their commitment to caring for people living at the home was evident from the feedback we received about them.
- The registered manager was aware that there needed to be culture change at the home and they were working on this. They had invested in training and guidance for staff in dementia training that would also support a change in the way staff interacted and spent time with people.

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

- People and their relatives had completed a survey, which showed that most people were happy with the care they received and the service the home provided. Staff had also completed a survey, although information from this was still being collated by the provider's human resource department.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us that they attended staff meetings, which gave them regular support and information was shared quickly with them.

#### Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority safeguarding team. The provider and senior staff contacted other organisations appropriately.

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<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>Care plans were not in place for all identified care needs, which meant that guidance for staff to appropriately manage these needs was not available.                                   |
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Not all risks were adequately assessed or mitigated, safeguarding processes were not always followed.   |
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Referrals of possible harm had not always been passed onto outside agencies with the responsibility for investigating these.                   |
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Repeat breaches of regulation as a result of poor provider oversight of the home and inadequate action to identify cause and address individual breaches and continued breaches as a whole. |

