

# Eastgate Care Ltd

## Canal Vue

### Inspection report

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### Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Good 
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:

Canal Vue is a care home that provides personal care for up to 70 people. The accommodation is available over three floors. However, at the time of the inspection only the ground floor was in use. The ground floor contains bedrooms, bathing facilities, a communal lounge, with a dining area and a further two communal spaces. At the time of the inspection there were 13 people using the service.

People's experience of using this service:

Some improvements had been made to some areas of the home. However, the provider had not ensured the required improvements had been made to all areas of the service. Good care is the minimum that people receiving services should expect and deserve to receive and we found the systems in place to ensure improvements were made and sustained were not effective.

Systems to monitor the service had not identified the improvements that were still needed. People were not always protected from harm as action had not been taken where risk had been identified. Quality monitoring had been inconsistent, we saw that audits had been completed, however they did not always identify concerns. Any concerns raised were not always addressed to ensure changes and improvements were embedded.

Notifications had not always been completed to inform us of events or concerns.

During the inspection we saw there were sufficient staff to support people's needs. However, it was identified by the staff that at some periods in the day and night there were not always enough staff to ensure people's safety.

People's risks had been identified, however these were not always followed or reflective when people's needs changed. Some areas of the home were not always cleaned to a standard to reduce the risk or control of infection.

Lessons had been learnt in some areas, however other areas still required further commitment in ensuring when changes were required they were carried through and sustained.

Some people's independence had not been promoted when they had their meals. When people spent time in their rooms they did not always have access to a call bell to enable them to request support.

The summary care plans were not always up to date to reflect people's needs at a glance. However, the main care plans were detailed and reflected people's needs.

Improvements had been made in relation to the activities and daily choices being made available to people. The care people received was respectful and caring. Relatives were welcome. Their views had been considered and these had influenced the food choices available.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were recruited to ensure the relevant checks had been completed. People's weight had been monitored

The service worked in partnership with a range of health and social care professionals and these relationships had supported people to have good health outcomes and consider their wellbeing.

Rating at last inspection: Inadequate (Published November 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection which was Inadequate. Which means the location was placed in special measures. At this inspection we saw improvements had been made, however not enough for us to remove the rating of 'Inadequate' and remove the service from 'special measures'.

This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

Enforcement: At our last inspection we placed positive conditions on the provider in relation to this location. These required the provider to consult us ahead of any new admissions and to provide us with a monthly report in relation to quality improvements. Although improvements had been made, this did not reflect a sustained approach and we felt it to be appropriate for the conditions to remain at the location until our next inspection.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals are added to reports after representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## 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 safe

Details are in our Safe findings below.

**Inadequate** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

**Good** ●

### 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 Safe findings below.

**Inadequate** ●

# Canal Vue

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was completed by one inspector and an assistant inspector.

#### Service and service type:

Canal Vue is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. However, in the absence of their registration, the provider is legally responsible for how the service is run.

Notice of inspection: This inspection was unannounced

#### What we did:

We reviewed information we had received about the service since the last inspection, to support the planning of this inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We also gave the provider the opportunity to discuss any improvements or developments with us throughout the inspection.

We used a range of different methods to help us understand people's experiences. During the inspection we spoke with three people and two relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with three members of care staff, two members of the domestic team, the cook, the administrator and the operational manager. During the inspection we spoke with one visiting professional from health care.

We reviewed a range of records. This included four people's care and medicine records. We also reviewed the process used for staff recruitment, various records in relation to training and supervision, records relating to the management of the home, and a number of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

We found on this inspection, improvements in this area had not consistently been made and we continue to have concerns in the same areas as identified in previous inspections. Therefore, we have taken this into account when considering our rating in this domain.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found people were not always protected from abuse and improper treatment, and there was a breach of Regulation 13 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. This was due to the staff having limited knowledge in safeguarding and the provider ensuring safeguard concerns had been reported. At this inspection we found some improvements had been made, however further improvements were required.
- Staff had received further training in safeguarding and were able to discuss the possible signs of abuse and how to report any concerns. However, we identified two incidents which had not resulted in a safeguarding referral being made. One of these was an unexplained bruise and the other was an incident between two people using the service.
- This meant we could not always be assured that when incidents had occurred these were correctly actioned.

This demonstrates a continued breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Using medicines safely; Learning lessons when things go wrong

- At our last inspection we found that risk was not always managed to protect people from harm, and there was a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection we found that improvements were still required in some of the areas we identified.
- Risk assessments were in place which covered individual needs, however the information recorded in the risk assessment was not always in line with the current practice being used. For example, one risk assessment identified that one person required the support of two staff when they mobilised. However, we saw, and the staff confirmed the person was able to mobilise independently with minimal staff support. This could put the person at risk of having excess staff support and reducing their own independence.
- Another risk assessment identified the importance of a person having their teeth cleaned. However, the person told us they had not cleaned their teeth regularly. The person's teeth were discoloured and showed signs of food not having been removed. There were no records of any oral hygiene being completed for over a period of ten days. This meant we could not be sure the person was receiving this aspect of their care as identified in their risk assessment.

- We saw some people were recommended to wear specialist boots to prevent skin damage to their heels from excessive body pressure. There was no guidance in the care plan or risk assessment to demonstrate how often the boots should be used. We saw the person was not wearing the boots which had been identified. This meant we could not be sure reasonable measures had been taken to mitigate the risk of sore skin.
- At our last inspection we reported that the risk of infection was not always controlled to ensure people were safe. At this inspection we found continued concerns in this area.
- Schedules of cleaning had been introduced, however we identified the communal toilet had faeces on the underside of the seat, which meant it had not been cleaned thoroughly.
- Some people had bed sides to keep them safe when they remained in bed. We found on one set of bed sides faeces which had not been cleaned daily as directed. Another had the material peeling off which meant that this area was not able to be maintained to reduce the risk of infection. This had not been identified by staff to advise it required replacing.
- We identified that soiled bed linen was not being processed in accordance with the Health and Safety Executive guidance. This states that soiled linen should be placed in a red water-soluble bag and washed at a laundry cycle of 65 degrees. We found soiled linen had not been placed in the red bags and that soiled linen which was in the machine had been placed on a 40-degree laundry cycle. This meant we could not be sure that any potential risk to infections had been reduced by the appropriate decontamination process.
- Medicines stock was not always recorded correctly, although this was identified in the provider audit we were not assured that action had been taken to address the stock errors.
- We identified that several creams and some medicine had not been dated on opening. This is to ensure that any creams or medicine which has a restricted use by dates could be monitored. The providers daily check stated that all medicines and creams had been dated. This shows this process is not effective in ensuring the correct checks had been completed.
- People were not always provided with call bells to call staff for support. This put them at risk of not being supported in an emergency. (See the 'Responsive' section for further detail)

This demonstrates a continued breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that the provider had learnt lessons in some areas. For example, establishing cleaning schedules for the kitchen. However other areas which had been raised as concerns by us or other professionals were not always reflected in learning. For example, the stock recording and medicines dating, and other cleaning schedules established within the home.
- Staff completed training to administer medication and their competency was checked regularly. Staff we spoke with had a good understanding of the medicines and how to recognise and report any associated health concerns.
- People received their medicine as prescribed and there were protocols in place for 'as required' medicines.
- Other areas of the home appeared clean and had a pleasant odour. During the inspection we saw housekeeping staff cleaning rooms and corridors. We saw staff used protective equipment like gloves and aprons when they provided personal care or when serving meals
- The kitchen and food preparation area was well maintained. There was a four star rating from the food standards agency. This meant there was some areas which required addressing to meet the five star requirements. The food standards agency is responsible for protecting public health in relation to the safe handling of food. The provider told us they had reviewed the areas identified by the food standards agency and introduced more robust cleaning schedules for areas of the kitchen.
- Risks assessments had been completed to identify the support people required when transferring.



Detailed plans included the equipment to be used and we saw staff were familiar with these requirements.

- □ Evacuation plans were in place for people and the provider had completed exercises to ensure staff had the skills to know what to do in the case of an emergency. For example, a fire.

### Staffing and recruitment

- □ Staffing levels during the inspection were enough to ensure that people's needs could be met. However, some areas reflected concerns in relation to the staffing. We observed one person required a lot of supervision as they frequently forgot their walking aid and staff had to dedicate time to this person for their safety.
- □ Staff reflected with us that at some periods in the day and night the staffing was not always adequate to ensure people's safety. One staff member said, "Sometimes when it requires two staff to support people, it means we leave some people unsupervised. It's these pinch points which are a problem."
- □ As we left the inspection, one person became anxious. At this time there were two staff on duty. This meant that as they were assisting this person and therefore there may not be staff available for other people in the home. Two additional staff were still on site to receive the inspection feedback, so were able to assist.
- □ The provider used a dependency tool to consider people's support needs and this related to the number of staff required. However, this had not taken into account periods when staff were required to provide care in two's leaving some people in the home without support. This was a particular concern raised by staff during the night. One staff member told us, "It can be difficult as some people don't wish to sleep during the night and they require supervision. There are only two staff at night and we have to complete people's regular turns in twos."
- □ The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's weights had been monitored. For example, some people had lost weight and the audit identified these people had been weighted weekly."
- People told us that they enjoyed the food and drink. We saw that people were given choices of meal.
- The cook was able to discuss with us the different dietary needs people had and how these were supported. For example, diabetes or people who required a higher calorie diet. One person had a low-calorie diet and we saw this was reflected in the meal they received.

Staff support: induction, training, skills and experience; Ensuring consent to care and treatment in line with law and guidance

- At our last inspection we found that the provider was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff received the correct training in relation to supporting people living with dementia and in relation to understanding people's restrictions. At this inspection we found that the required improvements have been made.
- We saw that staff had received an increase in training since our last inspection. All the staff we spoke to said that the training had improved and that the information they received had developed their role.
- One staff member talked to us about the training they had in relation to supporting people living with dementia. They said, "I completed a booklet, but it was the tips which have made the difference. Like how to talk to people or distract them." They added, "One of the big things is to know about people's lives as you can refer to things they might remember."
- All the interactions we saw showed staff had developed their skills in supporting people and respecting their decisions.
- The provider maintained a training matrix, which they reviewed regularly to ensure staff had received the training they required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we made a recommendation that all best interest decisions and DoLS applications contain current information about people's capacity to make their own decisions.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's capacity had been assessed and now contained current details to show how decisions were supported. Records showed that where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out.
- These assessments had included people of importance to the person or the decision. For example, relatives or the GP when referring to medicines.
- People were asked to provide their consent to receive care and support. We saw that staff encouraged people to make daily choices and obtained their consent before commencing any care support.

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

- People's needs were assessed when they moved into the home. This provided some initial information about the persons care requirements.
- Where people had specific health conditions, the latest guidance was available and had been reflected in the care planning. Staff were able to share with us knowledge of people's specific needs.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People were able to personalise their bedrooms to give them a comfortable and homely feel.
- There were several spaces people could use and they also had access to a secure outside space.

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

- Partnerships had been established with health and social care professionals. One health care professional told us, "Staff are friendly and are able to discuss individuals care needs."
- People's health care was monitored. Staff had a good knowledge of people's health conditions, and care plans contained clear personalised information to support this.
- People's care plans showed that they were regularly accessing medical professionals such as GP's, and district nurses.

# 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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

At our last inspection we identified that the provider had not ensured improvements were made within the service for people to receive safe care. We found on this inspection, improvements had been made in the 'Caring' domain, however we needed to ensure sustainability in relation to the concerns we found in other areas of the service. Therefore, we have taken this into account when considering our rating in this domain.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we asked the provider to take action to make improvements in how staff respected people's dignity. At this inspection we saw some improvements had been completed. However, one person was not provided with the support they required during their meal.
- We observed staff treated people with respect and ensured any decisions were supported. For example, when people were asked about choices with meals or their daily activity. If they declined this was respected and other options offered.
- People's care records were treated confidentially. All records relating to people were kept in the office in a secure locked cupboard.

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

- People were encouraged to express their wishes and we saw staff respond to people with their daily needs.
- A staff member reflected they would like more staff, so they could give more time to people. They told us, "It's a beautiful setting on the canal. We have been to the park and the pub, but it would be nice to do more."
- Relatives told us they were made welcome. We observed relatives being welcomed and offered refreshments. One relative said, "I am kept up to date with things and staff are always friendly."

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

- Staff had established friendly and positive relationships with people. One relative said, "[Name] always smiles when staff come in to their room and you can see the relationship."
- All the staff reflected on how they enjoyed their relationships with people. One staff member said, "Every day is different, and we are a good team, pull together." Another staff member said, "I enjoy spending time with people and getting to know them."

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- At our last inspection we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that people's care plans were reflective of their needs and this included when people were end of life. At this inspection we found that improvements have been made, however some areas still required further consideration.
- People were not always able to obtain support when they needed it. Some people spent time in their room and for some people this was in the confines of their bed. These people did not always have access to a call bell. One person's call bell did not reach their bed. The provider told us they would organise an adaption which extends the call bell cable to enable it to reach the person.
- Another person was given a call bell at our request. The person was unfamiliar with the call bell and proceeded to press the call bell over a twenty-minute period. We reviewed the call bell data over the last week and it showed the person had not used a call bell during this period. This meant despite the provider giving us assurances that the person was familiar with a call bell we could not be sure.
- One person who enjoyed time in their room, did not have the access to their call bell, another person entered their room un-invited. This made the person whose room it was become anxious. They were unable to call for support and we intervened to reduce the person's anxiety.
- The provider had developed a summary care plan to provide a quick reference guide for staff. However, we found the guides were not up to date with the correct information. For example, one person's plan said they had no sight concerns, however they had recently been prescribed bi- focal glasses. This person's diet had also changed from a standard diet to fork mash-able and this had not been reflected in the summary care plan. All the current staff were aware of these changes; however, any future recruitment could place people at risk of incorrect care if this information was not correct and used to support the person.
- Some information had been provided in different formats to support people's understanding. This included pictorial menus and the complaints procedure was displayed in an easy read format. This showed us that the provider understood and had commenced developing information to reflect the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. However, we saw that one person often walked in to other people's rooms. Although there were signs on most bedrooms, this person's room had no signage. This meant they were impeded in identifying their own room.
- People were supported to engage in meaningful activities. For example, we saw some people being supported with table games and some people enjoyed some company on the decking area and another person enjoyed feeding the ducks.
- End of life care plans had been developed with people. These included people's funeral arrangements and where they wished to receive their care. The provider told us they planned to develop these further.

- Care plans had been developed with the person and family members. One relative told us, "I have been involved from the beginning, they discussed what [name] likes and their end of life wishes." Care plans we reviewed were detailed and showed personal touches which were specific to the individual and their preferred daily choices.
- At our last inspection we reflected that when people had behaviours which could cause harm to themselves or others, they had not been supported to reduce their behaviour. At this inspection we saw that when people were at risk a detailed behaviour management plan had been completed. This provided the staff with information and guidance, which included possible triggers and distraction techniques. Staff we spoke with told us about training they had received to support people to reduce their anxiety or distress.

#### Improving care quality in response to complaints or concerns

- The provider had the processes in place to act on any complaints that had been received. One person had raised an informal complaint, this had been responded to verbally. The provider told us they had reviewed their complaints policy which was divided into informal and formal complaints.
- The policy states that if informal complaints were not resolved they would be progressed to formal. The provider told us they would review the policy again and ensure that all complaints were responded to in writing.
- People and relatives, we spoke with felt they could raise any complaints or concerns. One relative told us they had raised a concern with regard to laundry and it had been addressed immediately.

# 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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At the last inspection we saw that the systems in place to measure and drive improvement were not effective, and we rated the service as inadequate and placed it in special measures. We imposed conditions against the provider's registration which meant that they could not take any new admissions to the home without the permission of CQC. They were also required to tell us what staffing levels were planned and how they would ensure staff had sufficient training to do their roles; particularly in understanding dementia.

We also found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured audits were effective in driving quality improvements and people's feedback on the service had not been considered. At this inspection we found there had been some improvements however there had not been enough improvements for us to feel assured that the homes systems ensured a sustainable approach to managing the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were not always used to improve the quality of care. We saw some areas in relation to infection control had not been identified by the providers audit. For example, pedals on some bins for contaminated waste did not work, this meant that staff had to touch the lid to dispose of waste. This increases the risk of cross contamination. One person's ensuite had tiles missing from the wall which meant this area could not be cleaned effectively. The handover had stated that wheelchairs and bedrails should be cleaned daily. However, we saw areas where this had not been completed. This meant we could not be assured this change in practice had been embedded.
- The medicine audit had not identified that some creams and medicine had not been dated on opening. This was an area identified at previous inspections. To address this area the provider had introduced a '10-point medicine check' which staff checked each morning and evening. One area stated, 'All medicines are dated on opening'. This had been ticked as correct for the previous week and on the day of the inspection.
- Maintenance was not always checked to ensure tasks had been completed. We saw a toilet been reported as broken at the beginning of March, we found the toilet was still broken. The regional manager told us it had been fixed, however it had broken again. There were not clear records to show the toilet had been fixed or how any new repairs were raised.
- The provider has been in breach of the 'Good Governance' regulation for four consecutive inspections. This regulation reflects the areas in relation to the audits and management of the home. We need to see that the home has robust processes in place which provide the assurance that the service can obtain and maintain a standard of 'Good' within the home.

This demonstrates a continued breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection we found that the provider was in breach of Regulation 18 Registration regulations (2009). The provider had not sent us notification in relation to events or incidents. At this inspection although we had received some notifications, we found an accident and a safeguarding concern which we had not been notified about. This meant that we could not monitor and review the provider's response to incidents.

This was an ongoing breach of regulation 18 of the Registration regulations (2009)

- At our last inspection we identified there was limited oversight in relation to the leadership of the home. We saw the provider has recruited a new manager who was registering with us and a quality manager to drive improvements.
- Staff told us they felt supported by these new recruitments. One staff member told us, "The handover has improved. We get to know any major things and review each person. Like their food changes or any problems." Another staff member told us, "If you have been on holiday, you get time to review the last week of handovers as its all written down."
- Staff we spoke with were able to tell us about people and their needs. These included recent changes to people's diets and individual care needs. For example, one person's diet had changed to a fork mash-able consistency to reduce the risk of them choking.
- The rating from our last inspection was displayed in the home and on the providers website.

Continuous learning and improving care

- The provider had an improvement plan in place which was reviewed on a weekly basis. This identified areas which required improvements and the action taken to date. We found some areas had been improved. For example, obtaining and responding to people's views, however the audits to support ongoing quality and support systems were not embedded to ensure they were effective.

Working in partnership with others

- Partnerships had been encouraged and developed. There was a positive response from health care professionals we spoke with about their relationship with staff and management within the home. One health care professional said, "Staff contact us for advice and follow our guidance." They also told us they felt welcome when they called and that they observed the staff had positive relationships with people.

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

- People had been encouraged and supported to feedback their views and these had been listened to.
- We saw that people had completed an annual survey which had smiley faces to represent people's feelings to various areas. There were 10 responses received and these reflected positively to all the areas. We also noted a range of positive comments, 'Good food, plenty of seconds,' and 'All staff caring and respectful.'
- Due to concerns raised in relation to meals a separate food survey had also been completed. Again, the responses were positive. One comment said, "Good cakes."
- We saw people were encouraged to have a choice with their meals and the care they received, and people's choices were acknowledged and acted on. This shows that people's views were considered and responded to.



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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	People were not supported to be protected from the risk of harm.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not always supported to remain safe and have their risks addressed. Infection control was not always managed to reduce the risks of infection.

**The enforcement action we took:**

NOP to remove the registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were no Good Governance in place to ensure that measures were taken to drive improvements.

**The enforcement action we took:**

NOP to remove the registration