

Nellsar Limited

Woodstock Dementia and Residential 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woodstock Dementia and Residential Care Home is a care home providing accommodation and personal care to 36 older people, including those living with dementia at the time of the inspection. The service can support up to 60 people. Accommodation is set over two floors and divided into two units on the ground floor. There is secure access to a garden area.

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

People's needs had not been individually assessed, to ensure there were enough staff on duty to meet their needs. There was a high use of agency staff to fill the vacancies of care staff whilst recruitment commenced. Agency staff did not always know people or their needs well, leaving people at times without the support they needed.

The quality assurance systems had not always been effective at identifying the shortfalls within the service. The previous registered manager had left the service and a new manager had been recruited. Statutory notifications and local authority safeguarding concerns had not consistently been submitted in line with regulatory requirements and procedures.

Potential risks posed to people had been assessed with guidance for staff to follow to reduce the risk. Staff followed people's care plans which detailed potential risks due to specific health conditions. Incidents and accidents had not been consistently analysed and used to reduce the risk of reoccurrence.

Observation showed that permanent staff had developed trusting relationships with people where they felt comfortable in staff's presence and approach them with any concerns they had. Staff knew what their responsibilities were in relation to keeping people safe from harm and potential abuse.

Medicines were managed safely. Medicine records were complete and staff competency to undertake the administration of medicines had been assessed. Systems were in place for the ordering, obtaining, storage and returning of people's medicines.

Staff received the training and support they required to fulfil their role and meet people's needs. Staff said improvements had been made since the new manager had started; proving them with structure and guidance.

People were treated with dignity and respect. Permanent staff knew people well including their likes/dislikes and personal histories. People's privacy was maintained and aids were used such as a privacy screen to promote people's dignity.

People's needs were assessed prior to an admission or stay for a period of respite. Care plans were person-centred and informed staff how the person wanted to be supported. People were supported to have

maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support to maintain their nutrition and hydration with nutritionally balanced meals, snacks and drinks. People were supported to access healthcare services where appropriate for both urgent and routine healthcare. Staff worked alongside health care professionals to ensure people remained as healthy as possible.

People were given the opportunity to participate in a range of activities to meet their needs and interests. People were encouraged to maintain contact with people that mattered. People's feedback was sought through resident meetings and surveys.

Complaints from people, relatives and others were listened to and acted on.

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 Requires Improvement (published 4 October 2018) and there were multiple breaches of regulation. At this inspection we found that some improvements had been made however, the provider was still in breach of two regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Woodstock Dementia and Residential 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Woodstock Dementia and Residential Care 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.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the 12 people who used the service and two relatives about their experience of the care

provided. We spoke with 10 members of staff including the operations manager, the manager, the deputy manager, two team leaders, three care staff, the well-being and recreation team and the nutritional advisor. 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 reviewed a range of records. This included seven people's care plans, risk assessments, daily care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. We also saw a variety of records relating to the management of the service, including a sample of audits, health and safety checks, accidents and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to make sure sufficient staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

Staffing and recruitment

- There was a high use of agency staff whilst recruitment for permanent care staff was underway. During the first day of our inspection an agency worker was observed as not being able to effectively communicate with people and did not have a basic understanding of the care needs to be met in the service. In the four weeks before the inspection six care shifts had not been filled due to agency staff not arriving. The manager told us that new care staff had been recruited which would reduce the need for agency staff.
- People told us they did not have to wait when they pressed their buzzer and felt there were enough staff to meet their needs.
- People's needs had not been assessed to calculate the amount of time they required staff support. The provider's 'staffing levels' policy and procedure stated, 'The registered manager must assess all service user's dependency either by the following means or by the use of a locally recognised dependency assessment tool.' The deputy manager started this for people during the second day of our inspection.
- Staff had been recruited safely following the provider's policy and procedure. This included obtaining a full employment history, references from previous employers, identity checks and Disclosure and Barring Service (DBS) background check. DBS checks help employers to make safer recruitment decisions.

We found no evidence that people had been harmed or waiting for staff support however, systems had not been embedded or reviewed to demonstrate that enough staff were effectively deployed to meet people's needs. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who they knew well. Observation showed people appeared comfortable and relaxed in the presence of staff, approaching them when they required support.
- Potential safeguarding concerns had not been consistently reported to the local authority safeguarding team. One incident involving one person hitting another with their walking frame had not been reported to the local authority. Another incident where three people had not been given their morning medicine had not

been reported to the local authority. Other incidents had been reported correctly; these two incidents were reported to the local authority following the first day of our inspection when the concern was highlighted.

- The operations manager said, with the new manager in post, all potential safeguarding concerns would be reported. The manager understood their role in relation to safeguarding people and the importance of raising any concerns with the local authority.
- Staff had been trained in safeguarding adults and knew the action to take if they had any concerns or suspicions. Staff followed the provider's policy and procedures and felt confident that any concerns they raised would be taken seriously.

The provider had failed to follow the local authorities safeguarding procedures to protect people from the risk of abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Accident and incidents involving people had not always been analysed with action taken to prevent the risk of reoccurrence. For example, following a fall by a person, the accident report stated two care staff were to support the person when they were mobilising in future. This information had not been updated in the person's care plan. The person was seen during the first day of our inspection to be accompanied by only one member of care staff when mobilising.
- The manager told us that a new audit would be implemented to identify where improvements could be made to prevent a reoccurrence following an incident, accident or near miss.

At our last inspection the provider had failed to effectively manage and respond to risks to ensure people received safe care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place to keep people safe and mitigate any potential risks. For example, risks relating to specific health conditions such as epilepsy, risks relating to mobility, nutrition and hydration and promoting skin integrity.
- People were supported to manage behaviours which maybe challenging to themselves or others. Care plans detailed how any behaviours were displayed, the action staff should take if these were displayed and signs when a person may become anxious or distressed prior to any behaviours. Staff understood these and supported people to remain calm with support and reassurance.
- Daily meetings with the heads of each department and handovers between care staff enabled the opportunity to discuss any safety or risk. For example, any changes in people's health and needs, any new admissions or hospital discharges and any maintenance concerns which had been identified and required attention.
- People were protected from risks from the environment. A maintenance person completed regular checks of the environment and equipment to ensure they were safe and in good working order. The operations manager had presented a maintenance plan for the next 12 months to the senior management team and was awaiting its approval. Equipment such as, the hoist, gas appliances and fire alarm were regularly checked and serviced.
- People's safety in the event of an emergency such as a fire had been assessed. Each person had a personal

emergency evacuation plan, this informed people such as staff and the emergency services how the person would act if they heard the fire alarm and the support they required to evacuate the building safely.

At our last inspection the provider had failed to effectively manage medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- People told us they received their medicines regularly by staff and they were offered pain relief when needed. Staff were observed to administer people's medicines in a polite and discreet way.
- Medicines were stored securely within locked trolleys; systems were in place for ordering, storage and disposing of people's medicines. Medicines that required additional storage such as controlled drugs were stored and managed safely.
- Medicine Administration Records (MAR) and 'medicine profiles' contained enough information such as any allergies for each person to promote the safe administration of their medicines. MAR sheets were completed accurately and stocks we checked tallied with the balances recorded. There were checks of medicines and audits to identify any concerns and address any shortfalls. For example, staff attending additional training and having their competency reassessed following a medicine error.

Preventing and controlling infection

- People told us and relatives confirmed they felt the service and their bedrooms were clean and well maintained. One person said, "It is clean and it is my home." Observation showed the service appeared clean and there were no odours.
- The head of housekeeping managed a team of domestic staff. The domestic team followed a daily cleaning schedule and cleaning tasks allocated by the head housekeeper. Care staff informed the head housekeeper if particular areas required cleaning such as bedroom carpets or bed linen.
- Staff understood the importance of wearing personal protective equipment such as glove and aprons to reduce the risk of cross contamination and reduce the spread of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to effectively support staff to update their training and to ensure staff received regular supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff told us they received enough training and guidance to meet people's needs, including any specialist needs. One member of staff said, "It is very in-depth training and if you are unsure you can always ask for additional training." Staff said they were encouraged to complete additional training courses to enhance their skills and knowledge. Observation showed staff knew people well and how to meet their needs.
- The organisation employed an 'in house' trainer who provided training to a cluster of services within the local area owned by the organisation. Staff completed an ongoing programme of training and refresher courses, this was overseen by the management team of the service. A training matrix was used to monitor and identify when staff were due any training or refresher training to meet people's needs.
- New staff completed an induction which included time to get to know people, orientation around the service and working alongside experienced members of the team.
- Staff told us they felt supported and listened to in their role by the management team. The new manager had started supervising staff in a group and on an individual basis. Staff spoke highly of the new manager and the deputy manager. One member of staff said, "It seems to be a lot more organised. [Manager] is really easy to get along with and easy to talk to."

At our last inspection we recommended the provider reviewed the pre-admission assessment to ensure it was fit for purpose. The provider had made improvements.

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

- The pre-admission assessment had been reviewed following the last inspection. People's needs were assessed before they moved into the service, to ensure their needs could be met. Assessments used nationally recognised tools to monitor people's skin integrity and risks related to malnutrition; these were reviewed regularly.
- People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs, preferred name and any specific emotional support. The 'well-being' team used this

information within their assessment and planning for activities and opportunities for people. For example, regular hand massaging was used for one person who could become anxious; this calmed and soothed their mood.

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

- People said they enjoyed the food and observation at lunchtime showed lunch was a sociable event.. Comments included, "We have a choice of meals which are nice" and "I like to have white wine with my meal which I get." Staff noticed one person was not eating their meal, they offered and made them something else which they ate.
- People's nutrition and hydration needs had been assessed. The kitchen team ensured that any special health or dietary requirements were catered for, such as the need for pureed foods or a fortified diet as recommended by health care professionals. The provider employed a nutritional therapist to work with each service's kitchen team to enhance people's mealtime experience.
- Staff monitored food and fluid intake for people who were at risk of not eating or drinking enough. People's weight was monitored and referrals were made to the relevant healthcare professionals if there were concerns and a person had lost weight.

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

- The service was designed and decorated based on the needs of people living on each unit. For example, the unit that supported people living with dementia used pictures to identify areas such as the bathroom and dining room.
- The corridors were decorated with different areas for people to access such as a bus stop and post box. The walls displayed various activities people could access such as, different locks and handles. One person was observed sitting on the bench next to the bus stop during our inspection.

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

- People were supported to maintain good health. Care plans contained clear direction and guidance for staff to ensure people's specific health needs were met. Referrals to health care professionals were made when required and staff followed advice and instructions from them.
- People attended scheduled appointments and check-ups such as, visits from their GP, district nurses or the paramedic practitioner allocated to the service. Records were kept of all health care appointments, the outcomes and any actions that needed to be implemented to promote people's health.
- Staff responded quickly and reported concerns to the shift leader when there was a decline in a person's health. During the inspection staff liaised with the local GP surgery regarding a person's health. Following a fall, staff called the emergency services for one person; offering them reassurance and providing support whilst they waited for the emergency services.

At our last inspection we recommended the provider reviewed the consent forms to ensure they were appropriately completed. The provider had made improvements.

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

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

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

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

- Mental capacity assessments and best interest decision forms had been completed for specific decisions such as, agreeing to their care plan. There was a log of all DoLS applications that had been sent in, whether they had been authorised and whether there were any conditions to the authorisations.
- Staff understood the MCA and DoLS and confirmed they had received adequate training. People were encouraged to make everyday decisions such as, what they wanted to wear or eat and where they wanted to spend their time.
- A record was kept if a person had appointed another individual to act on their behalf; this was through the Court of Protection. Checks were made to ensure people had the correct legal authority to act on the person's behalf.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff were kind, caring and knew them well. Comments included, "I love it here, the staff are lovely", "Very friendly staff, they listen to me" and "Very caring staff who know everyone's name." A relative said, "The staff are wonderful, with a great mix of youth and more mature employees. Mum loves to interact with the staff and is very happy there."
- Staff acknowledged people and spoke with them as they walked through the room. Staff displayed kindness and understanding towards people and addressed them by their preferred names. People appeared relaxed in the presence of staff, chatting and laughing with them.
- People's care plans included information about their past history, previous vocations, families, likes and dislikes and staff were knowledgeable about these. Staff spoke with people about relatives that had visited them at the service or were due to visit; engaging people in meaningful conversations.

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

- People, some with the support of their relatives had been actively involved in the development of their care plan and ensuring they made decisions about their care and support. One person said, "People are free to do what you like. I go to bed when I want to."
- People and their relatives were able to attend regular 'resident meetings', these meetings enabled people to be updated on what was going on within the service and to make suggestions or to raise any concerns. Each person had a 'key worker', this was a member of staff dedicated to ensuring their needs were met and giving people an additional opportunity to provide feedback.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. Staff knelt or sat next to people when speaking with them to maintain eye contact. Staff were observed to knock on doors and wait for a reply before entering. A privacy screen was used when a person had fallen in an area where others were sitting.
- Staff understood the importance of promoting people's privacy and dignity and gave examples of the actions they took. For example, keeping people covered as much as possible during personal care, closing curtains and doors and asking people's consent prior to any care tasks. Staff were observed knocking on bedroom doors and waiting for an answer prior to entering.
- People were supported to retain as much independence as possible. One person told us they had chosen to clean their own bedroom which was respected by staff. The same person said they liked to help lay the dining tables with the condiments which was encouraged. People's care plans detailed what people were able to do for themselves to promote and retain their independence.

- Relatives and visitors were made to feel welcome when they visited and there were no restrictions on the times people could visit. A relative said, "I am always politely greeted, whether in person or over the phone and staff do take time to update and explain how mum is going."
- Staff were aware of the need for confidentiality and held meetings or telephone conversations with relatives or health care professionals in private. Information about people was stored and kept confidential, in cabinets within a locked office.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and gave staff guidance informing them how the person wanted their care needs met. For example, one person had chosen to shower independently, the person's care plan and risk assessments detailed how staff could support the person whilst ensuring potential risks were reduced.
- Care records were regularly reviewed with people and their relatives to ensure they continued to meet people's needs.
- People spoke highly of the service saying they enjoyed living at the service. One person said, "I love it here, they've looked after me 100 percent." A relative commented, "Woodstock is a lovely home, ideally suited for Mum as it has more of a homely atmosphere and not a clinical environment."

Meeting people's communication needs

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

- People's communication needs had been assessed and met. Documents were available in different formats to ensure they were accessible to all such as larger print, pictorial and easy read.

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

- The provider employed a 'well-being and recreation team' who held responsibility for arranging activities and entertainment within the service. A weekly schedule of activities was available to people such as, singers, arts and crafts, games, religious services and dog visits with the local PAT dog.
- People told us there were a range of activities they enjoyed, for them to participate in. Comments included, "Very good activities such as bingo, pearly queen, music and singing; there is plenty going on", "I had my nails done today" and "I attend the church service every month." A relative said, "She loves the entertainment here. Her wish was to meet [singer] and they sourced a look-a-like to come and sing which she loved."
- Two new members of the well-being and recreation team had been recruited and had commenced their induction. The well-being coordinator for the service said these additional team members would enable people to receive additional one to one sessions as well as group activities.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which had been followed when a complaint had been made. For example, an acknowledgement of the complaint, an investigation by the management team and a conclusion/outcome response, which had been discussed with the complainant.
- An easy read version of the complaint's procedure had been displayed around the service. This included the use of pictures as well as text to ensure it was accessible to people.

End of life care and support

- At the time of our inspection no one was receiving care at the end of their life. Some people had chosen to plan for care at the end of their life including their funeral arrangements and where they wanted to stay.
- Staff said they would work alongside health care professionals and follow people's wishes for care at the end of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. 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.

At our last inspection the provider's quality assurance systems had not always been effective at identifying shortfalls to the care people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made further improvements were needed and the changes that had been made needed to be embedded. The provider was still in breach of regulation 17.

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

- There was no registered manager at the service, as the last registered manager left the service in September 2019. A new manager had been recruited and been in place for a period of three weeks. The new manager had completed an application to apply to become the registered manager during the second day of our inspection.
- Statutory notifications had not consistently been submitted to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as an allegation of abuse or a serious injury.
- The quality monitoring systems in place had failed to identify the continued shortfalls found during this inspection. The operations manager had developed an action plan which the new manager was using to address the shortfalls such as, the recruitment of staff to reduce the need for agency staff. A range of audits had been put into place to identify any shortfalls and address these.
- The new manager had transferred from one of the provider's other services and had worked for the organisation for several years. They had been the registered manager of their previous service and understood their new role and the expectations.
- Staff understood their role and responsibility and who they were accountable to. Staff had been given a job description and person specification which outlined their role.

The provider had failed to submit Statutory notifications in line with their regulatory responsibility. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- Staff said things had improved since the new manager had been in post. Comments included, "I have noticed the [manager] wants to make things better and we are all keen to get on board and make it good"

and "It is so much better, more structure is being implemented, [manager] seems good so far."

- The new manager started daily meetings with the head of departments to keep a track of any changes or actions required within the service. The manager had arranged team meetings and started to empower care staff to take on additional roles to progress and develop their skills further.
- The management team had developed an action plan of improvements they wanted to make to ensure people received high quality care and support. This included the recruitment of additional staff; internal decoration works and increased activities for people.

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 manager and senior management team understood their responsibility in line with the duty of candour. The organisation had a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.
- Records showed the senior management team had written to relatives to apologise when a person had fallen which resulted in an injury. The letter detailed what action had been taken to prevent a reoccurrence such as, updating the care plan and risk assessment.

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

- People and relatives completed an annual survey providing feedback on the service they received. Regular 'resident's meetings' were held to enable people and relatives the opportunity to raise any concerns or make suggestions about improvements.
- The manager had started to engage with the staff team through group supervisions and team meetings to enable them to make suggestions for improvements or raise any concerns.

Working in partnership with others

- The staff team worked in partnership with relevant health care professionals to promote people's health and well-being. Referrals were made when people required additional support and staff followed guidance and instructions from health care professionals as required.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had failed to submit Statutory notifications in line with their regulatory responsibility. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.</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 provider had failed to effectively manage and respond to risks to ensure people received safe care. 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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to follow the local authorities safeguarding procedures to protect people from the risk of abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper 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

Regulation 17 HSCA RA Regulations 2014 Good governance

The providers quality assurance systems had not always been effective at identifying shortfalls to the care people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to make sure sufficient staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.