

Your Health Limited

# Redmount Residential Care Home

## Inspection report

Your Health Limited  
21 Old Totnes Road  
Buckfastleigh  
Devon  
TQ11 0BY

Tel: 01364642403

Website: [www.yourhealthgroup.co.uk](http://www.yourhealthgroup.co.uk)

Date of inspection visit:

28 April 2021

10 May 2021

13 May 2021

Date of publication:

27 July 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Redmount Residential Care Home is a residential care home providing personal care to people aged 65. The service accommodated up to 36 people in one adapted building, with a two passenger lifts to access the rooms on the first, second, third and lower ground floors. At the time of the inspection there were 30 people living at the service.

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

People who were able to share their views with us were happy living at Redmount and were extremely positive about the staff that supported them.

The service was not operating in accordance with the regulations and best practice guidance. This meant people were at risk of not receiving the care and support, that promoted their wellbeing and protected them from harm.

Effective systems were not always in place to assess and manage risk to people's safety.

People's monitoring charts were not being completed consistently in relation to skin care and nutrition and hydration. Risks to people's health and welfare had not always been assessed and detailed guidance was not always available for staff to refer to.

People were not always protected from the risk and spread of infection. We were not assured that staff were using personal protective equipment (PPE) in accordance with the government guidance and the service did not always follow its own procedures when permitting visitors to enter the building. This was addressed immediately with all staff undergoing supervision on infection prevention and control topics and the management team conducting daily spot checks on PPE compliance.

Not all aspects of medicines management were carried out safely and people did not always receive their medicines as prescribed.

People were not always being supported by enough staff or staff effectively deployed to ensure people's needs were met. People told us, and we observed, people often had to wait for staff to meet their needs. We made a recommendation about this.

Quality assurance and governance arrangements in place to monitor and improve the service were not always robust or effective in identifying shortfalls we found during the inspection. Following the inspection, the provider shared with us their action plan for addressing the concerns found during the inspection and took immediate action.

People were protected from the risk of abuse. Staff were trained in recognising signs of abuse and people

spoke positively of the atmosphere in the home and found staff kind and caring.

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

Record showed staff received training, supervision and appraisals. People were supported to access healthcare services they needed.

The management and staff team had worked in partnership with other healthcare professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 April 2019). There were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations in relation to safe care and treatment, infection prevention and control and governance.

The last rating for this service was requires improvement (published 1 April 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about skin care, people's needs not being met, staff culture and record keeping. A decision was made for us to undertake a focused inspection to review the key questions safe, effective and well led to examine those risks.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redmount Residential Care Home on our website at [www.cqc.org.uk](http://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 to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and governance at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective 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** ●

# Redmount Residential Care 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 Care Act 2014.

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

Day one and two of the inspection was carried out by two inspectors. The lead inspector returned on day three to follow up on information and feedback to the registered manager and operational lead. An Expert by Experience worked remotely speaking with families. 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

Redmount residential care 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 who was in the process of registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we requested from the provider to show the improvements they had made in areas where breaches were identified at the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with nine people who used the service and two visiting relatives. The Expert by Experience spoke to eight relatives over the phone to collect some feedback about their experiences at the service. 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 11 members of staff including the operations manager, the registered manager, deputy manager, senior care workers, care workers, domestic care staff and the cook.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence we found. We spoke with a health professional who regularly visits the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and had failed to ensure people received their medicines safely or as prescribed. 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

- Effective systems were not always in place to assess and manage risk to people's safety.
- Some people were assessed as being at risk of pressure damage to their skin. People's repositioning charts had not always been completed to show that they had been repositioned as they should and as documented in their care plan. For example, one person required staff to reposition them every four hours. Monitoring records and our observations, indicated that the person was not being repositioned as they should. This meant the person was put at increased risk of pressure damage to their skin.
- We could not always be assured that people were being supported safely because care plans and risk assessments were not always accurate. For example, during the inspection we saw one person was not being supported to eat and drink in line with their care plan. After the inspection we were told the care plan was inaccurate and they were being supported in line with speech and language guidance (SALT). However, inaccurate care plans and risk assessments could put people at risk of harm.
- Some people who were identified as being at risk from malnutrition and dehydration were not always having their weight or food and fluid intake monitored appropriately. For example, one person had lost a significant amount of weight since they had been admitted into the service. Whilst this person was having their food and fluid recorded, staff had failed to monitor their intake closely and take prompt action when they had lost weight.
- Risk assessments used to help staff monitor people's nutrition and hydration needs such as Malnutrition Universal Screening Tool (MUST), were not being used effectively to ensure people were not put at risk from weight loss. For example, one person's MUST had not been completed between August 2020 and March 2021.
- Where people were living with long term health conditions, such as, diabetes, records did not contain sufficient guidance to ensure risks were managed to maintain their safety. Whilst some staff were knowledgeable about the risks associated with diabetes, other staff, including new staff were not. This put people living with diabetes, at risk.

- Whilst some improvements had been made to medicines management processes, these had failed to identify topical administration medicines records (TMARs) were not always completed. For example, we found numerous omissions on people's TMARs. This meant the registered manager and provider could not be assured that people was receiving their skin care creams as prescribed. However, despite records not demonstrating that people had been receiving their prescribed skin creams, no one at the service had pressure sores and the district nursing team were happy with the skin care given at the service.
- Topical creams kept in people's rooms were not always dated when opened and did not always contain the prescription label with their names on and how often the creams should be applied.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate medicines were effectively managed and all risks were assessed and managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were prescribed medicine on an 'as required' basis, clear protocols were now in place for staff to follow.
- Medicines were now stored safely.
- Staff who supported people with their medicines, had completed training.
- We saw staff supporting people to move around the service safely.
- Equipment was checked to ensure it was safe for people to use.
- Safety checks were in place for gas, fire, water and electrical safety.

#### Preventing and controlling infection

At our last inspection the provider had failed to ensure people were protected by safe infection control practices.

At this inspection in April 2021, not enough improvement had been made and the provider was in breach of regulations.

- Risks relating to infection control were not always effectively managed.
- We were not assured that the provider was using PPE effectively and safely. Two staff members and the deputy manager were observed not wearing their face mask or wearing it under their chin. We also observed that face masks were not always being changed following personal care tasks as per government guidance.
- We were not assured that the provider was preventing visitors from catching and spreading infections. The service did not always follow its own procedures when permitting visitors to enter the building. For example, we observed one visitor being permitted entry without being asked about signs and symptoms, neither was this visitor asked to replace their cloth mask with a surgical face mask. Further to this when CQC Inspectors arrived for the second day of the inspection, they were not asked about signs and symptoms, directed to use hand gel or wash their hands and had to prompt staff to take their temperature.

We found no evidence that people had been harmed however, systems were not robust enough to ensure risks relating to infection control were managed effectively. This placed people at risk of infection. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we received assurances from the registered manager and provider that IPC poor practice would be addressed immediately. Supervisions were to be conducted with all staff on IPC topics and the management team would be conducting daily spot checks on PPE compliance.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

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

#### Staffing and recruitment

- Some people continued to tell us there were not always sufficient staff on duty and they often had to wait for staff to meet their needs. One person told us, "I think they have trouble getting staff and sometimes you've got to wait longer than you should wait."
- The service had a tool for assessing the number of staff on duty. This included looking at people's dependency needs and considered factors such as the layout of the building. Although most people living at the service had been assessed as medium dependency, we found people's needs were not always met in a timely way. For example, we observed staff had not been able to help people with their personal care until around mid-day. This was a particular risk for people who required four hourly position changes.
- People were having to wait to be served their meals. During the inspection we saw staff started serving lunch between 12.00 and 12.30 but some people did not receive their meals until 14.00. A staff member told us this happened regularly as, "There is only one chef and, this puts us behind."
- Staff were observed to be rushed during busy periods such as lunch time. And people were left in lounges for long periods without staff interaction as staff were busy providing care.
- Some people told us they wished staff had time to talk with them. For example, one person living at the top of the building, told us that staff came when they pressed their bell, but they rarely just popped in to see them. A staff member said that although they thought staffing had improved, they felt they did not have time with people to sit and talk. They said, "We've lost time to sit and talk with residents, that's what I miss."
- Staff had been recruited safely with the required pre-employment checks being carried out.
- We discussed what we found with the registered manager and operations manager who told us they would conduct an immediate review of the staffing levels. Following the inspection, the provider shared with us their action plan and increased their staffing levels to ensure people's needs were being met and documentation reflected care.

We recommend the provider implement a system and process to continuously review its staffing arrangements and how staff are deployed to ensure people receive the care, support and supervision they require to meet their needs and protect their safety.

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect and safeguard people from the risk of possible abuse.
- Staff received training about safeguarding people from abuse and whistleblowing and demonstrated a clear understanding of their responsibilities. One staff member said, "I would report it straight away to the manager or head office."
- People told us they felt safe. One person told us, "Am I safe? – very much so. They [staff] make you feel secure." Relatives said, "We feel she is safe; it would be easier if she lived nearer us, but it is more homely there, she has friends" and "I am convinced that she is safe, and they are kind."

#### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents.

- The registered manager took action to prevent re occurrence. For example, where a person had experienced a number of falls, the registered manager used information gathered to identify patterns and trends. They then used this information to make a referral to the persons G.P and put in place safety equipment to prevent re occurrence.
- Staff knew how to report accidents and incidents and told us they received feedback on an individual basis.

# Is the service effective?

## Our findings

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

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

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

- People did not always receive food and drink in line with their care plans. Information about people's dietary needs made available was not always followed by kitchen staff. For example, one person's care plan highlighted the need for a person to have fortified drinks. However, when we spoke with kitchen staff, they were not aware of this. Care records confirmed that the person had only received one drink since the recommendation had been made by the registered manager.
- During the inspection we observed the dining experience was not a good experience for people. On both days of the inspection some people had to wait for long periods for their meals to be given to them whilst others had received their meals and were eating them.
- People were not always given the support they needed to eat their meals. For example, one person required help from staff to sit up in bed. Staff delivered their meal and left. The person was laid on their back and was struggling to eat their food from the table which was off to their left side. Staff did not make sure that the person was in a comfortable position so that they could eat their meal safely before leaving the room.
- People were not always given time and encouragement by staff to eat their meals. For example, at 13.38 we observed that one person had not yet received their meal. We returned at 13.47 and saw staff removing the person's meal. They had eaten very little. Although the staff member asked the person if they wanted to eat anymore, there was very little encouragement given by the staff member to tempt them to have more to eat.
- Whilst staff went around to people asking them where they wanted to eat their meal, staff did not always make sure their choices were honored. For example, one person had asked to be helped to the dining room for their lunch. We saw that this did not happen, and they ate their lunch in their chair.
- We received mixed feedback about the food. For example, whilst most people told us they enjoyed their meals, one described the food as just ok. One relative told us, "[Person's name] has felt recently the food was not quite as good as it used to be, feels may have been a change of chef. he says there is no choice, and he wondered if they run out (of food) by the time they get to him."

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

At the last inspection we found there was little signage within the service to guide people who were living with dementia. We made a recommendation about this.

At this inspection improvement had been made.

- Signage was in place to help people identify the toilet and bathrooms.
- The service had undergone refurbishment and redecoration throughout and was a pleasant environment for people to live in. People had access to pleasant communal lounges, dining room, conservatory area and outside spaces.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

At the last inspection we found people were not always supported to have maximum choice and control of their lives. We made a recommendation about this.

At this inspection we found enough improvement had been made, however, some further learning needed to take place.

- People were supported in line with the principles of the MCA. Where people lacked capacity to make decision, decisions had been made in their best interests and relevant people were involved in the decision-making process. However, one person's care plan stated that a family member made decisions on behalf of the person. The relative had no legal authority to make decisions on the person's behalf, in relation to personal welfare decisions. This meant the person's rights may not always be protected. We discussed what we found with the registered manager, who acknowledged there was still some learning that needed to take place. The registered manager gave us assurance this would be addressed.
- DoLS applications were in place with records of conditions being met of authorized applications.
- Staff offered day to day choices to people in ways they could understand. We observed staff kneeling in front of people when communicating to people who were hard of hearing. People were shown what options were available when offered food, snacks and drinks.

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

- People's needs were assessed before they used the service to ensure their needs could be met. The registered manager was aware of best practice guidance and people's assessed needs also included their preferences, hobbies, likes and dislikes.
- Care plans were person centered and staff were mostly aware of how to meet people's individual and current needs.

Staff support: induction, training, skills and experience

- Staff received an induction to their role and shadowed more experienced staff when they started working at the service.
- Staff completed mandatory training and training specifically to support the needs of people living in the home. A training matrix was in place to ensure staff training was up to date. However, the training matrix showed some gaps in some staff's training. We spoke with the registered manager about this who told us their training programme and policies had been relaxed during the Covid-19 pandemic, but this was now being addressed.
- Staff were supported through one to one supervision and staff competency and skills were checked regularly, such as, medicines management and moving and handling.
- Staff told us they felt supported by the registered manager and daily handover meetings guided them on their roles and responsibilities.

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

- People were encouraged and supported to use a range of healthcare services and staff supported people to attend appointments were appropriate.
- The service were involved with people's GP and would have regular contact with them to speak about people's health needs.
- Community nurses visited the service and were extremely complimentary about the care at the service.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

At our last inspection the provider and registered manager had failed to operate effective systems to assess, monitor and improve the quality of the service people received. 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.

- At the last inspection in 2019 the registered manager was leaving the service. Since then the provider had appointed a new registered manager and deputy manager to manage the service. Both supported us during this inspection.
- The provider's quality assurance processes were not all being undertaken robustly. This meant certain issues we found during the inspection, had not been identified by their processes, such as, concerns in relation to infection prevention and control (IPC), management of risk, nutrition and hydration and staffing.
- Although the managers used audits and observed practice to monitor care delivery, these needed to be used more effectively. For example, the daily management audit had not identified missed entries on monitoring charts and the IPC audit and observations of staff practice, had not identified that staff were not always wearing PPE correctly.
- Managers and staff were not always completely clear about their roles, responsibilities and accountability within the organization. For example, in order to manage some processes, the registered manager had delegated tasks, such as, the daily checking of monitoring charts and oversight of the delivery of care. However, the registered manager did not have sufficient oversight of these delegated tasks to ensure they were completed and staff had failed to inform managers when they had not been able to complete these tasks. This resulted in failure to identify shortfalls in care delivery such as people not being repositioned regularly or receiving support with their nutrition and hydration.
- Although systems were in place for determining how many staff were required to care for people, staffing levels and the management and deployment of staff was not always effective and some people told us they had to wait for their care needs to be met.
- Whilst medicine processes and audits had been improved since our last inspection, these had not identified that topical medicines record charts were not being completed to demonstrate that people were

having their skin creams applied as prescribed.

We found no evidence that people had been harmed. However, systems were either not robust enough or used effectively to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed what we found with the registered manager and the operations manager who were open and honest throughout the inspection and during our feedback. They recognized that a number of changes needed to be made. Following the inspection, the provider shared their action plan with us and took immediate action to address some of these concerns.

- The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who used the service.
- Staff told us the managers were approachable and had a regular presence in the service, one staff member said, "I think the management is amazing here. [Registered manager's name] is just here for you and you can tell how much they care for the residents and the home."
- People and their relatives had confidence in the registered manager. One relative said, "The manager is always approachable, when I phone, I can always talk to her."

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

- People spoke positively of the atmosphere and staff in the home. We observed staff had developed good relationships with people and were kind and caring. One person said, "Living here is paradise, I can't think of anywhere else where they'd look after you better."
- However, although we observed many positive interactions between people and staff. During the inspection we heard a number of staff using disrespectful and depersonalising language to describe the people they were caring for; for example, referring to people as 'room numbers', 'double ups' and 'singles' (meaning how many staff were needed to support the person they were referring to). We brought this to the attention of the registered manager and operations manager during our feedback. They told us they were extremely disappointed to hear this as they had previously worked hard to improve staff culture. Following the inspection, they told us that all staff would undertake dignity training.
- People's care plans reflected their likes, dislikes, religion, preferences and relationships.

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

- The registered manager told us they engaged with people, their relatives, staff and other stakeholders, to gain their views and opinions to drive improvements. However, some people's relatives told us they thought that communication could be improved. One relative said, "There are some issues with communication" they elaborated and told us when they asked the service for information, they had to wait a long time and repeat the request several times. Another relative told us, "They don't answer phone always and they never phone and there is no newsletter." We brought this to the attention of the registered manager who told us they would address this.
- A yearly questionnaire was sent out to gather views and feedback from people and their relatives about the service people living at Redmount receive. Comments included, "They make me feel special" and "The way we are looked after is beautiful." However, there were some comments from people that demonstrated how they had been impacted by staffing issues, two people commented they would like staff to have more time to talk with them and visit them in their rooms.

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

- The registered manager and provider had a good understanding of the duty of candour and were open and transparent when things had gone wrong. There was evidence of thorough investigation into accidents and incidents and the findings and actions shared with those involved.

Working in partnership with others

- Health professionals told us the service made appropriate referrals for people and worked well with them. They said staff followed their guidance and advice. One told us, "We think it's superb care here. It has improved immensely. They have put in a lot of effort and put in that little bit extra. Pressure area care is absolutely fine, we have no issues with the care here. They always contact us early and check people. We have a great deal of respect for [registered manager's name] and [deputy manager's name], they do a great job."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not always protected from risks associated with their care. Medicines were not always managed safely.</p> <p>Systems were not robust enough to ensure risks relating to infection control were managed effectively.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to monitor the quality and safety of the service had not been used effectively; this had led to the shortfalls identified during this inspection.</p>