

A Bright Care Ltd

Barham House Nursing Home

Inspection report

The Street
Barham
Canterbury
CT4 6PA

Tel: 01227833400

Website: www.barhamnursinghome.co.uk

Date of inspection visit:

16 January 2020

21 January 2020

Date of publication:

13 March 2020

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

Barham House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Barham House Nursing Home is registered to provide accommodation, nursing and personal care for up to 23 older people in one adapted building. There were 16 people using the service at the time of our inspection.

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

The provider had been informed by the commissioning authority that the service was not working as well as it should be and had taken action. The provider and manager were working with other local agencies to improve the service and make sure people were safe and receiving the care and support that they needed.

People were not always fully protected from risks. Not all risks had been identified and risks to people had not been properly assessed and minimised. There was not always clear guidance for staff regarding risks relating to choking, when people became distressed and health conditions. Some accidents and incidents were not always reported to enable the manager to investigate, identify the cause and take action to prevent recurrence.

The provider had implemented new quality assurance systems. Some audits and safety checks had been completed. However, some governance and performance management systems were not always effective. The quality of information in people's care plans varied, and some records did not include information about individual risks. The systems used to monitor the quality and safety of the service had failed to pick up and address the areas of concern we found during the inspection. Action had been taken in some areas of the service and improvements had been made. Other areas needed more work and development to ensure improvements were embedded and sustained.

People's care plans were being reviewed and updated to show how person-centred care needed to be delivered in a way that people preferred and suited them best. People needed to be involved in more activities to prevent the risks of social isolation.

People were supported to have day to day choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the records to assess people's capacity to make decisions was not always clear or completed.

People's needs were assessed before they started using the service. People were supported to express their views and make decisions about their care. People's religious, spiritual and cultural needs were discussed to make sure these needs were met. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies. People enjoyed the food and were encouraged and supported to eat and drink a healthy and nutritious diet. People who needed assistance with their meals

were not rushed. People were offered a variety of drinks and snacks.

Staff treated people with dignity and respect. Staff helped to maintain people's independence by encouraging them to do as much as possible. People's medicines were safely managed, and systems were in place to control and prevent the spread of infection. Staff understood how to keep people safe and knew how to report concerns if they had any.

People were treated with compassion and dignity at the end of their lives. Staff were supporting people to make decisions about what they wanted to happen at this time in their lives.

People and their relatives were being asked their opinions on the service by attending meetings. Surveys were going to be sent so suggestions could be acted upon. People gave positive feedback about the service they received. There were procedures in place to quickly investigate and resolve any complaints.

Staff were recruited safely. They received the support and monitoring they needed to undertake their roles effectively and safely. Nurses employed by the service had received clinical supervision to make sure their skills were up to date and in line with best practise. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care. Staff said they were listened to and that their opinions and suggestions were acted on. They said the service had improved since the new manager came to post. Lessons were learnt when things went wrong.

The provider had identified areas of the service that needed upgrading and refurbishment. Some environmental improvements were had been made and these were ongoing.

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

Rating at last inspection

This service was registered with us on 7 February 2019 and this is the first inspection for this provider.

Why we inspected

This was a planned inspection based on the registration date.

You can read the report by selecting the 'all reports' link for Barham House Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified four breaches of the regulations at this inspection. These were in relation to, the management and recording of risk; consent to care and treatment. Also, stimulation and meaningful activities and quality monitoring systems including recording keeping.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Barham House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We visited the service on the 16 January 2020 and 21 January 2020.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission (CQC). There was a manager at the service and they were in the process of registering with the CQC. Prior to taking on the manager position they had been working as the clinical lead at the service. The provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people living at the service. We spoke with nine members of staff including the provider, the manager, the office administrator, the clinical lead, one nurse, three care staff and the cook. We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at three 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.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk to people's health, safety and welfare were not consistently assessed, identified and monitored.
- Some people were at risk of choking. The risk assessments gave detail on how to minimise this risk by providing pureed food or adding thickener to drinks. However, the risk assessments did not give individual guidance on what to do if the person did start to choke. People's needs varied widely. The action staff would need to take would be different for each person if they did start to choke. There was a risk that people may not receive the individual assistance they needed if this risk occurred.
- Care staff told us they would call for a nurse if this occurred, but seemed unsure about the immediate action that would be needed.
- Other people were assessed as at risks of developing urine infections. There was no guidance in place to reduce the risk of this happening. There was no information of the signs and symptoms staff needed to be aware of to alert them to the risk and the action they needed to take.
- Body maps had been completed when people had developed unexplained bruising. This information had not been recorded in people's records and had not been reported to the manager. Therefore, no investigation had taken place to try and determine the reason for the bruising and no action had been taken to prevent any recurrence. The manager said they would investigate this.

The registered person failed to ensure people received care that was safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks and potential hazards in the premises were assessed. Gas, electricity and fire systems were tested. People had individualised emergency evacuation plans in place. Regular fire drills were done, and staff knew how to move people to a safe place in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and the risks of abuse. Staff were trained in safeguarding which helped them to recognise any signs of abuse. Staff knew what to do and who to tell if they had concerns about the well-being of anyone living at the service.
- People told us that they felt safe. A person said, "I feel safe, very safe." Staff understood their responsibilities to protect people from abuse. Staff described what abuse meant and how they would respond and report if they witnessed anything untoward.
- Staff told us the manager was approachable and always listened, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise their concerns if necessary

Staffing and recruitment

- There were sufficient staff to meet people's needs. Staffing levels were calculated according to people's individual needs. When possible, existing staff covered any shortfalls. At the time of the inspection the provider was in the process of recruiting permanent staff. In the meantime, they were using agency staff three nights per week to cover staff shortfalls.
- People told us they thought there were enough staff as they were not kept waiting when they needed assistance. One person said, "They come quickly when I call." During the inspection call bells from people's bedrooms were answered promptly.
- Staff were recruited safely following the provider's policy. Checks were completed before staff started work to make sure they were of good character to work with people.
- The nurses who worked at the service were registered to practice with the Nursing and Midwifery Council and their ability to practice in the UK was recorded.

Using medicines safely

- Medicines were managed in a safe way. People received their medicine on time and correctly, as prescribed. Staff checked and counted tablets each time they administered medicines to make sure the numbers left in stock tallied with what had been signed as given in the medicine administration records.
- Medicine was ordered, stored and disposed of safely. Medicines administration records (MAR) were complete with no gaps or errors in recording. Staff received training in the safe management of medicines and this was refreshed every 12 months.
- There was information for staff about people's medicine such as why the medicine had been prescribed and how people liked to take their medicines.
- Where people had medicines prescribed 'as and when necessary' such as pain relief, information was available for staff. The guidance included for example, why the medicine was prescribed, when the person may need to take it and what the safe numbers to take within a 24-hour period were.
- Regular audits on medicines had been done to make sure they had been given correctly. When errors were identified action was taken by the provider to prevent re-occurrence.

Preventing and controlling infection

- The service was clean and tidy. Generally, the service was free from any unpleasant odours. However, in two areas there were some odours. The provider had increased the cleaning schedule for these areas and was in the process of laying new flooring.
- There were schedules in place to ensure that all areas of the service were cleaned regularly.
- There were infection control procedures to mitigate the risk of harm to people and prevent the risk of cross contamination.
- Staff had completed training in infection control. Staff had easy access to personal protective equipment for supporting people with their personal care.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were not fully supported in line with the MCA and DoLS.
- People were supported to make simple everyday decisions for themselves when they were able. This included where people chose to spend their time, what they wanted to do. Staff asked for people's consent before they supported them. When people declined support, their decision was respected.
- When more complex decisions were needed to be made some mental capacity assessments had not been completed, such as, if people needed medical intervention. These assessments determine whether people were able to make certain decision for themselves or whether they needed the support of other people who knew them well, such as relatives and doctors to act in their best interest.
- Staff told us how any restrictions they put in for people, should be the least restrictive option. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- At the time of the inspection DoLS authorisations were out of date and had not been re-applied for and authorised by the local authority. These measures are intended to ensure that people only received care that respected their legal rights. The manager said they would re-submit the DoLS applications and review and update mental capacity assessments.

Systems and processes were not robust to ensure people were supported in line with the MCA and DoLS. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- It had been identified by the commissioning authority that areas of the building required upgrading and refurbishing. Parts of the service were 'tired' and in need of decoration and some furniture items needed repair. The provider had commenced this work and there was a plan in place for this to continue. The issues with the heating system. Some rooms did not have a hot water supply, this issue had been solved and some bedrooms rooms had been decorated.
- The provider was improving the environment to make it more suitable for people living with dementia. There was some signage in place on doors to indicate what the rooms were for. Some bedrooms had been personalised with people's keepsakes and furniture, however, other people's rooms were stark and had little to reflect the people and belongings that were important to them. This is an area for continuous improvement.

Staff support: induction, training, skills and experience

- There were shortfalls in staff training. Some staff had not completed all the up to date training they needed to make sure they had the skills, knowledge and competencies to meet all people's needs. The manager had identified this as a shortfall and a training programme was in place. Training had been booked to make sure this shortfall was addressed. This is an area for improvement
- Staff told us they felt the training they had completed was 'thorough and good' and met the needs of the people they supported. They said it was beneficial to have face to face training as well as completing on line training. Staff were able to explain how they supported and cared for people with complex needs.
- Staff received supervisions and support from senior members of staff. Staff had been supported to discuss their role, what was going well and any concerns they may have. There were plans in place to commence observational supervisions of staff practice to make sure they were undertaking their roles effectively and safely.
- Staff said that the support and guidance they received had improved since the appointment of the new manager.
- Nurses had clinical supervision. The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. Nurses had completed training and professional development to keep up to date with best practice.

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

- People's needs had been assessed following guidance from national organisations such as the National Institute of Clinical Excellence. Recognised tools had been used to assess people's health needs such as skin integrity and risk of malnutrition.
- People met with the manager before they moved into the service. This was to make sure staff were able to meet people's needs. The pre-admission assessment covered all aspects of people's lives including their physical and mental health. People's cultural, spiritual and sexual orientation were considered and discussed, so staff could support them. There had been no recent admissions to the service.
- People were encouraged to discuss their lifestyle preferences as well as their rights, consent and capacity. Staff had equality and diversity training and were aware of the need for consent from people for their care.

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

- People's dietary needs and preferences were known to the cook. There was a choice of meals and people were asked on a daily basis what they would like to eat. People were offered snacks and drinks throughout the day.
- People were supported to eat a healthy and nutritious diet. The lunch-time meal looked appetising and people enjoyed their meal.
- When people were at risk of poor nutrition and hydration, plans were in place to monitor their diet closely.

Professionals, like dieticians and speech and language therapists (SALT) were involved when people needed specialist input with their diet.

- Some people chose to eat in their rooms and others in the communal lounge. There was only one small dining table in the lounge area. People were not asked or encouraged to sit at the dining table. People remained in the arm chairs they had been sitting in all morning. Their meals were served on individual tables. They had no change of position and no opportunity to sit and socialise with other people. The experience people had at meal times is an area for improvement.

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

- Care plans documented people's medical and healthcare needs. Staff monitored people's health and made sure people accessed other services when their physical or mental health changed. If there were any changes staff referred people to the appropriate healthcare professional. People had been referred to the dietician when they lost weight. When people had problems with their swallowing people were referred to the speech and language therapist. Staff followed the guidance given such pureed meals.
- Care records confirmed people attended routine healthcare appointments to maintain their health and wellbeing.
- People told us they saw their doctor when they needed to. The local GP visited the service every two weeks and more often if necessary to review people's health and welfare. People had regular appointments with opticians and dentists.
- The staff were aware about the importance of oral health for people. Staff supported people to ensure they had good oral hygiene.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness, compassion and care. Staff had built up trusting relationships with people. When staff spoke with people they were respectful and unhurried. Staff knew people's choices and preferences and supported people in these.
- When staff were in the communal lounge area the atmosphere was lively and people were animated. They sat up in their chairs they smiled, and they engaged with each other and the staff. People and staff laughed and chatted together
- People said, "Its good here, they look after me well" and "Nothing is too much trouble all the staff are very helpful."
- People were supported to maintain relationships that were important to them and visitors were welcomed.

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

- People's preferences and choices were documented in their care records. For example, how people preferred to be supported with their daily personal care and what they liked to be called.
- People were involved in making day to day decisions about their care and support. When a person did not want to staff to attend to their personal care their wishes were respected. Staff returned to them later in the day and they agreed to support.
- Whenever possible people were involved in their healthcare appointments. Staff supported people with their appointments.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff knocked on people's doors and waited to be asked in. Staff spoke with people discreetly and assisted them back to their rooms when supporting them with personal care.
- People decided how they wanted to be supported. People's ability to do things for themselves was assessed. They were encouraged and supported to be independent.
- Staff supported people in a calm and unhurried manner. Staff explained to people what they were going to do before they assisted them with care and support.
- People's care plans and associated risk assessments were stored securely so that information was kept confidentially.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- On the first day of the inspection most people were sitting in the lounge area. The television was on, but no-one was watching it. Some people were sat in chairs where they could not see the television even if they wanted to. Some people said they would prefer to listen to music.
- Some people enjoyed spending time in each other's company chatting but most of the people were not engaged in any activity. There was little stimulation. When staff came into the lounge the atmosphere changed. People were engaged and sat up to take an interest in what was going on.
- People said there was not much to do. One person told us that they used to go out in the minibus, but this had not happened for a long time. Another person said, "I would just like to get out in the fresh air for a while. I haven't been out in ages."
- The needs of the people at Barham House varied. People were becoming more immobile, frail and had more difficulty getting out and about. There was no guidance in place on how best to encourage and support people to live more fulfilling lives. There was no evidence to indicate that choices had been offered in a way that people would relate to.
- There was an activity programme, but this was not implemented. Staff told us that sometimes they had people come in to do activities, such as play music or pet visits.
- On the second day of the inspection there was a member of staff in the lounge with people. The radio was playing classical music. People had puzzles or books. Some people had items on their tables that they could touch and feel. There was more going on and people looked more alert and interested in their surroundings. This is an area for improvement.

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

- People received personalised, individual care in line with their different needs. The manager was in the process of reviewing and updating the care plans.
- Care plans were detailed and set out people's needs, preferences and how staff should support them. One person had requested that they had breakfast early and then returned to bed and their wishes were respected. Other people liked to return to their rooms for a rest after lunch, staff supported people to do this.
- Staff knew people well and could tell us about people and what was important to them. Life histories were in place and were used by staff to get to know people and about the life they had before they came to live at Barham House Nursing Home.
- Care was reviewed regularly and updated when people's needs changed. The manager and staff told us they communicated during handovers to make sure they were up to date about any changes in people's

care and support.

Meeting people's communication needs

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

- Not all the people living at Barham House Nursing Home could communicate verbally with staff to make their needs known.
- When people were not able to this, staff described how they supported people who used non-verbal communication. People were supported to make visual choices using familiar objects. Staff interpreted gestures and movements people made in response. People were supported and encouraged to wear their glasses and hearing aids, so they had more opportunities to communicate and be involved.
- Staff knew people very well and were able to understand what they needed and wanted.
- Staff told us there was on-going communication with all involved in people's care, which ensured people's needs continued to be met.
- The manager and staff were developing other ways to support people to make their needs known. They had started putting signs and pictures around the service to assist people.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was displayed in the foyer of the service. There had been no complaints since the new provider took over the service.
- Staff understood how to support people to raise any concerns or complaints. Staff knew people well. If people were unable to communicate verbally, staff knew when something was wrong and took steps to rectify any issues.
- People told us they did not have cause for complaint but knew how to raise a concern. They said any concerns or complaints would be responded to appropriately

End of life care and support

- People were supported at the end of their life.
- Staff worked in partnership with healthcare professionals to ensure people had a comfortable and dignified death.
- The service had a system in place of 'Just in Case' medicines to give people, if needed, who were approaching the end of their life.
- People's end of life wishes were recorded in their care plans. These were being further developed to make sure they were more personalised and explained what people and their families wanted at the end of their lives.
- Staff had received training in end of life care. The staff were undergoing accreditation for 'The National Gold Standards Framework'. This is a recognised end of life care planning standard, enabling frontline staff to provide a gold standard of care for people nearing the end of life.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We identified shortfalls and breaches of the regulations during the inspection that had not been fully addressed by the provider.
- There was a lack of appropriate activity and support for people to follow interests and to take part in activities to meet people's needs for stimulation and involvement. Risks had not been fully identified and mitigated.
- Records, such as risk assessments and mental capacity assessments were not up to date. The provider had failed to identify that people's mental capacity had not been continually assessed in line with legislation and DoLs authorisations had not been updated and renewed.
- The provider had developed new systems to oversee, audit and monitor the service being provided. They had started to develop and improve and action plans were in place. These were monitored and checked to make sure improvements were being made. However, at the time of the inspection these had not yet become fully operational to ensure there was full oversight and scrutiny of the service. They had not identified the breaches found at the inspection.
- A new manager had been appointed in October 2019. They were in the process of applying to be registered with CQC.

The registered person failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) 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

- Action had been taken to improve communication between all levels of staff. Regular meetings were being organised and held with representatives from all the different areas of staff team to ensure everyone had a voice.
- Staff told us that the service was improving under the leadership of the new manager. One staff member said, "We feel more valued and we are listened too. We work together as a team now." Another staff member said, "This is a special place and I would recommend it. It's like a family. I would have no qualms about my relative living here."
- A visiting professional had commented, "The staff are more welcoming, than I have encountered in any other nursing home I have visited to date. All very helpful and caring towards the residents and us."

- The manager told us during the inspection they had more work to do to improve the service to the standard they expected and wished for. They assured us they were working hard to identify issues and make improvements. Visiting professionals told us that the service was improving but there was still work to do. They said that work had taken place to improve the environment, staff had received supervision and training had been 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; Continuous learning and improving care

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The provider and manager understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The manager kept families informed of any concerns and with their loved one.
- When things had gone wrong the manager and staff were open and honest. Investigations took place and action was taken to make improvements and prevent any re-occurrence.

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

- People had various ways to raise concerns or ideas for improvement. Residents' meetings were held. Relatives were invited and welcome to attend if they wished.
- The manager held regular staff meetings to keep staff up to date and to ensure staff were aware of the provider's and manager's expectations.
- Staff had the opportunity to raise their own ideas for change as well as any concerns. Staff told us they were able to attend staff meetings and found them essential to good communication.
- Since the new provider took over the service a staff survey had been done and the outcome had been fed-back to staff. Surveys were now going to be sent to people, their relatives and other stakeholders.

Working in partnership with others

- The manager attended conferences and forums for care home managers. This kept them up to date with changes and best practice. They were developing links with other local residential services, so they could share ideas and knowledge.
- The staff worked with other health and social care professionals, such as the local authority and clinical commissioning group to provide people with joined up care.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Systems and processes were not robust to ensure people were supported in line with the MCA and DoLS.</p> <p>This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure people received care that was safe.</p> <p>This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 registered person failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service.</p> <p>This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

