

Salutem LD BidCo IV Limited

The Old Orchard 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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability, and autistic people, respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability, and autistic people, and providers must have regard to it.

About the service

The Old Orchard is a residential care home registered to provide personal and nursing care for up to 5 people. The service provides support to people who have learning disabilities and/or autistic people. Nursing care was not being provided at this care home. At the time of our inspection there were 5 people using the service.

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

Right Support

Not enough staff were deployed to meet people's assessed needs for 1:1 support or to support people to follow their interests and take part in activities outside of the care home. The service gave people care and support in a safe, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community.

People were not always supported to have maximum choice and control of their lives. Limitations in staffing levels prevented that. Within the care home, staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People's care plans did not always accurately reflect their specific care needs in respect of modified diets, which were important to mitigate people's risks of choking on food. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

The provider had not taken action to ensure people received the level of staff support they were assessed as requiring. Staff knew and understood people well, and wanted to enable people to live their life as they wished, but were limited by the provider's staffing levels. The provider's management arrangements also limited the registered manager's ability to progress the improvements to the service which the provider had identified as being necessary. Staff ensured risks of a closed culture were minimised so that people received

support based on transparency, respect, and inclusivity.

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

Rating at last inspection

The last rating for this service was Good (published 5 July 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this full report.

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

Enforcement

We have identified breaches of regulations in relation to staffing levels, person-centred care, and the provider's quality monitoring processes 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 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Old Orchard 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.

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

Inspection team

The inspection was carried out by 1inspector.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post who was also registered as the manager of an additional care home service operated by the provider. The inspector queried the current management arrangements with the provider. Subsequently, the provider told us they had decided to appoint a registered manager for that other care home service. This meant The Old Orchard's registered manager would then only be responsible for The Old Orchard care home.

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 sought feedback from the local authority and professionals who work with the service. 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 observed staff interactions with the 5 people who used the service. As the people were unable to communicate verbally, we spent time observing their body language during their interactions with care staff to help us understand the experience of people who could not talk with us. We used the Quality-of-Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection.

We spoke with 8 members of staff including care staff, senior carer, and the registered manager. We reviewed a range of records. These included elements of 5 people's care records and a sample of people's medication records. We looked at 4 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. We looked at training data and quality assurance records.

We received feedback about the service from 4 external professionals who had recent and ongoing involvement with the service. We received feedback from 4 relatives of the people who lived at the care home. We also received feedback, by phone or email, from 9 staff.

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 Good. At this inspection the rating has changed to 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.

Staffing and recruitment

- People were not always supported by enough staff to meet their assessed needs. Local Authorities commissioned staff support for each of the 5 people living at the care home, as part of their individual placement agreements. Each person received core/shared support from staff, and some people required additional one-to-one staff support each day.
- However, although the provider's rota records showed there were enough staff each day to meet people's shared support needs, there were not usually enough staff to meet people's one-to-one support needs.
- The registered manager told us 4 care staff worked during the day and 2 care staff worked on waking night shifts. The provider told us they had assessed that to be a safe staffing level. However, staff told us the staffing levels were sometimes less than that.
- Staff told us they regularly felt stretched and focused on completing tasks rather than on person-centred care and support. For example, a staff member told us, "Some weekends there are only 3 staff on shift and it does make doing even the basics a challenge. It is difficult but we cope. It would be much better if there was adequate staffing on every shift."
- People's relatives told us the staffing levels only met people's basic needs. For example, a relative told us, "[Person] doesn't seem to do much other than watch the TV. We would like them to go out more, but I guess it is just down to a lack of staffing I suppose."
- The inspector raised this with the provider, who told us they would consider increasing the number of care staff on shift each day to meet people's assessed need for both shared and one-to-one staff support.

Enough suitably qualified, competent, skilled and experienced persons had not always been deployed by the provider to meet the assessed needs of people at the service. This placed people at increased risk of not receiving safe care. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's staff recruitment records, reviewed at the care home, did not always contain the required information in respect of staff work history and proof of identity. For example, we reviewed 4 staff records and found that each had some required information missing, such as a full employment history, together with a satisfactory written explanation of any gaps in employment, and a recent photograph.
- The inspector raised this with the registered manager, who told us they would arrange for all staff records to be reviewed to ensure all the necessary information was available within them.

Using medicines safely

- Staff did not always follow the provider's medicines procedures. For example, during the inspection we

found staff had administered people's prescribed medicine but had forgotten to make a note of that in people's individual medicines records. This placed people at increased potential risk of harm.

- Staff did not always complete the necessary medicine records. For example, a person was prescribed transdermal medication patches, which is a method of medicine delivery in which an adhesive patch provides a pre-prescribed dose of medicine that is absorbed through the skin and into the bloodstream. The person's care notes stated the patches should be applied to a different part of their body at each application.
- The provider had a transdermal medication application patch record form in place to guide staff to ensure the transdermal patch was applied to a different part of the person's body each time. However, staff did not always complete those records. This is important to record because the medicine should be applied to a different part of the person's body each time. This placed people at increased potential risk of harm.
- The inspector raised the issues with the registered manager who told us they would immediately investigate the medicine recording errors and arrange for additional guidance and support to be provided to the staff to ensure medicine recording was completed appropriately.

Preventing and controlling infection

- The provider's cleaning materials storage room was found to contain significant areas of black mould. Black mould can produce allergens (substances that can cause an allergic reaction), irritants and, sometimes, toxic substances. This was raised with the registered manager who took immediate action to have the mould removed. Photographic evidence of this action having been completed was sent to us within two days of the inspection site visit.
- With the exception of the provider's cleaning materials storage room, the care home was clean and tidy.
- The provider had cleaning schedules in place to guide staff on maintaining the cleanliness of the care home.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was 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 have also signposted the provider to resources to develop their approach. Specifically, advice relating to the health consequences of black mould in buildings.
- The provider supported visits to the care home in line with the government guidance in place at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- A person's relative told us, "I believe [Person] does feel safe. They have a good relationship with the permanent members of staff and is happy living at The Old Orchard."
- Staff had training on how to recognise and report abuse and they knew how to apply it. The provider's safeguarding policies and procedures supported this.
- Staff noted any unexplained injuries on the provider's incident recording system. This included body maps. The manager reviewed the incident reports to determine potential causes and identify any lessons learned to reduce the likelihood of recurrence.

Assessing risk, safety monitoring and management

- The provider assessed people's individual risks. Those risk assessments were used in the development of people's individual care plans which were designed to guide staff practice.
- The provider carried out routine environmental checks and ensured essential equipment was maintained and serviced appropriately.
- Staff received training on fire safety and health and safety awareness. The provider had health and safety policies and procedures in place to guide staff on how to work safely.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager reviewed all incident and accident to identify any actions which could reduce the likelihood of recurrence.
- The registered manager encouraged openness and transparency about safety.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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's care plans did not always reflect their individual risks. Some people were at risk of choking on food and required a modified diet, which identified certain food types and textures to avoid. However, some people's care plans contradicted aspects of the guidance. For example, suggesting the person be offered crisps etc to eat, when those food types were specifically listed in the guidance as ones to avoid. This increased the potential for people to be harmed.
- The inspector raised this with the registered manager who told us they would ask a Speech and Language Therapist to review the care plans, and the menu/food options, to ensure they were still in line with people's safe swallowing guidelines.
- People's assessed need for therapeutic support was not always met. For example, a person required staff support to do regular physiotherapy exercises to maintain their physical flexibility. Although a recording system was in place, staff had not recorded if/when the physio activity happened. This meant the provider could not evidence the person received the consistent support required to maintain their physical flexibility and health.
- The inspector raised this with the registered manager who told us they would remind staff to note, on the electronic records system, when physio exercise support was carried out.

Staff support: induction, training, skills and experience

- Staff had not received effective training in how to use the provider's electronic records system. A staff member told us, "We are moving over to use [electronic record system] for our daily records but we are still waiting on training for this."
- Another staff member told us, "We haven't had training yet on the new [electronic record] system. I couldn't log into the system last week. The staff member I worked with this week showed me how to use it." This lack of training on how to use the electronic system was further evidenced by inconsistent daily care records.
- The inspector raised this with the registered manager who told us staff had received a brief introduction to the electronic system when they first logged into it, but accepted further training was needed.
- People were supported by staff who had received relevant basic care training to help them meet people's individual care needs.
- Staff had received some specialist training about people's specific medical and care needs. The registered manager told us they were also arranging for staff to have further specialist training, including cerebral palsy awareness, dehydration awareness, and dysphagia awareness training. Dysphagia is the medical term for swallowing difficulties.

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

- People's hydration support needs were not always met. People required staff support to access drinks and were at risk of dehydration if they did not drink enough each day. Although a recording system was in place, staff had not consistently recorded when people had been offered drinks or how much they drank. Although we found no indication that people were dehydrated at the time of the inspection, the provider's records did not evidence that people were being supported to drink enough to maintain their health.
- The inspector raised this with the registered manager who told us their quality monitoring processes had identified this as an issue. They told us they would remind staff to record details of drinks offered, and consumed by people, onto the electronic care record system.
- People received support to eat and drink in a way that met their personal preferences and mealtimes were informal and flexible to meet people's needs.
- People's meals were prepared by care staff. The meals were modified to reduce people's risks of choking and the menus were varied.
- People had access to their favourite snacks. Staff understood people's support needs in respect of their snack preferences, and any agreed limits which needed to be in place in the person's best interest.

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

- People did not always receive consistent health-related support from staff. For example, an external professional told us, "One client has a [piece of therapeutic equipment] which I am not sure is used as much as it could be. Permanent staff have had training on its use but with staffing levels, and the amount of bank staff that seem to cover shifts, this may well have an impact on its use."
- Other external healthcare professionals gave us positive feedback about communication with the care staff team. For example, one external professional told us, "I have regular contact with the team, in particular [registered manager] who I find extremely professional. The team are approachable, very good at sharing information, very good at communication between services and updating us when needed."
- People's health conditions, and related care needs, had been assessed and staff had guidance available to them about the support people required.
- There was clear evidence in health records where professionals had been involved. We saw regular appointments with external healthcare agencies were supported by the staff.
- Relatives told us the manager, and senior care staff, promptly contacted external health care professionals if it was identified that a person needed specialist support. Relatives told us this improvement happened when the current manager had started her role at the care home.

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

- People lived in a care home environment which was homely, and people appeared to be comfortable in their surroundings. A person's relative told us, "It's a very good little place, that is why we chose it, because it is small and homely."
- People could access the garden areas where they could sit and relax outside.
- The provider had ensured the decoration was suitable for the specific people who lived in the care home, and the environment was calm and uncluttered.
- People's bedrooms were personalised and reflected each person's interests and 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

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

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

- The service was working within the principles of the MCA and, where needed, appropriate legal authorisations were in place in respect of restrictions placed on people's liberty.
- Any conditions specified as being required in people's individual DoLS authorisations were being met.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question 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's ability to follow their interests and take part in community leisure activities, which were socially and culturally relevant to them, was limited by the provider's staffing arrangements.
- A person's relative told us, "There are lots of things [Person] enjoys in the community, and being out and about, but they don't get to do that much now."
- Another person's relative told us, "I have asked about the one-to-one support before, but I just received a complicated response which didn't really explain anything. [Person] doesn't get to go out to do things in the community very often. When they do go out to activities, they often all must go together, so it isn't very one-to-one support."
- Staff told us people did not often do individual activities. For example, a staff member told us, "We've been told the [provider] has requested that when we have 4 [people in the care home] then there should only be 3 staff needed. Yes, I agree 3 staff is fine, but they can only provide the bare minimum of support, food, and personal care. There are not enough staff to do activities, yet we are often questioned and held responsible when people are not being supported with activities."

The provider failed to ensure the care and treatment of service users was appropriate, met their needs, and reflected their preferences. This placed people at increased risk of receiving care which was not person-centred. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to maintain contact with their families. Family members visited people in the care home and people also visited family homes and took part in family events.

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

- People had individualised care plans in place as a guide for staff on how to meet people's care needs and preferences. The provider had introduced an electronic care records system.
- Staff had access to people's care plans. A staff member told us, "Regarding the risk assessments and care plans, the staff are provided with adequate time to review and understand them thoroughly."
- A person's relative told us, "[Person] is quite happy there and is well looked after by the staff who know them. Staffing has also improved recently with more staying long term."
- People made decisions about what they wanted to do in the care home. Staff were observed supporting each person when they needed it.
- A staff member told us, "We take the time to understand people's preferences, interests, and personal

histories; allowing us to tailor the care and support accordingly."

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 used a mixture of verbal communication, body language, gestures and sounds to communicate. Staff told us they had learnt how each person communicated and we saw staff communicating effectively with people about various domestic matters and activities.
- Having staff vacancies, and needing to use agency staff, meant there was the potential for inconsistencies of approach. The registered manager mitigated that by using regular agency staff where possible. A staff member told us, "The Old Orchard has always had problems with staffing, but we have regular agency staff who are extremely good, and now know the people we support."
- The registered manager also mitigated those potential inconsistencies by ensuring each person had individualised communication support plans in place, which detailed how people preferred to communicate.

Improving care quality in response to complaints or concerns

- The registered manager investigated any concerns which had been raised about aspects of the care provided at the service and implemented improvements where necessary.
- The manager was responsive to concerns raised with them. A relative told us, "[The registered manager] is very open and responsive to communication from us and is quick to take action when required."
- However, another relative told us, "We haven't seen much of [the registered manager] so we haven't raised any complaints with them. They aren't often there when we visit. They manage another care home as well, so we can only speak with the staff. It would be better if we could speak with the manager sometimes."
- The provider had a complaints policy and procedure and we saw that it was used appropriately, with details recorded of the action taken to resolve any complaints or concerns.

End of life care and support

- No one was in receipt of end of life care at the care home at the time of the inspection. The manager told us people's care plans would include end of life plans if that became something which was assessed as required for specific individuals.
- The provider had a suitable end of life policy and procedure in place to guide staff.

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 Good. At this inspection the rating has changed to 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

- The provider's systems for quality monitoring of the care home were not always effective.
- The provider's quality monitoring processes had not identified staffing levels were consistently below the level people had been assessed as requiring to meet their individual care needs.
- The provider's medicines audits had not identified the issues with medicines records, and staff medicines administration practice, which we found during the inspection.
- The provider's staff records monitoring arrangements had previously identified required information was missing from some individual staff files, such as work history and recent photos of some staff members etc. However, effective action had not been taken to address the missing information by the time of this inspection.
- The provider's environmental and cleaning audit processes had not identified a significant area of black mould in the care home's cleaning supplies cupboard.
- The provider's care plan quality monitoring had not identified some people's important care plan information was potentially contradictory. For example, care plans relating to people's safe swallowing plans and modified diet requirements.
- The provider had not ensured all care staff had received effective training to use the electronic care record system. This meant records of some important aspects of care were not always recorded by staff, such as hydration and physiotherapy exercises.

The provider failed to ensure systems and processes were established and operated effectively to assess, monitor, and improve the quality and safety of the services provided to people. This placed people at increased risk of receiving poor care. This was a breach of regulation 17(1) 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

- People received support from care staff who wanted them to achieve positive outcomes. A staff member told us, "All the staff are happy to do the job and it makes working with them fun. The service always try's its best to deliver the best quality care, the only major thing stopping that, on a regular basis, is poor staffing levels."
- Staff told us they felt supported and valued by their manager. A staff member told us, "[Registered manager] does an amazing job, they are proactive and approachable. They have 2 services and work a lot of

extra hours, which they should not have to, but they do this to support us. All the staff appreciate that and think highly of them."

- The registered manager spent time with staff discussing behaviours and values. The registered manager often worked directly with people, to provide care, and led by example.

Continuous learning and improving care

- The provider had a 'service improvement plan' in place, for The Old Orchard care home, which contained details of service improvements the provider wanted to make; and the timescale by which the actions should be completed.
- The provider had decided to extend the deadlines for completion of those improvement actions because the registered manager was managing 2 care homes; each of which was identified as needing improvement.
- The inspector queried the management arrangements with the provider, who then decided to appoint a separate manager for the other care home. This meant the registered manager would now only be responsible for managing The Old Orchard.
- People's relatives told us the registered manager had been making improvements since they had started working at the care home. A relative told us, "Things have improved a lot since the new manager took over. They do a great job under often difficult circumstances." Another relative told us, "[The registered manager] is very open and responsive to communication and is quick to take action when required."

Working in partnership with others

- The registered manager and staff worked well with external health professionals. An external health care professional told us the manager and staff welcomed and listened to advice and guidance, but that sometimes the implementation of the advice wasn't always as consistent as it could be.
- The provider had arrangements in place to ensure that they fully engaged with any safeguarding enquiries being carried out by the Local Authority safeguarding team. The provider demonstrated an open and partnership approach.

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

- People were supported, as far as possible, to have their say on the care they received. We saw staff involved people in making day to day decisions about the care they received in the care home.
- Staff told us they felt involved in the service. For example, a staff member told us, "[Registered manager] fosters an open-door policy, encouraging staff members to share their ideas, concerns, and suggestions."
- The provider's staff received appropriate equality and diversity training in how to ensure people's equality characteristics were considered when providing care to them.
- Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned.

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

- The registered manager shared information with people's relatives when things had occasionally gone wrong. The registered manager ensured people's relatives were notified about any issues and incidents.
- The registered manager had made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure the care and treatment of service users was appropriate, met their needs, and reflected their preferences. This placed people at increased risk of receiving care which was not person-centred.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems and processes were established and operated effectively to assess, monitor, and improve the quality and safety of the services provided to people. This placed people at increased risk of receiving poor care.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure enough suitably qualified, competent, skilled, and experienced persons were deployed to meet the assessed needs of people at the service. This placed people at increased risk of not receiving safe care.</p>