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Priory Paddocks Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Priory Paddocks Nursing Home is a home providing personal care to 26 people at the time of the inspection, some people were living with dementia. The service can support up to 40 people in one adapted building.

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

There had been some improvements made since our last inspection in October 2021. However, these were either being planned and/or not fully implemented or embedded in practice to demonstrate people were provided with a safe and well-led service at all times.

Since our last inspection, the registered manager, who is also one of the providers, had taken the decision to not work in the service since the beginning of January 2022. They had also submitted an application to cancel their registered manager registration. The deputy manager had left the service. In December 2021, the provider had sourced the support from a consultant to assist to drive improvement in the service.

The supporting home manager, who was an existing staff member who had taken on some management duties, and consultant were working to improve the service. There was a management structure in place in their absence, including on call support for out of hours.

There had been little improvement in the training provision for staff. Since our last inspection, staff had received fire safety training and some staff had received moving and handling and safeguarding training. The consultant told us they had identified training companies to provide both face to face and eLearning for staff. At the time of our inspection these companies had not yet provided any training.

There had been some improvement in people's care plans and risk assessments. There were one-page profiles and 'this is me' documents completed which provided staff with a summary of people's needs. Staff were working on the care plans in addition to their usual roles in providing care. A staff member told us three people's care plans and risk assessments had been reviewed and rewritten, to guide staff in how their needs were to be met.

Incidents of abuse were now being reported, as required. Systems were being introduced to improve the ways staff recognise and report abuse. A system was in the process of being developed to learn from incidents, and monitoring and analysis of incidents and accidents. This was not yet fully implemented or embedded in practice.

There had been some improvements made in the environment, but these were not fully implemented, with some contractor visits booked to undertake work, relating to fire safety, gas, electrics and legionella. There were no records available to show when routine fire safety checks were undertaken, and it was not clear who was responsible for this and if they had been completed prior to the inspection.

There had been an improvement in staff engagement, but this was still in the early days. Since our last inspection there had been one staff meeting and we received feedback that staff had not been kept updated with concerns in the service and actions being taken. Improvements were in the process of being implemented relating to how people using the service and their representatives were being asked for their views of the service.

There had been new care staff recruited, including an activities coordinator to provide social activities to reduce the risks of boredom.

Not all medicine administration records showed people received their medicines as prescribed. A new medicines manager had been appointed and their audits and checks identified there were shortfalls in the safe management of medicines. This was in the process of being improved and systems introduced to improve.

There continued to be no people using the service who had contracted COVID-19. Improvements had been made in the cleaning regime in the service and all staff wore PPE as required. There were systems to support people to have visitors and a programme to test staff and people using the service.

We received positive feedback from people using the service and a health care professional. All feedback received commented on the caring nature of the staff, which was confirmed in our observations. Staff were committed to making improvements and providing people with a good quality service.

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 6 December 2021).

At our last inspection, the service was rated inadequate with multiple breaches of regulation relating to staffing, governance, safe care and treatment and safeguarding. The provider completed an action plan after the last inspection to show what they would do to improve staff training and by when. At this inspection enough improvement had not been made and the provider was still in breach of regulations and the service remains rated as inadequate.

This service has been in Special Measures since 6 December 2021. The service remains in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 26 October 2021 to review the key questions safe and well-led only. This was due to concerns received in relation to the management of the service, the safety of people using the service and medicines. The inspection was prompted in part by intelligence received of a specific incident. This incident is subject to a criminal investigation. As a result, the inspection did not examine the circumstances of the incident.

We received concerns that improvements were not being made in a timely way to reduce risks to people receiving unsafe and inappropriate care. We decided to undertake this focused inspection to examine risks and determine whether the provider was following their action plan relating to staff training and improvements were being implemented to meet legal requirements. We also received intelligence that a further incident was subject to a criminal investigation. This inspection did not examine the circumstances of the incident. We reviewed the key questions safe and well-led only. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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. This included checking the provider was meeting COVID-19 vaccination requirements.

At this inspection we found that the service continued to be in breach of regulations and remained inadequate. The provider had started to develop systems to improve and mitigate risks, however these were not yet fully implemented and embedded in practice, some improvements were planned but not yet addressed. This is based on the findings at this inspection.

You can read the report from our last inspections, by selecting the 'all reports' link for Priory Paddocks Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to governance, safe care and treatment, staff training and safeguarding at this inspection.

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

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

Follow up

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

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Priory Paddocks Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

The service had 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. The registered manager, who is also one of the providers, has submitted an application to cancel their registered manager registration, this was being processed.

Notice of inspection

This inspection was unannounced on 5 January 2022, we told the service when we were returning on 11

January 2022 to ensure someone from the management team was available to provide information where required.

What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. 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 all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the supporting home manager, clinical lead, medicine manager, nurse, care worker, activities and the chef. We also spoke with the consultant employed by the service. We received electronic feedback from a health professional who works with the service.

We reviewed a range of records. This included three people's care records and multiple medication records.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We received feedback from professionals, including health and social care colleagues, commissioners and safeguarding professionals.

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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems were in place or robust enough to protect people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

- At our last inspection we found action was not always taken to safeguard people from harm. Following our last inspection, we received information that the local authority safeguarding team had provided guidance which had not been addressed promptly by the provider and a further incident had occurred. This put people at risk of avoidable harm.
- At our last inspection we found that all staff had not been provided with training and guidance to keep people safe from abuse. At this inspection we found 23 staff out of 43 had been provided with this training in December 2021, and another training session was booked for 18 January 2022. Therefore, whilst we noted partial improvement, all staff had not been provided with training in how to recognise and report abuse.

Systems were either not in place or robust enough to demonstrate people were protected from abuse. This placed people at risk of harm. This was a repeated breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We had raised a safeguarding referral following our last inspection due to identifying incidents which had not been reported to safeguarding or CQC. We found the service were now reporting safeguarding concerns as required.
- Since our last inspection a new system had been developed, which assisted the provider and staff in identifying any safeguarding concerns, actions taken to reduce future risks and prompts for staff to raise concerns to the appropriate organisations.
- The consultant told us they had started to introduce competencies for staff in safeguarding and were planning to introduce policy and procedure of the month starting with safeguarding to ensure staff understood their roles and responsibilities.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff received training to ensure they were skilled and trained to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some work had been done in this area, but not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Following our last inspection, staff had been provided with training in fire safety in November 2021 and some staff were provided with moving and handling training in 2021, and some staff received training in safeguarding. There had been no other training to ensure staff were provided with the skills and knowledge they needed to meet people's needs safely.
- The consultant told us they had identified training providers for both eLearning and face to face training, but this was not yet being delivered. The consultant confirmed they would look at specific training, for example for catering staff, including people with swallowing problems, textures of foods and diabetes.

People were supported by staff who had not received the training they needed to ensure they had the skills to meet people's needs. This was a repeated breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection the provider had recruited more care staff, three staff had started, and one was waiting for their recruitment checks. The provider continued to actively recruit to vacant nursing posts and additional staff.
- People told us the staff were available when needed.
- An activity coordinator had been employed and started in their role on 7 January 2022. We spoke with this staff member who was enthusiastic about their role and had lots of plans to ensure people were engaged and were provided with meaningful activities to reduce loneliness and boredom.
- We did not review staff recruitment checks at this inspection, because we found no concerns at our last inspection and there had been no change in recruitment procedures.

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

- At our last inspection, we found that people's records did not always have risk assessments to guide staff in how risks associated with their daily living were to be reduced.
- At this inspection we found the service had developed and completed an up to date risk register. This assisted staff to identify risks to people and prioritise risk assessments required.
- The staff were in the process of rewriting care plans and risk assessments, only three had been completed since our last inspection. For the other people, risk assessments were in place but required further information to ensure the risks in their daily lives were thoroughly assessed and staff were provided with clear guidance on how the risks were to be reduced.
- We asked to see the records to show the fire system was regularly checked by staff to ensure any shortfalls could quickly be identified and addressed. None of the staff present were able to provide these records and

it was not clear who completed these checks. Therefore, we were not assured that regular fire safety checks were being undertaken.

- The provider had failed to ensure the premises was safe to reduce the risks to people using the service and others, including staff and visitors.
- A fire safety visit was undertaken on 24 November 2021, which identified deficiencies including all escape routes to be clear of obstruction, a periodic fixed wiring test was due, a survey of fire doors was required, and fire drills must be carried out. A further visit was planned in May 2022 to check these had been addressed.
- A contractor had been booked for 23 January 2022 to undertake the required electrical checks, including portable electrical items. We had asked for records of these during our last inspection and they were not provided, therefore we not assured these had been in place. This was also the case for a fire risk assessment, which the consultant told us was also booked to be done.
- People were not using the showers, until a test on the water system for legionella bacteria had been carried out. This was booked for 18 January 2022; in addition, a legionella risk assessment was to be carried out. We were not provided with evidence which demonstrated any tests on the water system were undertaken routinely to reduce the risks of legionella, including flushing of infrequently used outlets, descaling and temperature checks, which we had also requested at our last inspection.
- The gas safety certification was out of date; the service was waiting for a visit to be booked to address this.

Systems were either not in place or robust enough to demonstrate safety was effectively assessed and mitigated. This placed people at risk of harm. This was a repeated breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we saw items left unsecured which could cause a person harm if ingested. At this inspection these items had been secured to prevent people's access.
- The bars at windows had been removed and replaced with window restrictors which reduced the risks to people. Staff were no longer transporting hot water in the home, which reduced risks of staff injuring themselves or causing harm to people.
- Personal evacuation plans for people using the service had been completed since our last inspection. The consultant told us they were planning to review these to ensure clear and up to date information was available for emergency services should the service need to be evacuated.
- The call bell system had been serviced and a new booster installed, which reduced the risks of staff not being able to hear them when people required assistance. The consultant told us they had started checking the call bell response times. The service was considering how to access regular servicing of the call bell system.
- The maintenance staff member confirmed they were reviewing the pipe work to ensure any risks of people burning themselves on hot pipes were reduced.

Learning lessons when things go wrong

At our last inspection the provider had failed to demonstrate safety was effectively mitigated and lessons were learned to prevent future incidents or 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

- A system to learn lessons when incidents had happened to reduce the likelihood of them being repeated

had been developed. However, this was not yet fully developed and embedded in practice to demonstrate improvement in this area.

- Incident and accident form templates had been reviewed to show any actions taken following an incident to reduce reoccurrence. However, this was in the early days of being introduced and not yet fully embedded in practice.
- Work was being done to analyse and monitoring incidents and accidents, such as falls. This needed to be fully embedded in practice and sustained to demonstrate the improvements being implemented were effective and robust.

Systems were not yet robust enough to demonstrate safety was effectively mitigated and lessons were learned to prevent future incidents. This placed people at risk of harm. This was a repeated breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At our last inspection the provider had failed to demonstrate effective infection control procedures were in place. 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 in this area. However, improvements were still required.

- At our last inspection, we found taps which had limescale on them which prevented thorough cleaning and some plugholes were not clean. Since our last inspection work had been undertaken to improve in this area.
- An audit in infection control had been undertaken since our last inspection, to identify and address any shortfalls. We were assured these would regularly be undertaken to ensure infection control processes were being kept under continuous review.
- Staff had still not been provided with training in infection control, we were told a training provider had been identified and this training would be provided. We observed staff demonstrate good infection control practices, including handwashing and wearing appropriate personal protective equipment (PPE), such as gloves, aprons and masks.
- At our previous inspection relatives told us they could visit their family members, however, some were not satisfied with the system in place to book visits. At this inspection people using the service confirmed their relatives were visiting. A staff member explained the process for facilitating visits and how improvements were being made.
- At our last inspection, the service had received a 1* rating for a local authority food hygiene inspection, the lowest rating is 0* and the highest is 5*. Staff told us a further food hygiene visit had been undertaken, and they were awaiting a report to be received. Staff told us improvements had been made in this area and a deep clean was booked for the kitchen for January 2022.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Using medicines safely

- At our last inspection, the provider failed to provide us with evidence to show the safe management of medicines was being monitored to ensure the system was safe and people received their medicines as prescribed.
- Since our last inspection, a new medicines manager had been appointed and they were in the process of monitoring and auditing the medicines management, and making improvements where required. We noted they were disposing of several creams and lotions, which had been prescribed to people, but the labels had been removed, some items had not been labelled when opened.
- There were gaps in the medicine administration records (MAR), which staff were required to sign to show people had been provided with their medicines. This had been identified in the monitoring process and systems were being introduced to improve.
- There were plans in place to improve in the safe crushing of medicines, recording of medicines to be given 'as required' and recording of medicines for external use, including creams and lotions. However, these had not yet been fully implemented.
- During our visit we observed part of the lunch time medicines round, this was done safely by the member of staff responsible.
- Where people were prescribed with medicines in the form of patches, documentation showed how these were provided on different parts of people's body to ensure effectiveness.

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 inadequate. At this inspection this key question has remained the same. 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.

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

At our last inspection the provider had failed to demonstrate safety was effectively mitigated and lessons were learned to prevent future incidents assess the risks relating to the health safety and welfare of people. 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.

- Prior to this inspection, we received feedback from the local authority commissioners and safeguarding teams. This included concerns that improvements were not being made promptly to ensure people were safe. The local authority were so concerned they commenced the process for ceasing commissioning with the service.
- During this inspection, some improvements had been made, not all of these were either fully developed, implemented and embedded in practice. We found continued breach in regulations.
- We received an application to cancel the registered manager's registration, this was being processed. The registered manager who is also one of the providers had taken the decision to not work in the service from the start of January 2022. Since our last inspection, the deputy manager had left the service.
- The provider had taken the decision to employ a consultant to assist in driving improvement, they had been working in the service for three weeks prior to our first visit. The consultant told us that the role for registered manager had been advertised. There was a management structure in place and on call support arranged.
- The consultant told us how audits were now taking place in some areas and being developed for all areas to be ongoing. They told us they had an action plan which they would share with us by 13 January 2022, this was not sent to us until 18 January 2022. The action plan identified plans for improvements and when they would be done by.
- People's care plans were still not fully person centred and detailed to guide staff to how people specific needs were being assessed and met. There had been some development of one-page profiles and 'this is me' documents, which gave a summary of the person and their needs. A staff member told us three care plans had been rewritten and plans in place to do this for all the people using the service. These were being

done by staff in addition to their care and nursing shifts. Therefore, we were concerned around the length of time this would take to complete.

- There remained shortfalls in the training staff were being provided with, the consultant told us training providers had been sourced but the training from these organisations had not yet been delivered. The consultant told us they were introducing staff competencies to monitor staff.
- A plumbing contractor had visited the service in December 2021 and had put in a new pump, where hot water would be available. They were booked to return to the service to repair taps that were not working and to undertake a legionella risk assessment, in the meantime people were not using showers until this was done.
- The provider had failed to submit a Provider Information Return (PIR) which was required to be received by May 2021.

Systems were not robust enough to demonstrate safety and the care provision was effectively managed, monitored and assessed. This placed people at risk of harm. This was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoken with were positive about the improvements being made and were committed to improve the service provided.
- Feedback received from people using the service was positive, relating to the care and compassion showed to them by the staff, which we observed during our inspection visits. One person said, "You won't find anything wrong; it is lovely."
- There were ongoing improvements in the recording of how much people had to eat and drink and how weights were recorded. This assisted staff and health care professionals identify any concerns and potential causes relating to people's nutritional needs. Improvements were being implemented in how people's daily notes were being recorded, moving from task based to being more person centred, including how a person had presented during the day.
- The consultant told us 'resident of the day' had been introduced, which included updating their care records, and staff from departments speaking with the person and any specific things they wanted. This was in the early days of being introduced.

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

At our last inspection the provider had failed to demonstrate the views of staff, relatives and people using the service were sought and used to drive improvement. 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.

- Since our last inspection, there had been one staff meeting held on 4 January 2022, with plans in place to hold them three-monthly. We received feedback that prior to this meeting, staff had not been formally kept updated with concerns about the service and plans going forward.
- Two relative meetings had been held jointly with the local authority. The consultant told us plans for these to be held were three-monthly.
- Since our last inspection, satisfaction questionnaires had been sent to staff, people using the service and relatives. Some had been received which were positive. The consultant told us that they would be assessing the responses, responding where required and developing a plan to address any concerning comments

made. Therefore, this improvement was not yet fully implemented.

- At our last inspection, we received information that the previous deputy manager had started providing staff with one to one supervision meetings. This was being continued with the home's supporting manager and the consultant, plans to have these were in place for two monthly and an annual appraisal.
- We needed to see that these improvements were being sustained and embedded in practice to ensure people's views were valued and used to drive improvement.

Systems were not robust enough to demonstrate the views of staff, relatives and people using the service were sought and used to drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection, we found there was a policy and procedure relating to the duty of candour in place, which was understood. Therefore, we did not assess this at this inspection because the procedure had not changed.
- Feedback received from relatives at our last inspection, was they were kept updated of any incidents and received an explanation of what had happened and what was being done to support their family member.

Working in partnership with others

- We received feedback from social care professionals who were concerned that the registered manager had not worked in partnership with them to drive improvement in a timely way. This included the registered manager not taking on advice and guidance to safeguard people from abuse.
- We received positive feedback from a health professional who worked with the service. They commented on the excellent standards in the service and would have no hesitation in choosing this service to move people into should they need to.