

La Rosa Homes Ltd

La Rosa Residential Care Home

Inspection report

97 Babington Road
Streatham
London
SW16 6AN

Tel: 02077879694

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

La Rosa Residential is a care home providing accommodation and personal care for up to seven mostly older males with mental health care needs. At the time of our inspection the service was supporting six people in one adapted building. Some people currently residing at the care home were also living with dementia.

People's experience of using this service

Some aspects of the service were not always safe or consistently well-managed. This meant people living at the care home were placed at unnecessary risk of harm. This was because the oversight and scrutiny systems the provider had in place were not always operated effectively. For example, the provider had failed to identify and/or take appropriate timely action to address a number of issues we found at this inspection that related specifically to risk management, fire safety, infection prevention and control (IPC) and building maintenance. The provider needs to take action to ensure their quality monitoring and governance audits are effectively operated so they can learn lessons and continuously improve the service people living at the care home receive.

In addition, the care home had been without a suitably competent person in day-to-day charge since April 2021. We discussed this ongoing management issue with the owner at the time of our inspection. They agreed they would appoint a competent manager and ensure they applied to be registered with us by April 2022. Progress made by the provider to achieve this stated aim will be closely monitored by the Care Quality Commission (CQC).

The service was not always effective at achieving good outcomes for people. This was because the provider had failed to assess and do all that was reasonably practicable to minimise the risks of people with mobility needs safely accessing the rear garden. The provider needs to make accessing the rear garden safe for all.

The service was not always responsive to meeting people's needs. This was because people did not always have sufficient opportunities to choose to participate in meaningful leisure and recreational activities that reflected their social interests and wishes. We have made a recommendation about improving activities that people living in the care home can choose to engage in, both within the care home and the wider community.

People were protected against abuse and neglect. The service was adequately staffed by people whose suitability and fitness to work in an adult social care setting had been properly assessed. Medicines systems were well-organised, and people received their prescribed medicines as and when they should.

People were well cared for by staff who had the right levels of training and support to deliver it. 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. People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and access community-based mental

health and social care professionals as and when required.

People were treated equally and had their human rights and diversity respected. Staff treated people with respect and dignity and upheld their right to privacy. People were supported to maintain and develop their independent living skills. People were encouraged to make decisions about the care and support they received and had their choices respected.

Up to date, person centred, electronic care plans were in place for everyone who lived at the care home, which helped staff to meet their personal, emotional, health and social care needs. Staff ensured they communicated and shared information with people in a way people could easily understand. People were supported to maintain relationships with family and friends. People's concerns and complaints were listened to and investigated by the provider. Plans were in place to help people nearing the end of their life receive compassionate palliative care in accordance with their needs and wishes.

The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, community-based health and social care professionals and staff working there. The provider worked in close partnership with various external health and social care professionals and agencies to plan and deliver people's packages of care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

This service has a new legal entity and was reregistered with us on 30 June 2020. This is their first inspection since reregistering with us. The last rating for the service under the previous provider was good (published 21 May 2018).

At this inspection we found multiple breaches of regulations and the need for this provider to make improvements. Based on the findings at this inspection the overall rating for the service is requires improvement.

Why we inspected

This was a planned comprehensive inspection based on the service having a new legal entity and reregistering with us.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches at this inspection because the provider had failed to always identify and safely manage risks people living in the care home might face, and effectively operate their oversight and scrutiny systems.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of

quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The 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 caring.

Details are in our caring findings below.

Good ●

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 ●

La Rosa 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 also looked at the provider's infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

The inspection was carried out by one inspector 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

La Rosa Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was carried out over two-days on 5 and 11 January 2022. The first day of this inspection was unannounced.

What we did before the inspection

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.

We reviewed all the key information providers are required to send us about their service. This information helps support and plan our inspections.

During the inspection

We spoke in-person with four people about their experiences of living at the care home. We also talked with the owner, four support workers, including a senior team leader, the Human Resources manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also looked at a range of records that included three people's care plans, five staff files in relation to their recruitment, training and supervision, and multiple medication administration record (MAR) sheets. A variety of other records relating to the overall management of the service, including policies and procedures were also read.

Following the inspection

We received email feedback from three community-based mental health care professionals about their experiences of working with this provider.

Is the service safe?

Our findings

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

This is the service's first inspection since they reregistered with us. This key question has been rated requires improvement. 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

- We were not assured people were always suitably protected against the risk of avoidable harm.
- The provider's quality monitoring systems in relation to the maintenance of fire safety equipment had failed to notice and/or take appropriate action to address a number of issues we found during this inspection. For example, we saw a number of fire-resistant doors throughout the care home did not automatically close into their frame when released or had been inappropriately propped open with a door-wedge, contrary to recognised best fire safety practice.

We found no evidence that people had been harmed however, the provider's quality monitoring systems were either not in place or not robust enough to demonstrate fire safety equipment was always effectively maintained. This placed people at risk of harm. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did respond immediately during the inspection and by the second day we saw all the faulty fire resistant doors had been repaired and inappropriate doors wedges removed, so they all closed automatically into their frame when released.

- People's risk assessments and care plans did enable staff to support them to take acceptable risks.
- Risk assessments included aspects of people's lives such as their emotional and physical health, and daily living. Assessments were regularly reviewed and updated as people's needs changed.
- Staff demonstrated a good understanding of the risks people might face and the action they need to take to prevent or minimise those risks. For example, people whose behaviours might be considered challenging at times, had clear records of incidents, and plans in place to reduce those incidences. Records showed that action was taken, as required and the advice of specialist professionals sought when necessary.

Preventing and controlling infection

- We were eventually assured staff were following current infection prevention and control (IPC) procedures, including those associated with personal protective equipment (PPE) and COVID-19.
- On our arrival at the care home on the first day of this inspection staff failed to check our temperature and ask for proof that demonstrated we had recently tested negative for COVID-19, contrary to recognised best IPC practices and the provider's own IPC/COVID-19 and visitors policies and procedures.
- Furthermore, none of the communal toilets had any means for people to dry their hands after they had washed them, also contrary to recognised best IPC and hand hygiene practices. Managers confirmed paper towels for people to dry their hands were kept locked away and were only made available on request as

some people in the past had blocked toilets with them.

We signposted the provider at the time of our inspection to resources to develop their IPC and hand hygiene approach. The provider did respond immediately to this and by the second day of this inspection we observed staff carry out all the necessary COVID-19 checks before allowing any visitors to enter the care home, in accordance with best IPC practices.

In addition, we also saw the provider had improved their hand hygiene arrangements by installing electric hand dryers in all the communal toilets, which meant people no longer needed to request the use of paper towels to dry their hands after washing.

- Staff used personal protective equipment (PPE) correctly and in accordance with current IPC guidance through this two-day inspection.
- Staff had received ongoing IPC training.
- A 'whole home testing' regime was in operation at the care home, which meant everyone who lived and worked there were routinely tested for COVID-19.
- We were also assured staff employed were vaccinated against COVID-19 in line with government requirements. This was because the provider operated effective monitoring systems to check staff complied with best IPC practices and were fully vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded against the risk of abuse.
- People said they thought the care home was a safe place to live. One person told us, "I do feel very safe here because I know there's always staff around." A community-based mental health care professional also remarked, "I feel confident they [staff] are keeping my client safe at the care home."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place.
- Staff received safeguarding adults training as part of their induction, and they knew how to recognise and respond to abuse they might encounter, including reporting it. One member of staff told us, "I've never seen anyone abused here, but if I did, I would tell the person in-charge about it straight away."

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- We saw at least two care staff were always working in the care home throughout the inspection, which was the minimum number the provider had determined was required during the day to safely support everyone who lived there.
- We observed numerous examples of staff responding quickly to people's requests to access their cigarettes, which were kept safely stored in the office by mutual agreement.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity and right to work in the UK, full employment history, a health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Using medicines safely

- Medicines systems were well-organised, and people told us they received their medicines as prescribed. One person said, "The staff always make sure I get my medicines on time."
- People's medicine records were kept up to date with no recording errors or omissions found on any of the MAR sheets we looked at.

- Care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. Staff were trained to administer medicines safely and this training was routinely refreshed.
- Medicines were routinely audited.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received.

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.

This is the service's first inspection since they reregistered with us. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People did not live in a suitably adapted care home that met all their needs.
- One person who lived at the care home told us they were unable to access the garden because his changing mobility needs meant he was no longer capable of safely negotiating the steep steps at the back of the house that lead down to the rear garden. We also noted these steps lacked any handrails for people to grab onto when using them. Several staff confirmed one person whose mobility needs had changed was no longer capable of independently accessing the rear garden safely via these steps.

We found no evidence that people had been harmed however, the provider had failed to assess and do all that was reasonably practicable to minimise the risk of people with mobility needs safely accessing the rear garden. This had placed people at unnecessary risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In addition, the care home's physical environment, interior décor and soft furnishings had not been appropriately maintained. For example, in the ground floor hallway leading to the main lounge we found a large patch of missing ceiling plaster caused by water damage and we saw torn and shabby seat covers on various sofas and chairs in the main communal areas.
- People told us the care home was a comfortable place to live however, most people living there felt the interior was not decorated to a good standard or furniture always well-maintained. One person said, "I quite like living here, but some of the furniture has seen better days," while a community-based professional remarked, "Poorly maintained furniture and fittings in some areas and peoples' bedrooms, including handles missing from wardrobes and chest of drawers."

We discussed these premises and furniture maintenance issues with the owner on the first day of this inspection. The provider responded promptly to the concerns raised and by the second day of our inspection we saw the water damaged ceiling had been re-plastered and begun reupholstering or replacing some of the damaged furniture in the communal areas and people's bedrooms.

The provider also agreed to ensure all the care home's other outstanding furniture repair and maintenance issues would be resolved by 1st April 2022. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

Staff support: induction, training, skills and experience

- Staff had received all the relevant training they needed to effectively carry out their working roles and responsibilities. This was because it was mandatory for all staff to complete a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. Staff had also completed up to date training in understanding mental health care and how to support people in a positive way to prevent or appropriately manage behaviours considered challenging.
- Staff had ongoing opportunities to reflect on their working practices and professional development.

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

- People's personal, and emotional and physical health care needs were comprehensively assessed, and their care and support delivered in line with legislation, standards and evidence-based guidance.
- People's care plans were based on their pre-admission assessments carried out by various external mental health and social care professionals and agencies. These assessments helped the provider identify people's emotional needs, which reflected the Care Programme Approach (CPA), a type of care planning specifically developed for people with mental health needs. A community-based mental health care professional told us, "I was pleased with the detailed assessment they [staff] carried out on my client before he moved in to La Rosa and believe they have helped improve my client's life significantly."
- Staff were aware of people's individual support needs and preferences.

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.

- Staff had received MCA and DoLS training as part of their induction. Staff told us they always asked for people's consent before commencing any personal care tasks.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they were happy with the overall quality of meals they were offered at the care home. One person said, "The food was good."
- People's care plans included health, nutrition and diet information with health care action plans. If people required support with diet, staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure they were eating properly. Whilst encouraging healthy eating, staff made sure people still ate meals they enjoyed.
- Staff had received basic food hygiene training as part of their induction.

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

- People were supported to stay mentally and physically healthy and well.
- People's care plans detailed their health care needs and conditions.
- People told us they were in regular contact with community-based social, health and mental health care professionals. One person said, "I have a GP who I see when I need to and my social worker often visits me."
- During our inspection we observed staff actively encourage and support several people to attend their scheduled medical appointments with various external health care professionals. Records showed people routinely attended physical and mental health care check-ups with various community-based professionals. One mental health care professional told us, "Staff are conscientious about getting my client all the external support he needs relating to his mental and physical health."

Is the service caring?

Our findings

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

This is the service's first inspection since they reregistered with us. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected by staff. For example, one person told us, "The staff are nice and they do knock on my bedroom door to ask me if it's alright they come in."
- People were supported to be as independent as they could and wanted to be.
- Staff told us they actively supported people to maintain and develop their independent living skills. For example, if people were willing and capable, staff encouraged them to travel independently in the wider community. One person told us, "I sometimes got out on my own to the local shops."
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.

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

- People had their human rights and diversity respected and were treated with compassion by staff.
- People typically described the staff as "caring". For example, one person told us, "I have a keyworker who I get along with really well." Community health care professionals were equally complimentary about the staff who worked at the care home with one remarking, "Lovely staff...My client is able to name his favourite staff, which suggests he has developed a warm rapport with them."
- We observed staff interact and speak with people living in the care home in a respectful and positive way throughout our inspection. People also looked at ease and comfortable in the presence of staff.
- Staff knew about people's diverse cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices.
- Care plans contained detailed information about people's spiritual and cultural needs.

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

- People were encouraged to express their views and make decisions about the support they received through regular house meetings, care plan reviews and satisfaction surveys. We observed staff actively encourage and support people to choose what they ate and drank for their breakfast on both days of this inspection.
- People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.
- People were consulted and agreed to the contents of their care plans. People had signed their care plan to show they agreed to them.

Is the service responsive?

Our findings

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

This is the service's first inspection since they reregistered with us. This key question has been rated requires improvement. This meant people's needs were not always met.

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 not always given enough opportunities to enable them to choose to participate in meaningful leisure and recreational activities that reflected their social interests and needs.
- We received mixed feedback from people living at the care home, as well as external mental health care professionals, about the lack of fulfilling in-house and community-based social activities they or their clients could choose to engage in. For example, one person told us, "It can get very boring here...They [staff] do ask us at house meetings what we would like to do, but there's been no exercise or gardening sessions, or day trips recently, which we all asked to do more of." Similarly, a community health care professional commented, "Limited activities...I have yet to see a member of staff in an activity with anyone who lives here. One of my clients reports to being frequently bored at the care home."
- We observed staff did not actively encourage or support anyone who lived at the care home to engage in any meaningful social activities during our two-day inspection. This was despite the daily activity timetable displayed in the main lounge indicating an arts and pampering sessions were scheduled to take place the week we inspected, but neither activity happened.

We recommend the provider should find out more about how to plan meaningful leisure and recreational activities, based on current best practice, in relation to meeting the social needs, interests and wishes of people living at the care home.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support from staff according to their individual assessed needs and preferences.
- People's care plans were up to date, personalised and contained detailed information about their strengths, likes and dislikes, and how they preferred staff to meet their personal, emotional and health care needs.
- Input from people living in the care home, and where appropriate their relatives and external mental health and social care professionals, was actively sought to help staff plan person-centred packages of care and support for people. Care plans were routinely reviewed and updated.
- People told us staff provided them with all the care and support they needed. For example, one person said, "I do feel the staff look after us well here. They [staff] know what I like and need." Community-based health care professionals made similar comments. One remarked, "I have always found the staff working at the care home to be responsive and very knowledgeable about my clients support needs and wishes", while a second said, "I feel confident staff are managing my client's needs in a caring and person-centred way."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.
- The provider understood and worked within the principles of the AIS. For example, the owner told us the service user's guide and the provider's complaints procedure could be made available in a variety of different formats, including audio.
- Staff were provided with information about people's communication preferences and guidance on how best to communicate with them.
- People said staff communicated clearly with them which enabled them to understand what they meant and were saying.
- Staff supported people to use various electronic communication devices, such as mobile phones, to keep in touch with family and friends who were unable to visit the care home in-person.

Improving care quality in response to complaints or concerns

- The provider managed complaints well.
- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with it.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. One person told us, "I know there's a leaflet pinned to the wall that says I can make a verbal or written complaint if I'm not happy about something. I would speak to the team leader if I wasn't happy, but I have nothing to complain about at the moment."
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- The provider had an end of life policy and people's care plans had a section they could record their end of life care and support needs and wishes, if they wanted to. People also had 'Do not resuscitate' information recorded in their care plans, that staff were made aware of.

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.

This is the service's first inspection since they reregistered with us. This key question has been rated 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; continuous learning and improving care

- The provider did not always operate their governance systems effectively. This was because the provider had failed to identify and/or take appropriate action to address a number of issues we found during this inspection. This included concerns relating to how the provider managed risk, fire safety, access to the garden and maintenance of soft furnishings, furniture and the building's interior.

We found no evidence that people had been harmed as a direct result of all the management oversight and scrutiny failures described above however, their governance systems were clearly not always operated effectively enough to minimise the risks associated with them. This placed people at risk of harm and demonstrates a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had not had a manager in post or registered with us for nine months since the previous registered manager left in April 2021.

We discussed this ongoing management issue with the owner and nominated individual who both agreed they planned to appoint a suitably competent manager and ensure they applied to the CQC to be registered by April 2022. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- Managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

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

- People received personalised care from staff who had most of the right mix of knowledge, skills and experience to perform their roles and responsibilities well.

- The owner 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 apologise if things go wrong with care and treatment.

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

characteristics

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular one-to-one meetings with their designated keyworker, group house meetings with their fellow peers and satisfaction surveys. One person told us, "I have a keyworker who I often have one-to-one meetings with where they ask me how I'm doing and if there's anything I need."
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Staff told us they received all the support they needed from the owner and senior staff team.

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies including, the Local Authority, GPs, CPNs and mental health social workers. Feedback we received from numerous community-based mental health care professionals was positive about how the provider worked in close partnership with them. One external professional told us, "Staff are responsive to any operational requests we make, are always willing to engage with us and communicate any changes in my client's needs or wishes very effectively."
- The owner told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

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 who use the service had been placed at unnecessary risk of harm because the provider had failed to assess the risks individuals with mobility needs might face accessing the rear garden. The provider had also failed to do all that was reasonably practicable to mitigate the risks associated with the steps used to access the rear garden and ensure they remained fit for purpose and safe to use. Regulation 12(2)(a)(b)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight and scrutiny processes were not always effectively managed.</p> <p>Regulation 17(2)(a)</p>