

Mr & Mrs S Logathas

Bellsgrove Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bellsgrove Care Home is a residential care home providing personal care and accommodation for up to 15 older people including those who live with dementia. The service is set over three floors and has a communal lounge area and dining area on the ground floor. A lift connects all levels. At the time of the inspection 15 people were living at the home.

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

Risks associated with people's care were not always assessed in a safe way, particularly in relation to the use of bed rails and supporting people to eat. People and their relatives told us they felt safe and we checked that the provider had systems in place to ensure safe recruitment of staff. Staff followed good infection prevention and control practices. There were sufficient staff, however, we have made a recommendation that staff are efficiently deployed in order to engage with a people who remain in their rooms.

We found that the environment did not meet the needs of people who lived with dementia. Some people told us activities were not varied enough and the activities we observed did not always serve to engage those with more profound dementia, especially those who remained in their rooms for periods of time.

The provider did not always ensure that people accessed healthcare professionals in a timely manner. 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.

Quality assurance processes were not effective in identifying and delivering required improvements to the service which meant people were at risk of not receiving a consistent or safe service in line with their needs. There was a lack of robust management oversight of the service.

Staff told us there was good teamwork amongst the care staff but some said they did not always feel valued by the provider. Family members told us the registered manager was approachable and available to them and that there was a friendly and homely atmosphere at Bellsgrove.

People and their family members told us that staff were consistently respectful, kind and caring and we observed how staff engaged with people in a warm and friendly way. People's needs were assessed prior to moving into Bellsgrove Care Home. Care plans were detailed and staff knew how to support people according to their wishes.

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

Rating at last inspection and update

We carried out a focused inspection on 14 February 2021 when this service was rated requires improvement

(published 21 January 2021) and there were 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 we found the provider had not made enough improvement and remained in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was carried out to check if the provider had followed their action plan and to confirm they now met legal requirements.

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.

Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to assessment of risk, medicines management, timely access to healthcare professionals, environmental design, lack of meaningful activities and governance of the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 ●

Bellsgrove 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors. We also had an Expert by Experience who made telephone calls to family members. 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

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We also spoke with a healthcare professional and three members of staff including the registered manager.

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

After the inspection

Following our visit to the service, we spoke with eight family members on the telephone. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; Learning lessons when things go wrong

- Risks associated with people's care were not always appropriately assessed. We found examples where bed rails were in place without a bed rail risk assessment for the person. Some of these people were known to attempt to mobilise independently. One person was described as being 'restless in bed,' another as 'tends to try and mobilise without staff being around' and 'can react/lunge out to staff supporting personal care'. This placed these people at risk of being injured by becoming trapped in the bedrails.
- We found the door to the laundry room unlocked and open. The cupboards within were also unlocked and contained cleaning and laundry fluid, as well as slug pellets. This was of concern as two people in particular regularly walked around in the garden, where the laundry was situated and so were at risk of accessing these materials. When brought to their attention, the registered manager acted immediately by locking the door and relocating the keys. They said staff were informed of the need to lock the door at all times.
- We found an area on the second floor which was used to store cardboard boxes which meant that access to fire extinguishers was blocked. We also confirmed that the last fire risk assessment for the home was completed in June 2019 and the last recorded fire drill with staff was completed in February 2020. Following this inspection, the inspector alerted the local Fire and Rescue service to these concerns.
- Detailed information of actions taken were recorded following an accident or incident. However, these were not always analysed to look for trends which meant there was little opportunity for lessons to be learned when things went wrong. However, a member of staff told us, "We have an incident and accident book. [Registered manager] will discuss with us about changes to people's needs as soon as they made or write it in the communication book."

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded following the inspection. They confirmed that all the actions from the fire risk assessment were now completed and suitable checks of the environment and equipment were in place.
- We found that other risk assessments gave detailed description of the risk and guidance for staff how to manage this. These included risk assessments around falls, skin integrity and behaviour management.
- One person told us, "I have to be careful as I am a bit wobbly but staff are very good at looking out for me."
- Staff described how they kept people safe in line with their risk assessments. These included where someone may choose to leave the premises without the required staff support or where a person may be at

high risk of falls.

Using medicines safely

- Medicines records were not always clearly documented. For example, adjustments were made to the way in which one person received their medicine and this was not recorded as a direction on their medicine administration record (MAR) or on a separate sheet in their care plan. Staff told us they were aware that this medicine was always administered in food and was documented in the person's medication and health plan.
- One person's MAR recorded a person's food and fluid thickener as PRN, when it should be used at all times. However, the person's eating and drinking support plan and their nutrition and hydration risk assessment recorded the need for thickener at all times and staff we spoke with were aware of this.
- Protocols for medicines prescribed on a when required (PRN) basis were not always followed. For example, PRN medicine was administered on three separate occasions in one day. There was no explanation of why this was required or what the impact on the person was for two of these occasions.
- There were no recorded dates of opening on people's prescribed creams and liquids which meant that they could be used beyond the manufacturer's recommended expiry date.

The provider failed to ensure medicines were accurately documented to ensure their safe administration. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection, the provider had failed to follow recruitment practices in line with Schedule 3 employment requirements. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Staff were recruited safely. Staff records included all required information, to evidence their right to work in this country as well as their suitability to work with people.
- Disclosure and Barring Service checks (DBS) were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us there were sufficient staff to meet people's needs. One person told us, "There are always staff around as you can see."
- Family members told us, "Yes there are staff there all the time, they came quickly when called," and "There are always a lot of staff around."
- Some staff said, "There are not enough, there are fifteen residents and three care staff, there is not enough time to spend with the residents. I wouldn't say people are at risk but we would have more time with them."
- We found that whilst there were sufficient staff to attend to people in the communal areas, we observed that at times, there was little engagement with people who remained in their rooms.

We recommend that the provider ensures staff are efficiently deployed in order to engage with and support people who remain in their rooms, as well as those who are more visible in the communal areas

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were effective in safeguarding people from the risk of abuse. People told us they felt safe and knew who they could speak to if they had any concerns. One person said, "I feel very safe here, the staff are marvellous."
- Staff had undertaken safeguarding training and understood how to recognise signs of potential abuse. Staff understood their responsibilities and were confident the manager would report any concerns. One staff member said, "I would tell the manager, the local authority and the CQC. This is really important, I get very emotional if I think of people being hurt."

Preventing and controlling infection

At our last inspection, the registered provider had failed to follow good infection control practices. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 (1)(h)

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was 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.

Visiting arrangements were in line with latest guidance. People were able to meet with their relatives in their rooms or communal areas and we saw visitors arrive during the day.

Is the service effective?

Our findings

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

At our inspection in 2016 we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The design and decoration of the home did not always meet the needs of people who lived with dementia. It is generally recognised that people who live with dementia are best cared for in an environment designed and adapted to help reduce their anxiety and potential triggers for distress.
- There were no meaningful or stimulating destination places around the home for people to visit or engage with when they walked with purpose. However, there was a well maintained garden and we saw people who walked with purpose accessed this independently.
- People's bedroom doors were not differentiated from each other and had no defining features or colour to help them recognise which room was theirs.

The design and layout of the building did not take in to account the needs of those who lived with dementia. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always supported to access healthcare when needed. The provider did not follow-up on a referral made to a speech and language therapist in April 2021. We noted that when staff assisted the person to eat, they did this by holding their hand on the person's forehead to keep their head in an upright position. There was no written guidance about this and it was not included in their risk assessment. Following our inspection, the registered manager informed us that a request was made to the GP to refer this person to speech and language therapy.

The provider failed to ensure people received safe care and treatment. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw evidence that people were supported to access the GP, dentist and optician. A family member told us, "[Registered manager] is on the ball, they always ring GP in case there was any slight changes [in relative's health] and they always ring me at the same time." Another told us, "[Relative] has had recent check-ups with dentist and optician."
- A healthcare professional said, "I have a very good relationship with the owner, staff are good at assisting to move people so I can look at their pressure areas."
- The staff kept records of healthcare appointments and any recommendations made by external professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People were pre-assessed to check whether Bellsgrove Care Home was a suitable service for them and was able to provide the care they needed. Pre-assessments were used to form the basis of their care plan.
- A family member told us, "Yes, [registered manager] did involve me before [relative] moved into Bellsgrove." Another told us, "Yes, we had an assessment by video zoom with the home and a social worker, to discuss [relative's] needs."
- The provider used nationally recognised tools to give the finer detail to a person's care plan as they covered areas such as weight, skin integrity or falls risks.
- The provider managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. We saw that people were frequently offered drinks throughout the day and snacks were readily available.
- People told us, "Oh the food is great" and "The food here is amazing, marvellous, we get choices."

Staff support: induction, training, skills and experience

- Staff completed the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A member of staff told us, "I have done all my training. Because of COVID, this has been online. I have said to the manager that it is time to get back to face to face learning now. I know they are looking into this," and another said, "[Training] is good, we have done most of it or all of it. All the compulsory and a few more. videos as well which is helpful."
- The staff had regular team and individual meetings with the management team to discuss their work, good practice and the service. A member of staff told us, "Supervision is helpful, we can talk about things."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider had assessed people's capacity to make decisions about their care. They had applied for DoLS when needed. They consulted people's representatives to make sure decisions were made in their best interests.
- There were detailed capacity assessments with evidence of best interests meetings in place. These included decisions around the person remaining at the service, being assisted with their medicines, use of bed rails and sensor mats.
- A family member told us, "I received phone calls from the home asking for consent regarding COVID vaccination and they ring for other questions."
- Staff understood the principles of the Mental Capacity Act and how to apply them. A member of staff told us, "I always ask what people like and want, and when I am doing their personal care, I explain what it is and

wait for them to say yes. I spend a lot of time speaking to people first, before I do anything." Another said, "I know it's about people being able to make decisions by themselves, if they can't then you speak to their next of kin. You have to have a meeting to determine best interest."

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 our inspection in 2016 we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with kindness and we observed staff acknowledge people as they walked past them. One person said, "Staff are so kind and caring."
- A family member told us, "The staff are brilliant, because when I have a conversation, they are caring and they speak so kindly and with dignity [about relative]." Another said, "They are attentive, patient and caring."
- We observed kind and supportive care throughout the day and where people were unable to ask for staff support, staff anticipated their needs. When people became upset or agitated, staff response was to kneel down beside them, gently rub their arms and calm them.

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

- People were supported to make their own decisions. Their care records and daily notes indicated that people's views were asked for. We saw staff give people time to make decisions, for example around food choice or during an activity.
- A family member told us, "Yes the way staff talk to [relative] is not patronising and they talk to [relative] and give them time to come to a decision."
- A healthcare professional told us, "There is good information [in people's records] about their history and what is important to people."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff. Staff knocked on people's doors before entering and ensured doors were closed when carrying out any care. People were appropriately dressed and staff spoke with people in a respectful manner.
- A family member told us, "Every time I come [relative] is clean and dressed. Staff always treat [relative] with care and offer encouragement to do as much as possible." Another said, "Whenever anything [personal care] happens whilst I'm there, they will come and support [relative] in the privacy of their room."
- A member of staff told us, "I like people to look well here. It is only right that people here look well-dressed, that is respectful."
- Care plans contained a section on how people could be supported to remain independent. We saw a member of staff engage a person in a routine household chore. This absorbed the person for a significant amount of time and appeared to have a calming effect on them.

Is the service responsive?

Our findings

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

At our last inspection in 2016 we rated this key question good. At this inspection the rating has changed to 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 provided with activities that met their preferences and interests. Staff were responsible for engaging people in activities but were not always able to fulfil this role due to their other duties of care.
- One person told us, "We could do with more things to do," and another said, "Why can't we just be taken for a walk to the pond to see the ducks."
- We found that people cared for in their rooms were at risk of being socially isolated due to the lack of provision of social activities for them. Staff told us they did regular checks but had little time to engage with them in any meaningful way.
- The provider told us they employed a person one day per week to spend time with people and take them out. However, we noted this was limited to the same two people over a period of nine weeks.
- A family member told us, "[Relative] Is not up to doing much, but all throughout COVID lockdown, they helped us to communicate on an iPad." Another said, "[Relative] gets taken out into the garden to look at the flowers and lots of sensory things," and a further relative said, "Staff do try to get [relative] involved in games and things."
- A member of staff told us that there were times when they did not have sufficient time to engage people in activities. They said, "I think it is better that activities are done by an activities person because care staff are often too busy to be able to do this. It is better to have someone focussed on this."
- A healthcare professional told us, "When I arrive in the morning I often see a member of staff reading the paper to people in the lounge."
- At times during the inspection, we observed staff engaged people in different activities including a manicure, games, puzzles and reading the newspaper to people.

We found a lack of meaningful activities were being provided for people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care which was specific and tailored to their needs and wishes. Care plans detailed people's preferences and guidance to staff to deliver care and support in line with people's wishes. They detailed people's backgrounds, family history and things that were important to them.
- People had regular reviews of their care and relatives were involved when appropriate. A family member told us, "Yes, [relative's] keyworker chats to me about any changes and we review their progress report."
- Staff knew people well and we observed that interactions were warm and engaging. A family member

said, "Yes they definitely understand my [relative]. They know when [relative] needs things and they do it automatically," another said, " Staff communicate with me about [relative] all the time."

- No one was receiving end of life care at the time of our inspection, although we noted that people were regularly asked to express their wishes for when this time came. End of life care plans were gradually being developed for people as they talked to staff about what they would like.
- The provider had end of life care booklets in place which included the person's desired wishes for care and support, as well recording any spiritual and psychological support they may require.

Meeting people's communication needs

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

- People's communication needs were recorded as part of the initial assessment and care planning process in a separate communication needs care plan. Information could be provided to people in different formats and print size to enable them to engage with staff and other professionals.
- Staff were observed to engage with people effectively and in accordance with their communication care plan. They spoke clearly, maintained eye contact and ensured the person knew they were being spoken with. They also gave them time to respond.
- A family member told us their relative's communication needs were discussed during their assessment. They said, "The registered manager got [relative's] ears checked and wax cleared. This has improved their communication."

Improving care quality in response to complaints or concerns

- People were given a copy of the provider's complaints policy when they moved into the home. This contained clear information about how to raise any concerns and how they would be managed.
- People and their relatives told us although they had never had reason to complain, they knew how to do so. One person told us they had no need to complain, "If I have a concern, I will tell [care worker and registered manager]."
- A family member told us, "I would go to [registered manager] straight away if there were any problems though I have no complaints and no concerns to raise."

Is the service well-led?

Our findings

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

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

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

- Effective management systems were not in place to assess, monitor and improve the quality of service people received. Inspectors found several areas for improvement at this inspection which the provider had not identified.
- For example, risk assessments were not always in place appropriate to the situation, such as the safe use of bedrails or how a person should be assisted to eat. The provider failed to ensure that there was a current fire risk assessment in place at the time of inspection.
- We found that people's 'as required' medicines and medicine administration records did not always include sufficient detail.
- The provider did not do a meaningful analysis of accidents and incidents to have oversight of any emerging themes.
- The provider had not always proactively identified areas for further improvement in how care to people living with dementia was provided (the environment and person-centred activities).

The lack of effective management systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Family members spoke positively about the culture within the home. One told us, "[Registered manager] is definitely approachable, they are involved day to day with the home" and "I have recommended to people for elderly relatives, told them all about it." Another family member said, "This is a great small friendly really homely place. They are always there for the residents."
- Residents meetings took place where all aspects of the service were discussed and people could express their views and specific suggestions were considered. This included menus and visiting guidance.
- We observed positive interactions between care staff. A member of staff told us, "Teamwork is good here."
- Staff had opportunities to provide feedback via staff meetings. Although, we had mixed feedback from staff about whether they felt valued or listened to. One told us, "Sometimes I feel listened to but sometimes not. I wish they would listen to what we have to say and make the changes staff suggest." Another said, "I don't often feel valued. Sometimes you don't get thank you, it is more that you are told to do more, even

when I know I am doing my best."

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; Working in partnership with others

- The provider understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. For example, notifying relatives if their family member had an accident or became unwell. We were told that there had been no incidents which met the duty of candour threshold.
- There was evidence of the registered manager and staff working with external agencies to help ensure people received the care and support they needed, such as the local authority, GP and other health professionals. A healthcare professional told us, "Staff understand when to contact us and follow any guidance we leave for them."

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 9 HSCA RA Regulations 2014 Person-centred care There was a lack of meaningful activities provided for people cared for in their rooms.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly assess the risks relating to the health safety and welfare of people.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The design of the home did not always meet the needs of those who lived with dementia.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Provider's quality checks were not always effective.