

Earlfield ZG Limited

Earlfield Lodge

Inspection report

25-31
Trewartha Park
Weston-super-mare
BS23 2RR

Tel: 01934417934

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22 February 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Earlfield Lodge is a care home located in a large, detached property in a residential area of North Somerset. Accommodation is provided across 4 floors of the home. Each bedroom has ensuite facilities.

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

People were not supported to have maximum choice and control of their lives. The staff did not support them in the least restrictive way possible and in their best interests. We found evidence during the inspection of restrictive practice. Some people's bedrooms were located in a secure corridor of the home. The registered manager told us this was to keep them safe. However, mental capacity assessments and best interest decisions were not in place to support these decisions. The appropriate DoLS applications had not been submitted to the local authority for two people who lacked capacity and were unable to leave freely without the staff.

Governance processes were not always effective. Although some improvements had been made to the audits in place, these had not always highlighted the shortfalls we identified during the inspection. Some actions recorded on the homes action plan had not been undertaken in a timely manner. For example, the redecoration of the home had not been completed, with many areas outstanding. Improvements had been made, but further work was required.

Improvements had been made relating to staffing levels at the home. A dependency tool was in place which had taken into account the environment. Staffing levels during the night had increased to three staff due to three floors being open. Half of the building remained closed; however, the provider gave us assurances they would continue to monitor staffing levels and increase them as the occupancy increased. People felt safe and medicines were managed well. People and their relatives told us the staff were kind and looked after them well.

Improvements had been made with monitoring risks within the home. The maintenance person carried out regular checks of the home's fire doors and they tested the fire alarm weekly. Fire drills were taking place and a fire log was kept of the staff that participated in each fire drill. Each person had an individual personal evacuation plan in place. Environmental risk assessments were taking place monthly.

People were supported with foods and drinks they enjoyed. People were supported to access healthcare services and staff had good working relationships with external professionals. Each person had a care plan in place which was stored electronically. The electronic care records system had been fully embedded by the staff.

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 requires improvement (published 10 June 2022). We found there were breaches of four regulations.

We found at this inspection that improvements had been made with two breaches met, however, other areas of concern was identified. Some other areas needed further improvement. This meant the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 April 2022. We identified several shortfalls. The provider completed an action plan after the last inspection to show what they would do and by when to improve the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Earlfield Lodge on our website at www.cqc.org.uk.

Enforcement

At this inspection, we have identified breaches in relation to the requirements of the Mental Capacity Act 2005 not been adhered to, the environment and its decoration and the monitoring of the home.

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

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 continue to monitor information we receive about the home, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Earlfield Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was conducted by 2 inspectors 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.

Service and service type

Earlfield Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Earlfield Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We requested feedback from the local authority quality assurance team and the safeguarding team.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 9 people who lived at the home and 2 relatives who were visiting. We spoke with 5 staff members, the registered manager and the trainee deputy. We looked at the care records of 3 people and multiple medicines records. We looked at the recruitment records of 3 staff and a variety of records relating to the management of the home, which included audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection published in June 2022 the provider had failed to manage and assess potential risks to people. This placed people at risk of avoidable harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During the inspection of 12 April 2022, we found there were inconsistencies in managing potential risks. This was in relation to safety monitoring, fire door safety checks and the absence of fire drills and evacuation procedures. At this inspection we found improvements had been made.
- The maintenance person carried out regular checks of the home's fire doors. They tested the fire alarm weekly. Fire drills were taking place with all staff that worked at the home. A log was kept of the staff that participated in the drill and how long it took the staff to ensure people were safe.
- People had an individual personal evacuation plan in place. These had been regularly reviewed and updated. Each person's evacuation plan was tested during the home's fire drills.
- Environmental risk assessments, general audit checks and health and safety audits were completed. Action had been taken where needed, to help ensure the safety of the environment.
- Risk assessments were in place to reduce the risk of harm to people. This provided staff with guidance on the actions to take to reduce the risk. Risks to people were assessed prior to them moving to the home to ensure the home could safely meet the person's individual needs.

Staffing and recruitment

At our last inspection published in June 2022 the provider had failed to deploy enough suitably qualified, competent and experienced staff. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We could not be satisfied at the last inspection that the systems in place ensured safe levels of staffing. The dependency tool had not taken into consideration the layout of the building. There were potential risks because of staffing levels during the night. At this inspection we found that improvements had been made.

- The dependency tool had been updated and now factored in the environment. Staffing levels during the night had been increased to three staff with three floors now open for admissions.
- The registered manager told us staffing levels had also been increased during the day. They monitored the needs of people to ensure the dependency was not too high. They told us people's needs were much lower compared to the last inspection and that they were mindful of this when people were admitted.
- One section of the home continued to be closed and was awaiting refurbishment. The provider had 25 beds which were not occupied. The provider told us they would continue to monitor staffing levels daily. They told us they would also review this once the fourth floor and other half of the home was open and as people's needs changed.
- We received feedback from staff and people that staffing levels in the home had improved overall. One person felt they had to wait a long time for the staff to make their bed. We observed breakfast dishes were still in their room late morning. We brought this to the attention of the registered manager. One person's comment included, "The staff work hard here. I try and do a lot of my care myself". Staff comments included, "The staffing levels have improved. We would only go short if this was due to sickness that could not be covered." Another staff told us, "We do manage on the staffing levels we have. The manager has told us they will increase the staffing levels further. This will be when we have more admissions."
- Recruitment procedures were safe. For example, pre-employment references were obtained, and Disclosure and Barring Service (DBS) checks undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person told us, "I do feel safe living here and have not encountered any problems." Another person told us, "Yes, I feel safe and have no reason to not be." One person told us they did not always feel safe but had reported this to the manager with action taken.
- Staff undertook training in how to recognise and report abuse. Staff told us they would have no hesitation in reporting any concerns to the registered manager or appropriate authorities and were confident that action would be taken to protect people. One staff member told us, "Yes I do think my concerns would be taken seriously. I would not hesitate in going higher up."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority or CQC. The registered manager kept in contact with the local authority for all safeguarding outcomes.

Using medicines safely

- We received information of concern during the inspection regarding medicines management at the home. This was in relation to people's medicines records not always being signed for by senior staff. Other concerns were also shared regarding medicines balances not tallying and the overall oversight of medicines.
- We checked the medicines system during the inspection and asked the provider to investigate the concerns. The provider had already been made aware of these concerns and had identified some learning from this. An action plan was put into place to ensure medicines continued to be managed safely.
- We found the appropriate management systems were in place to ensure medicines were managed safely. There were checks of medicines and audits to identify any concerns and address any shortfalls.
- Medicine Administration Records (MAR) contained sufficient information about people. MAR sheets were completed accurately, and stocks tallied with the balances recorded.
- Medicines was administered by staff who had completed the appropriate training and had their competency assessed. The senior carer on duty each shift was responsible for overseeing people's medicines.
- The medicines room was clean and tidy and well organised. Fridge and room temperatures were recorded

daily and were up to date.

- PRN (As required) protocols were in place so that staff knew when to give medication that was not prescribed to take on a regular basis.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visiting. Visitors were coming and going freely during the inspection.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents. Records had been completed and were up to date. Professional advice was sought when necessary, for example, from the GP or emergency services.
- Accidents and incidents were investigated. Actions were taken to prevent recurrence, such as low-rise beds, sensor mats and reassessments of risks.

Is the service effective?

Our findings

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

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

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Whilst looking around the home we found the corridor on the third floor had a section which was accessed by a keypad only. Three people who lived on this floor had access to the codes to the doors so that they could enter and leave when they wanted. We spoke with 2 other people who were living with dementia and were sat alone in their bedrooms. They were unable to use the door code and were not free to leave without staff support. At the time of our inspection, there were no staff allocated to this floor.
- We spoke to the registered manager about the concerns we had that two people were not being able to leave this floor freely. They confirmed they were not able to freely leave without the staff because of risks to their safety.
- We were told that the keypads were to keep people safe. We asked if capacity assessments were in place for the two people who could not leave freely. The registered manager told us these had not been completed along with any best interest decisions. No DoLS applications had been submitted to the local authority.

The failure to act in accordance with the requirements of the Mental Capacity Act 2005 is 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.

- The registered manager emailed us after the inspection to advise us that both people had moved

downstairs which was less restrictive. They planned to carry out capacity assessments of both people.

- DoLS applications for some other people had been submitted to the local authority and were waiting to be processed. The registered manager had emailed the local authority for an updated list of the dates. Some applications were submitted under the previous provider.

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

At our last inspection published in June 2022 the provider had failed to maintain the premises and equipment. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made at the provider was still in breach of Regulation 15.

- At the last inspection we found that the environment of the home had deteriorated. Some areas of the home were not in use. Although improvements had been made it was evident that there was still a lot of work needed in the home, to improve the overall quality of people's living environment.
- One side of the home continued to be not used as work was needed to be carried out. We were told this required full redecoration. This meant that only one side of the home was open with 28 out of 52 beds occupied and 24 beds not in use.
- As we found at the last inspection, some improvements needed be prioritised to improve people's living environment. In some areas the wallpaper had been scuffed off the walls and paintwork was badly chipped. In the dining room we found an area of wall paper coming away from the wall. Other bedrooms were still in need of decoration.
- Carpets in some bedrooms, lounges and corridors were stained and faded. Some areas around the home had a strong odour of urine. We pointed out these areas to the registered manager during the inspection.

This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection three bedrooms had been fully redecorated with their ensuite replaced. Carpets had been replaced in these rooms and duvet sets and new curtains had been purchased. This coordinated with the colour schemes of each room.
- Some rooms on the fourth floor were being fully redecorated at the time of the inspection. The registered manager told us the rooms were being plastered and decorated.
- The entrance hall walls to the home had been decorated. A new maintenance person was employed at the home. They were able to carry out general repairs and health and safety checks of the building along with decorating.
- Soft furnishings within the home had improved, new duvet covers had been purchased, towels and bed linen had been replaced. Curtains were hung and now closed properly without curtain hooks missing.
- The registered manager carried out regular checks of the home and of the equipment. The commodes with rusty legs and divan beds identified at the last inspection had been condemned and thrown away. Some items had been purchased and equipment utilised from the other part of the home which was not in use.

Staff support: induction, training, skills and experience

At our last inspection published in June 2022 the provider had failed to ensure that staff were appropriately

trained. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found at the last inspection that the training matrix contained many gaps in staff training. Since the last inspection the registered manager had updated the training matrix as soon as any training was completed. The registered manager told us they had worked hard to ensure they good oversight of staff training.
- Enough improvement had been made to ensure the staff were suitably trained. All staff had now completed mandatory training in relation to safeguarding, manual handling, first aid and equality and diversity. The training matrix reflected the dates that training was completed.
- The registered manager told us plans were in place to train further staff who worked nights in medicines administration. They planned to assess their competence as part of the training.
- Staff received an induction when they commenced employment. This was a combination of formal learning and shadow shifts.
- Staff told us they received regular supervision. We were told the registered manager was approachable and they could discuss any concerns they had with them.

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

- Systems were in place to assess people's needs and choices in line with legislation and best practice. Assessments were carried out of each person before they were admitted to the home. This helped to identify each person's needs.
- Each person's care plan which we viewed reflected a good understanding of their needs. This included assessments of people's physical needs and emotional wellbeing.

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

- We received positive feedback about the meals provided at the home. Comments from people included, "The food is nice, nothing I don't like", "The food is not too bad", "Hot drinks are available on demand and I ask for a packet of crisps if I am hungry". One person commented that they would prefer more vegetarian options but had already raised this with the staff.
- Within the dining room was a hydration station with an invitation for people to help themselves. There was water and squash, but no cups were available for people. We gave feedback to the registered manager and asked that they addressed this.
- We observed lunch and the mealtime experience for people. Some people had received their meals and finished in the time that others on the same table had been served theirs. We gave feedback to the registered manager as staff were needed to oversee mealtimes.
- People's care records detailed their nutritional needs and any known risks. When needed, records of meals eaten were maintained along with people's fluid intake. Staff were aware of people's nutritional risks.

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

- People had access to health professionals including the GP, district nurses, social workers and the dementia wellbeing team. The GP surgery facilitated visits when they were needed. Records were maintained of issues discussed and actions agreed.
- Staff had a good knowledge of people, with monitoring charts in use which showed changes in food and

fluid intake, skin integrity, weight and people's well-being. Medical advice was sought by the staff, when deemed appropriate.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- The approach to care continued to be person centred. At the last inspection the provider was in the process of changing over to a new computerised system. The staff were going between three systems. This was a temporary measure whilst the staff were trained on the new system and people's records transferred over.
- At this inspection we found that the staff were trained in how to use the system. Information had been transferred with the staff using just the one system. This meant it was therefore easier to navigate through people's records.
- People's care records were detailed, reviewed regularly, and were person-centred, containing people's likes, dislikes and preferences.
- Daily records were also completed for each person. These were completed by the staff to ensure they had up to date information about people's current needs.
- People told us, staff knew them well and always supported them how they preferred. Their comments included, "Yes, I do feel they care for me well. I can do a lot myself but I find the staff have a good approach." And "I do feel very well supported and cared for."

Meeting people's communication needs

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

- Each person's communication needs had been clearly recorded as part of their care plan. The persons views including how they would like to be addressed and any additional support they required was recorded.
- One person that lived in the home had a hearing impairment. The staff communicated with the person by using a communication board. Some of the staff were learning some simple sign language. A British Sign Language interpreter also visited and supported the person and staff.

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 were supported to take part in social activities of their choice. The home employed an activities coordinator that spent time with people in the main lounge.
- We spoke to the registered manager about allocating time for the activity's coordinator, to spend time

with those people who enjoyed time alone in their rooms.

- Activities were promoted throughout the home with activities of the day prominently displayed in reception and around the home. We observed on the day of the inspection that activities were taking place in the lounge. During the afternoon entertainment took place with local dancers performing at the home.
- People maintained relationships which mattered to them. People's relatives and friends were able to visit people. They were welcomed at the home and they were given the space and time they needed.

Improving care quality in response to complaints or concerns

- There was a complaint's policy in place and records showed complaints raised were responded to and addressed appropriately. The registered manager met with people individually and kept a record of the conversations with people.
- People told us the management team were open and accessible and they felt confident that if they did need to complain, it would be treated seriously, and they would be listened to.

End of life care and support

- At the time of the inspection one person was receiving end of life care. We were told by the registered manager that the home continued to work closely with health professionals like district nurses who visited people when they were end of life. Where relevant, anticipatory medicines had been prescribed by health professionals.
- People's wishes for their end of life care were respected and recorded within their care records; these were known to the staff. People had been supported to discuss their views, including the people they wished to be involved at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection published in June 2022 the provider had failed to monitor the quality of the service and had not identified obvious short falls in practice. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During the last inspection we were not satisfied with the quality assurance monitoring systems in place. Improvements were required with audits to ensure they were more robust and had effective timescales.
- At this inspection although we found that although some improvements had been made, further improvements were needed. The governance system in place had not identified all of the shortfalls which we found.
- As we mentioned in the key question effective, some actions remained outstanding. This included the refurbishment of the building being completed in a timely manner. Further improvements were also needed in monitoring the care which people received. We identified restrictive practices during this inspection. The systems in place for monitoring the allocation of the staff on duty within the building needed improvement. Whilst no one had come to harm further improvements were needed.

The systems in place for monitoring the quality of the service were not always robust. They had not identified obvious short falls in practice. This was a continued breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014

- The provider told us he visited the home and kept in contact with the registered manager by phone and email. The provider conducted audits to check on the quality of care provided. Records were maintained with action taken when needed.
- The registered manager was knowledgeable about their responsibilities and of the types of significant events which they were required to notify CQC about. Records showed the home had submitted notifications to CQC when required.

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

- The staff knew people well and provided individualised care which met their needs and promoted positive outcomes for people.
- The registered manager promoted staff learning. This had been a focus over the past year in having a skilled workforce who were responsive to people's needs.
- Some of the staff had been promoted to senior carers and one as a trainee deputy manager. We received feedback from three staff who felt these staff were not yet fully competent in their role. The registered manager told us they were monitoring their competence.
- It was clear from speaking with the staff that they felt there was a divide within the staff team at times. One staff member described morale as, "Very up and down". Another staff member told us they felt the registered manager had their favourites. We shared the staff feedback with the provider.

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

- The staff received regular supervision and were encouraged to attend team meetings so they could contribute to the running of the home.
- Effective systems were in place to ensure staff were kept up to date with key messages and updates. Handover meetings took place at the start of every shift and provided an opportunity to communicate important information about people's wellbeing.
- People were able to give their feedback about the home and regarding the care which they received. Review meetings were held with people and their care plans reviewed. 'Resident' meetings with people who were able to give feedback. Information was also shared with people.

Continuous learning and improving care; Working in partnership with others; 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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Accidents, incidents and safeguarding issues were reviewed by the registered manager to identify any organisational learning and improve outcomes for people.
- The registered manager told us they had learnt a lot from the last inspection. They planned to continue to make improvements to the home.
- The staff worked effectively with other health and social care services. This helped to support people to receive the care and support they needed. The GP surgery and district nurses visited the home when needed. The dementia wellbeing team supported people who lived at the home and offered advice to the staff when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to act in accordance with the requirements of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to maintain the premises and equipment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust. They had not identified obvious short falls in practice.