

Hawksyard Priory Nursing Home Limited

# Hawksyard Priory Nursing Home

## Inspection report

Armitage Lane  
Armitage  
Rugeley  
Staffordshire  
WS15 1PT

Tel: 01543490112

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

Date of inspection visit:

13 September 2021

14 September 2021

Date of publication:

10 March 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Hawksyard Priory Nursing Home is a nursing home providing personal and nursing care to 73 people aged 65 and over and younger adults at the time of the inspection, some of whom were living with dementia. The service can support up to 106 people across three floors.

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

At our previous inspection we found information was not always available for staff to support people who required support with their behaviours. At this inspection we found the provider had not taken enough action to address this. Risk management systems were not in place to reduce the risk of skin damage. People's right to privacy and dignity was not always respected by staff.

At our previous inspection we found audits did not identify improvements required. At this inspection we found action had not always been taken to ensure the effectiveness of quality audits.

Systems and practices in place did not follow best practice with regards to infection prevention and control to reduce or mitigate the risk of avoidable infections.

Although some staff had not completed safeguarding training, they knew how to safeguard people from the risk of potential abuse. Not all staff had been provided with relevant training to meet people's needs safely. People had a lack of meal choices.

People did not always receive care in line with their care plans, even though they had been involved in their care planning. Plans were not always reflective of their current needs. People's care was not always delivered in line with their choice or preference. People had limited activities and stimulation at the home.

During the inspection we did not see evidence of consistent use and recording of Best Interest decision making to show people had been supported in their best interests. Following the inspection, the provider sent us information to show how external professional had been consulted where decisions had been made on people's behalf.

Improvements were made since our previous inspection to the management of medicines. Medicine stock levels now matched people's medicine administration records.

People were cared for by staff who had been recruited safely. Systems were in place to record and monitor accidents and incidents and showed action taken to reduce them.

The environment was suitable to meet people's needs. The provider worked with other health and social care professionals to meet people's needs. People's communication needs were assessed. Complaints were listened to and acted on. People's end of life care wishes was documented in their care plan and included

specialist input.

Staff were supported to be open and honest when things went wrong. The provider engaged and involved people using the service, their relatives and staff to make improvements to the home. The provider also worked with external agencies.

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 26 February 2021) where there was a breach of regulation 17. 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. The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last eight consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to concerns received about infection control, safeguarding, pressure care and incidents. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive 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.

#### 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 breaches in relation to good governance, safe care and dignity and respect at this inspection.

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 also 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 caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Hawksyard Priory Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

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

The service did not have a manager currently registered with the Care Quality Commission. However, the manager was in the process of registering with us at the time of our inspection. This means, when registered, 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. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with 14 members of staff including a director, the manager, the deputy manager, nurses, senior care workers, care workers domestic and maintenance staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five 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 found. We looked at training data and quality assurance records.

# 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 now 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

- At our previous inspection we found staff did not have access to information about how to support people with their behaviour. At this inspection we found the provider had not taken action to address this. People's care plans did not contain sufficient information for staff to be able to support people with their behaviours and were not updated after incidents occurred. This could place the individual and others at risk of harm. We did not find any evidence of harm to people who use the service or others.
- One care record showed the frequency a pressure wound required to be redressed. Records indicated the person's dressings were not changed as identified in their care record. The failure of not changing dressings at the required frequency placed the person's wound at risk of infection and discomfort for the person. We shared this shortfall with a senior member of staff who took immediate action to address this.
- Records showed a person had not been repositioned at the frequency identified in their care record for the treatment of a pressure sore. This placed the person at risk of further skin damage.

We found no evidence that people had been harmed. However, systems in place were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. 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, the management team confirmed the issues raised would be used to form an action plan and be addressed.

- We found risk assessments were in place for risks in relation to people's mobility, nutrition and hydration and environmental risks.

### Staffing and recruitment

- People using the service and staff gave mixed feedback about staffing levels at the home. Some staff felt there was not always enough staff to meet people's needs.
- People confirmed there was a high turnover of staff and the staffing level was low. One person told us, "If they had more staff, they would have more time for you." Another person told us, "They [staff] don't have time for people who don't have a voice and can't speak up." However, an agency member of staff felt there was enough staff when they were on duty.
- The provider used a dependency tool to calculate the level of staff required across each floor based on people's needs. Following our last inspection, the provider had reviewed the deployment of staff on the unit supporting people living with dementia.
- The provider had safe recruitment checks in place to ensure the suitability of staff.

## Preventing and controlling infection

- We found some of the areas within the home were unclean. For example, we found unclean high touch areas including dirty windowsills and blinds, food on the outside of windowsills and stained tablecloths. Debris was seen on the floor and rubbish bags were full. This placed people at risk of contracting avoidable infections.
- There were no cleaning schedules in place. The manager assured us a cleaning schedule would be put in place. This would ensure a good cleaning consistency throughout the home. On the second day of our inspection we observed areas of concern had been cleaned.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. The home had large rooms for social distancing; however, on one floor most people were located in a particular area, which meant there was limited social distancing.
- Staff had access to personal protective equipment (PPE). However, we observed some staff not wearing PPE in line with guidance. We saw some staff incorrectly removing their PPE.
- We were not always assured that the provider was preventing visitors from catching and spreading infections as some areas of the home were unclean and some staff did not wear or remove PPE in line with guidance.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We have also signposted the provider to resources to develop their approach.

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

- Some staff had not received safeguarding training. However, they knew what to do to safeguard people from the risk of potential harm.
- People and their relatives felt people were safe living at the home. One person told us, "I feel safe, I feel safe with everyone." Another person told us, "I do feel safe, because I notice if something is wrong and I can speak up."

## Using medicines safely

- At our previous inspection we identified medicine stock levels were not always correct. At this inspection improvements were made and the stock levels now matched people's medicine administration records.
- People received their medicines as prescribed and their medicines administration records had been completed fully, including body maps for patches and topical medicines where required.
- People's care plans detailed specific guidance for staff to support them with their medicine. For people who required their medicines to be given hidden in food or drink (covertly) there were covert medication policies in place. For people prescribed medicines on an as and when required basis (PRN) there were clear protocols to ensure staff administered their medicines safely.
- The provider was changing to a new medicine system to help track errors and provide accountability for any missed medicines, the new system was due to be in place across all floors in the following weeks after our inspection.

## Learning lessons when things go wrong

- The provider had a thorough process in place for reviewing accidents and incidents. The system enabled them to review themes and trends against the floor the incident took place on, the type of incident, the

person involved and the location of the incident.

- The manager reviewed all documented accident and incidents and updated people's care plans where following actions were made including any referrals made.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People could not always be confident they would receive the appropriate care or support because their care plan did not always reflect their current needs. For example, accurate information was not identified about how to keep one person's skin healthy.
- One person's care plan stated they required four hourly repositioning following a recent review. A staff member told us this person moves themselves in bed and stands to use the toilet with support from staff. They confirmed the care plan required updating. This meant the person was at risk of receiving unsafe or inappropriate care. Once raised the member of staff told us they would update their care plan to reflect the person's current needs.
- We found another person's care plan detailed advice received from the tissue viability nurse in relation to their dressing changes. However, the interval for the next dressing change was not stated and the wound care plan was not updated following the advice received. This meant staff may not have been supporting the person with the most up to date information or guidance, thus placing them at risk of harm.
- One person's care plan however, detailed their religious needs and where a family member supported them to access services which were of importance to them to meet their spiritual needs.

Staff support: induction, training, skills and experience

- Staff were provided with training which covered several courses relevant to their role. At the time of our inspection however, not all staff had completed their training.
- Some members of staff told us they did not think staff had the right training to meet people's needs. We found occasions which reflected this. For example, we observed some staff not communicating or responding to people. We saw an agency member of staff not responding when a person using the service spoke directly to them. The deputy manager also observed this and informed us the member of staff would not be used by the home again.
- At our previous inspection we observed some staff did not have the skills to support people when they displayed challenging behaviour. At this inspection, the provider's training matrix indicated required staff had not always completed challenging behaviour training. Further improvements were therefore required in ensuring all staff were trained in this area to meet people's needs.
- One person told us however, "The staff know me and know what I need now."

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

- People were mostly supported to eat and drink to maintain a healthy diet. People's nutritional needs were assessed, documented in their plan of care and reviewed.

- We saw where people required referrals including the dietician or GP, due to a change in their weight or needs, these were completed and documented in their care plan.
- People were offered food and drinks throughout the day.
- People felt different food choices were not always offered or available. One person told us, "The menu hasn't changed in the past two years, the cycle doesn't change." However, management told us they received varied food requests for those on pureed diets and they were working to continue to improve people's food options.

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

- People lived across three floors depending on their needs. Adaptations were made to the home and signage was displayed to direct people and to support those living with dementia.
- The design of the home provided people with independence and access to a range of facilities. These included a garden room, a pub and a hair salon. We found however, these areas were not utilised to their full potential as during our inspection we did not see people using these rooms, or staff sitting with people to access them. Staff told us people gravitated to a particular area, despite trying to get them to spread out to the other rooms.
- The provider told us of planned refurbishments including decoration across all three floors to further meet people's needs.

#### 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.

- Where people lacked capacity in certain aspects of their care and treatment, mental capacity assessments had been completed. However, there was not consistent evidence of best interest decisions or who had been consulted with regards to the care and treatment people received. We shared this information with a senior member of staff. However, at the time of the inspection they were not able to demonstrate to us where best interest evidence was held. Following the inspection, we received examples of external professional input in relation to best interest decisions.
- Staff did not always have a clear understanding of MCA or best interest decisions. This meant people may not have their human rights upheld.
- The provider had made required DoLS applications to the local authority and we observed systems were in place to review and meet details of the authorised applications.

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

- People's care plans detailed where staff worked with other health and social care professionals to seek

advice and guidance.

- A visiting professional told us under the new management there had been a vast improvement in communication and how the provider worked together with services to support people and meet their needs.
- People had access to healthcare services and staff referred to health and social care professionals when as and when required. These included, General Practitioners (GP), tissue viability nurses, the falls team and dieticians.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always being supported in a way that promoted their dignity and independence. We observed a member of staff supporting two people at the same time without communicating with them. One person also told us, "Some staff are ignorant. If you ask them what time the next meal is, they ignore you."
- We saw a member of staff attempted to cut a person's food without asking them. The person informed them they could do it themselves. The member of staff then stood over a person whilst they ate. When we raised this with management, they told us this person displayed behaviours that challenge, and this was to protect the person and others around them.
- One member of staff used their gloved finger to move food around a person's plate prior to them eating, this did not ensure people's dignity or hygiene was respected.

We found no evidence that people had been harmed however, systems in place were not robust enough to ensure people's privacy and dignity was respected. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the management team confirmed the issues raised would be used to form an action plan and be addressed.

- We observed some interactions where regular staff promoted people's dignity and independence and showed compassion towards people who lived at the home.

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

- Staff did not always spend time with people to listen to them and support them. We saw people walking around the home or sat in an area by themselves for long periods of time.
- Staff were provided with training in diversity and equality to ensure they respected people's individual needs, however not all staff had completed this training, or if they had it had not been embedded. This meant that people were not always being supported with dignity and respect.
- We observed however, some people who required one to one support had positive interactions with staff and were well treated. Where permanent members of staff supported people, it was clear they knew them and their needs.
- People and relatives, we spoke to also mostly confirmed positive experiences of care. One person told us, "The care is very good, I like it here. It's pretty good." A relative told us, "I can't fault the care. They [staff] look

after [person's name] pretty well. They [staff] do care for them."

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

- People had input into their care and decisions made. Their care plans detailed their likes and dislikes and social history which reflected their involvement.
- Staff asked people for their input when delivering care, and people told us they wore their preferred items of clothing.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans were personalised and detailed information of things which were of importance or of interest to them.
- We found one occasion, however, where a person's care was not delivered in line with their preferences. Their care plan detailed they liked to apply cosmetic products daily. We observed them ask a member of staff for support in applying products. The member of staff stated they no longer had these products. This issue was raised with a senior member of staff who told us they would investigate and resolve this for the person.

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 and staff confirmed there were limited activities and stimulation available for people. One person told us, "Trying to find things to do during the day is difficult, the entertainment is few and far between." A member of staff reported, "We [staff] cannot do anything for them in way of stimulation and activities."
- The home offered several indoor spaces for people to take part in activities or communicate with each other, however these were not being utilised to support people to follow their interests.
- Staff however, supported people to have visits from relatives or to communicate with them over the phone or through the window during the pandemic to maintain relationships.
- A member of staff was playing dominoes with two people during our inspection, and the activities lead was observed communicating with people around the home. The provider was in the process of completing required works on the church located on site, where they planned to support people to attend religious ceremonies of their faith.

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 assessed, and their care plans detailed any identified support.
- The manager was aware of the AIS and told us where required information could be accessed in different formats. For example, the service user guide could be downloaded in Brielle and larger prints.

Improving care quality in response to complaints or concerns

- People could be assured their formal complaints would be listened to, taken seriously and acted on.
- We observed complaints had been recorded, showing they had been responded to in writing.

#### End of life care and support

- People's end of life care wishes and preferences during their final days and following death were considered and documented in their plan of care.
- We reviewed one person's end of life care plan where input from specialist services was sought. The manager informed us weekly review meetings were planned with the external organisation to support staff and the person receiving end of life care.

# 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 now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not always assure the delivery of high-quality care.

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

At our last inspection, systems were either not in place or robust enough to identify issues and make improvements and there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection there was still a breach of regulation. The provider has been in breach of this regulation for the last five consecutive inspections.

There was no registered manager in post at the time of our inspection. However, the manager in post was in the process of registering.

- At our previous inspection we found audits were not always fully effective in identifying areas for improvement. At this inspection we found some audits had not identified areas for improvements, or where they had, actions had not always been taken to make the changes. This meant some improvements had not been actioned to ensure a safe and effective service.
- Our previous inspection found care plan audits were ineffective in identifying gaps in information for staff to support people who displayed behaviours that challenge. During this inspection we found the same concerns where people's triggers were not clearly recorded, and no evidence of positive behaviour plans were in place. This meant people were at risk of harm or unsafe care.
- Staff recorded where people displayed behaviours that challenge on behaviour charts. These were not always documented or reviewed as an accident or incident. Therefore, we were not assured management were reviewing all incidents and identifying themes or learning to mitigate the risk of them happening again.
- We saw a recent audit completed for wound care where updates for people were identified, however during our inspection we found dressing changes were required for those identified in the audit. Therefore, the audit was ineffective in ensuring actions were completed to mitigate further risks to people and the management of their skin was in place.
- The provider had a system in place to review people's care plans monthly through their 'resident of the day' process. These reviews however, had not identified what we found, where people's needs had changed, and information required updating.
- The provider's review system informed managers where an action was required, such as a person's dressing change, however this was not effective in ensuring people's wound care and repositioning was

completed as required and a person could be at risk of harm as a result.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements have been made since the last inspection, including the management of medicines, the systems in place were still not always effective at identifying improvements at the service or ensuring all actions were completed.

Following the inspection the management team confirmed the issues raised would be used to form an action plan and be addressed.

- We saw a recent medicine audit which had identified actions to be completed including temperature checks. The manager also completed audits on safeguarding and accident and incidents.
- The deputy manager had reviewed documents to improve staff record keeping for example, fluid intake charts and was in the process of implementing them at the time of the inspection.

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

- There was mixed feedback from staff in relation to a positive culture, most felt they were not supported, and people's needs were not always met if there was not enough staff, which they had raised with management.
- Some staff however, stated the managers were visible and supported them. One member of staff told us of a difficult time they had been through and how supportive the management had been during that time.

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

- Staff were supported to be open and honest when things went wrong. Staff confirmed sharing information with seniors and being encouraged to inform families. Staff also informed us prior to our inspection of shortfalls in relation to staffing levels and the impact this had on people.
- The provider completed notifications in line with their requirements and the previous inspection rating was displayed in the home.

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

- The managers had introduced daily meetings to share information and updates with staff and staff confirmed this.
- The provider used an anonymous forum to collate information from staff to make improvements to the service, although there were no recent suggestions. We saw some suggestions had been followed up and put in place by management. For example, where staff requested lemonade for people who do not drink squash, this was agreed.
- The manager told us people and relatives had access to a private social media page where they could provide feedback on the service where they did not receive verbal feedback.

Working in partnership with others

- The provider was working with the local authority and clinical commissioning group (CCG) to share information and updates. We saw a recent audit sent to the CCG following their request.

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 10 HSCA RA Regulations 2014 Dignity and respect  People were not always treated compassionately, and their dignity was not always respected.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not provide staff with clear up to date information about people's care and treatment needs. Systems were not in place to ensure dressings for wound care were carried out at the appropriate frequency. Staff were not provided with relevant information about how to support people to manage their behaviours.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place did not ensure staff had clear guidance to support people who displayed challenging behaviour. People did not always receive wound care as required.