

Homebeech Limited

Homebeech

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Homebeech is a care home registered to provide care and accommodation for 66 people with nursing and physical care needs. There were 44 people living at the service on the day of our inspection. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

Since the previous inspection, sufficient improvements in relation to quality monitoring and governance had not been made. The provider still did not have effective quality assurance systems to ensure a good level of quality and safety was maintained.

Since the previous inspection, sufficient improvements in relation to staff training had not been made. Staff had received essential training. However, some staff had not received training in topics that the provider considered mandatory, and updated training for staff had not routinely gone ahead.

Since the previous inspection, sufficient improvements in relation to people being encouraged and supported to eat and drink well had not been made. Recording of people's food and fluid intake was not always accurate.

Since the previous inspection, sufficient improvements in relation to person centred care had not been made. Care plans described people's preferences and needs, including their communication needs. However, staff did not routinely follow people's agreed plans of care.

Medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored and administered appropriately. However, the provider's audits of medicines had not routinely picked up gaps and omissions in medicines records.

Risks associated with people's care, the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were treated with dignity and respect, and they were encouraged to be as independent as possible. However, confidential information relating to people's care was not always stored securely.

Systems were in place for the recording of incidents and accidents. They were monitored and analysed over time to look for any emerging trends and themes.

People were cared for in a clean and hygienic environment. Appropriate procedures for infection control were in place. The provider carried out routine audits of infection control procedures.

When staff were recruited, their employment history was checked and references obtained. Checks were

also undertaken to ensure new staff were safe to work within the care sector.

People were supported to have maximum choice and control of their lives and staff supported them in the last restrictive way possible; the policies and procedures in the service supported this practice.

There were sufficient staff to support people. People felt well looked after and supported. We observed friendly relationships had developed between people and staff.

People chose how to spend their day and they took part in activities. They enjoyed the activities, which included, arts and crafts and visits from external entertainers. People were also encouraged to stay in touch with their families and receive visitors.

Healthcare was accessible for people and appointments were made for regular check-ups as needed. People's end of life care was discussed and planned and their wishes had been respected.

Staff were knowledgeable and trained in safeguarding adults and knew what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights. People's care was enhanced by adaptations made to the service.

People were encouraged to express their views. People said they felt listened to and any concerns or issues they raised were addressed. Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where the management team was always available to discuss suggestions and address problems or concerns. Staff had received supervision meetings with their manager and formal personal development plans.

Rating at last inspection: Requires Improvement (report published 24 December 2018).

Why we inspected: We inspected Homebeech on 11 February 2019 in light of information of concern that we had received in respect to specific incidents in people's care. We previously inspected Homebeech on 19 and 26 June 2018 and 25 September 2018. We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements. Three of these actions have been completed and the provider was now meeting legal requirements in these areas. However, at this inspection, we found additional and continued breaches of the Regulations and further areas of practice that needed improvement.

Follow up: We will be in contact 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.

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 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 always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Homebeech

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of three inspectors, a specialist nurse adviser and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had experience of caring for older people.

Service and service type:

Homebeech 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.

The service did not have 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. Day to day management of the service was carried out by an acting manager, who had applied to register with the CQC.

Notice of inspection

This was an unannounced inspection, which meant the provider and staff were not aware that we were coming.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they intend to make. This information helps us support our inspections. On this occasion, we did not ask the provider to send us a Provider Information Return (PIR). We took this into account when making our judgments in this report. We looked at information we had received from Local Authority Safeguarding

Teams and viewed notifications. Notifications are information that provider is required by law to tell us about.

During the inspection we observed the support that people received, spoke with people and staff and gathered information relating to the management of the service.

This included:

- ☐ Notifications we received from the service
- ☐ Four staff recruitment files
- ☐ Training records
- ☐ 12 people's care records
- ☐ Records of accidents, incidents and complaints
- ☐ Audits and quality assurance reports
- ☐ We spoke with nine people using the service and one visitor
- ☐ We spoke with eight members of staff, including the acting manager, the regional manager, a registered nurse, the chef and care staff.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 19 and 26 June 2018 and 25 September 2018. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Safe to at least good. At the last inspection the provider had failed to ensure that emergency procedures in relation to fire safety were robust. Risk assessments were not routinely being followed, medicines were not managed safely, there were insufficient numbers of staff on duty, and robust recruitment practices were not followed. This was a breach of Regulations 12, 18 and 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 11 February 2019, improvements had been made, and the provider is now meeting the legal requirements of Regulations 12 and 19. However, we identified a continued breach of Regulation 18, that has been reported on in the Effective domain. We also found further areas of practice that need improvement.

Safe – this means people were protected from abuse and avoidable harm

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 had not ensured that care and treatment was provided in a safe way. They had not routinely assessed the health and safety risks to people and moving and handling practices were not always safe. We saw that improvements had been made.
- Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of an emergency.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment was also regularly checked and maintained to ensure that people were supported to use equipment that was safe.
- Risk assessments were reviewed by staff to ensure they provided current guidance for staff.
- Moving and handling practices that we observed were deemed safe
- Staff had a good awareness of safeguarding and could identify different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Using medicines safely

- At the last inspection, we saw that people's PRN 'as required' medicines were not given in accordance with people's needs. Improvements had been made.
- There were clear instructions for 'when required' medicines. This helped prevent errors.
- We observed a member of staff safely supporting people with their lunchtime medicines. The member of staff understood people's needs and supported them to take their medicines in a caring manner.

- However, the audits of medicines did not routinely pick up recording errors in relation to people's medicines.
- For example, we looked at fourteen medicines administration records (MARs) and found unexplained gaps or omissions on two. Additionally, a controlled drug patch was signed as dispensed by one member of staff instead of two. Furthermore, on three occasions a person's insulin had not been signed for and this had not been picked up by the medicines audit. We have identified this is an area of practice that needs improvement.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- At the last inspection, people were placed at risk of infection, as areas of the service were not clean. Improvements had been made.
- The service and its equipment were clean and well maintained. There was an infection control policy and other related policies in place. One person told us, "Yes it's clean, that's one of the good points".
- Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
- The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Staffing and recruitment

- At the last inspection, people were placed at risk of harm as not enough staff were always available to meet their needs. Improvements had been made.
- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and agency staff were used regularly.
- Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "There's lots of staff and I've got a button I can press if I'm in trouble".
- At the last inspection, people were at unnecessary risk of harm due to safe recruitment practices not being followed. We saw that improvements had been made. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- Files also contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the nursing midwifery council (NMC).

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 19 and 26 June 2018 and 25 September 2018. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Effective to at least good. At the last inspection the provider had failed to ensure that training, deemed mandatory by the provider, was up to date. At this inspection on 11 February 2019, this was a continued breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had not been made, and the provider is still not meeting the legal requirements. We also found further areas of practice that need improvement.

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience

- At the last inspection training was not up to date. At this inspection, we found that training, deemed mandatory for staff by the provider, was still not up to date.
- Staff received training and were knowledgeable in what was required when looking after people. However, some staff had not received training in topics that the provider considered mandatory, and refresher training for staff had not routinely gone ahead.
- Some staff required training and refresher around safeguarding people from abuse, first aid and health and safety.
- The management of the service were aware that training completed by staff had still not improved sufficiently since the previous inspection. People were placed at risk, as staff had not received up to date training to provide people's care. This is a continued breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough with choice in a balanced diet

- At the last inspection, we identified areas of improvement needed in relation to the provider meeting people's nutrition and hydration needs. People were not being adequately supported to eat and the recording of people's food and fluid intake was not accurate.
- At this inspection we identified further concerns. For example, one person was considered as high risk of weight loss and records showed their weight had fluctuated over recent months. We observed a member of staff supporting them to eat their lunch. The member of staff did not offer encouragement to the person to eat and did not engage in a meaningful way. As a result, the person was disinterested in their meal and ate only six spoonfuls of food in 54 minutes.
- Furthermore, despite it being evident that this person had not eaten their lunch, no action was taken by staff to offer alternative food choices that may have been more palatable.
- We also viewed the food and fluid recording for this person after lunch, which stated 'lunch given'. The

person's care plan instructs staff to raise any concerns in respect to low appetite with a nurse, due to this person's assessed needs to ensure they received enough food. This was not done.

- Improvements had not been made since the previous inspection. People were placed at risk of receiving insufficient nutrition. This was a breach of Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People we spoke with were happy with the meals offered at the service. There was a varied menu and specialist diets were catered for. One person told us, "It's lovely. There's lots of food I can't eat so they check with me each day. I don't go hungry and I'm able to make my own drinks in the small kitchen".

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

- At the last inspection, we found that people weren't being supported in line with the principles of The Mental Capacity Act 2005 (MCA). The 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Improvements had been made and the provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.

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

- People's individual needs were met by the adaptation of the premises. Hand rails were fitted throughout the service with bumps at each end to alert people who were visually impaired where the hand rail stopped. There were slopes for people who use wheelchairs and other parts of the service were accessible via a lift. There were adapted bathrooms and toilets.

Staff assessing people's needs and choices and working with other agencies to provide consistent, effective, timely care

- Staff undertook assessments of people's care and support needs before they began using the service. The pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people were involved, where possible, in the formation of an initial care plan.
- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. One person told us, "They send for the doctor in the morning and they come at lunchtime".

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

- People told us they received effective care and their individual needs were met. One person told us, "I had a blood test on Friday. The doctor comes here". Access was also provided to more specialist services, such as opticians and podiatrists if required.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 19 and 26 June 2018 and 25 September 2018. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Caring to at least good. At the last inspection the provider had failed to ensure that people were treated with dignity and respect at all times. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 11 February 2019, improvements had been made, and the provider is now meeting the legal requirements. However, we found further areas of practice that need improvement.

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and involved as partners in their care, but their confidentiality was not always respected.

Respecting and promoting people's privacy, dignity and independence

- The service followed data protection law. Most of the information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers.
- However, in one area of the service, paperwork containing confidential information about people's care was left in a public area for the whole day of the inspection. This is an area of practice that needs improvement.
- Staff supported people and encouraged them, where they were able, to be as independent as possible. One person told us, "Normally on a Thursday I go to the shop alone, but sometimes I need someone to go with me".
- Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One person said, "I can manage to clean my teeth. I can't use my right hand".
- People's privacy and dignity was protected and we saw staff knocking on doors before entering and talking with people in a respectful manner. One person told us, "They take their time with you".

Ensuring people are well treated and supported

- At the last inspection we saw that people were not treated with dignity and respect at all times. Improvements had been made and people were attended to in a timely manner and were supported with kindness and compassion. One person told us, "One of the carers, it's always the same one, gives me a bath every Tuesday. We chat about anything and everything. She's a lovely one".
- We saw positive interactions and appropriate communication between people and staff. Staff appeared to enjoy delivering care to people.
- Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person said, "They know how I want things done".
- People were encouraged to maintain relationships with their friends and families and to make new friends

with people living in the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wanted.

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

- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time.
- People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day. A relative told us, "[My relative] says if she wants to go to bed after lunch, they do listen to what she says".
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 19 and 26 June 2018 and 25 September 2018. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Responsive to at least good. At the last inspection the provider had failed to ensure that people had access to meaningful activities and occupation and that care was person centred on the individual. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 11 February 2019, some improvements had been made, however the provider is still not meeting the legal requirements, and we identified a continued breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Responsive – this means that services met people's needs

People's needs were not always met.

Personalised care

- At the last inspection we identified concerns that people's care plans did not contain sufficient information to guide staff and that people did not receive care that was personalised to them.
- We saw that improvements had been made to people's care plans, and detailed individual person-centred care plans had been developed.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. One person told us, "When I first came here, we went through all my likes and dislikes".
- However, despite care plans containing information to guide staff to support people in a personalised way that was specific to their needs and preferences, these were not routinely followed by staff.
- For example, one person was fitted with a catheter. Their care plan stated that staff needed to monitor the colour of a person's urine to assess whether they may have an infection. Should the person's urine be dark, staff were instructed to raise this with a nurse. We saw throughout the day that the person had very dark urine, however staff had not recognised this and had not informed the nurse or manager.
- Another person was at risk of choking and concerns had previously been raised in respect to the position they sat in whilst being assisted to eat. Their care plan had been updated to reflect these concerns. However, we saw staff assisting this person to eat in a way that placed them at risk of choking.
- People were placed at risk, as staff did not routinely follow people's assessed plans of care. This is a continued breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How people's needs are met

- At the last inspection, people were not engaged in meaningful activities. Improvements had been made and people told us that the service responded well to their recreational needs.
- We saw a varied range of activities on offer which included, music, arts and crafts, exercise and visits from external entertainers. If requested, representatives of churches visited, so that people could observe their

faith.

- A formal activities programme had been developed and implemented, and we saw evidence to support this. One person told us, "I enjoy the activities. Yesterday they had quiz after they played bingo".
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted and in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. Staff ensured that the communication needs of others who required it were assessed and met.
- We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these.

End of life care and support

- Peoples' end of life care was discussed and planned and their wishes were respected if they had refused to discuss this. People could remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, with regard to their end of life care, had been respected.
- Anticipatory medicines had been prescribed and were stored at the service should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
- The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. One person told us, "If I had to complain, I would".

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 19 and 26 June 2018 and 25 September 2018. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Well Led to at least good. At the last inspection the provider had failed to ensure that systems of governance and quality monitoring were robust. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 11 February 2019, some improvements had been made, however the provider is still not meeting the legal requirements, and we identified a further continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Quality assurance is about improving service standards and ensuring that services are delivering consistently and according to legislation. The service has been rated as Requires Improvement for the past four inspections.
- At the last inspection, the providers systems of quality monitoring had not routinely identified and rectified issues such as monitoring emergency evacuation procedures, the management of medicines, health and safety at the service, infection control, recruitment processes, care records, the delivery of dignified person-centred care and record keeping. Sufficient improvements had not been made.
- Some improvements had been made, but the provider's systems of quality assurance and governance still did not ensure a good level of quality and safety was maintained. People were placed at risk as staff were not appropriately trained to deliver care, they were at risk of receiving insufficient nutrition and staff did not routinely follow people's assessed plans of care.
- People remained at risk, as the provider did not have systems or processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided. This is a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Leadership and management

- There was no registered manager in post. Day to day management of the service was carried out by senior staff and an acting manager. We were told that the acting manager was intending to register with the CQC and an application had been received.
- People spoke highly of the service and felt that it was well-led. One person told us, "[Manager] listens and acts on things if there are any problems. Her door is always open, she's said that on several occasions".
- Staff commented they felt supported and could approach management with any concerns or questions.

One member of staff told us, "[Manager] has made a big difference to the home, she's made improvements, supports us and helps us when we need it".

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Staff had handover meetings between shifts to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We always ask each other for help and support each other".
- There were a clear written set of values displayed in the service, so that staff and people would know what to expect from the care delivered.
- Staff had a good understanding of equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

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

- At the last inspection, people had limited opportunity to give feedback about the service. Improvements had been made and we saw that people and staff were actively involved in developing the service.
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. There was a suggestions box, meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided. One person told us, "They have residents' and relatives' meetings regularly. They take the minutes and it's all dealt with. You can see what's dealt with and what's not at the next one".

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Up to date sector specific information was made available for staff including details of managing specific health conditions to ensure they understood and had knowledge of people's needs.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service.
- The acting manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	Regulation 9(1)(a)(b)(c)
Treatment of disease, disorder or injury	The provider had not ensured that the care and treatment of service users was appropriate, met their needs and reflected their preferences.

The enforcement action we took:

We have issued a Notice of Decision to impose a Condition on the provider's location to be assured that they have appropriate quality assurance processes in place to assure people's safety and wellbeing.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Diagnostic and screening procedures	Regulation 14(1)(4)(a)(d)
Treatment of disease, disorder or injury	The provider had not ensured that the nutrition and hydration needs of service users had been met.

The enforcement action we took:

We have issued a Notice of Decision to impose a Condition on the provider's location to be assured that they have appropriate quality assurance processes in place to assure people's safety and wellbeing.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17(1)(2)
Treatment of disease, disorder or injury	The provider had not ensured that systems of governance and quality monitoring were robust and effective to ensure compliance with the regulations and that service users received high quality, person centred care.

The enforcement action we took:

We have issued a Notice of Decision to impose a Condition on the provider's location to be assured that they have appropriate quality assurance processes in place to assure people's safety and wellbeing.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Regulation 18(2)(a)
Treatment of disease, disorder or injury	The provider had not ensured that staff had received appropriate support, training and professional development to enable them to carry out their duties they are employed to perform.

The enforcement action we took:

We have issued a Notice of Decision to impose a Condition on the provider's location to be assured that they have appropriate quality assurance processes in place to assure people's safety and wellbeing.