Avery Homes Downend Limited

Avon Valley 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
Avon Valley Care Home is a residential care home providing accommodation and personal care for up to 78 people. At the time of the inspection there were 59 people living at the home. The home is purpose built and just over two years old. The home has three floors. There were communal lounges and dining areas. People also have access to a garden area.

People's experience of using this service and what we found
People were not always protected by the homes infection control policy and procedures. Improvements were required to help ensure people were protected from the risk of infection. Staff were not wearing face masks safely and the appropriate guidance had not been followed. Monitoring the quality of the home was therefore not always effective.

Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify risks. These included information about how to mitigate those risks. Steps had been taken to help ensure the physical environment was safe. There were enough staff working at the home to meet people's needs. The provider had robust staff recruitment practices in place. Medicines were managed safely. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

Assessments were carried out to determine people's needs prior to admission to the home. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. The premises were clean and well maintained. People had access to health care professionals.

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 home supported this practice.

People were supported by staff who knew them well. People's dignity and privacy was respected, and staff understood the importance of maintaining people's independence. There were a range of activities available which were personalised to people's interests.

People, their relatives and staff told us the home was managed well. Staff enjoyed working at the home. The home worked in partnership with other organisations to provide safe, effective and consistent care. People were treated as individuals and their diversity was respected. People's care was tailored to their needs and preferences and staff knew people well. People's views and opinions of the home were sought and acted on. The registered manager promoted an open culture in relation to accidents and incidents.

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

Rating at last inspection
The service was registered with us on 11 July 2019 and this is the first inspection.

Why we inspected
This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the services response to infection control measures, and good governance. This meant that improvements were required.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Avon Valley 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 at the home and an Expert by Experience who made calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Avon Valley 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. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave 24 hours' notice to ensure the registered manager was available.

What we did before the inspection
Before the inspection we reviewed the information, we had received about the home since they registered with us. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, five staff, five people and twelve relatives. We emailed staff to gain feedback about the care people received and regarding the leadership and support at the home. We observed staff practices and how they interacted with people. We reviewed a range of records relating to the management of the home. This included people's care records, training records and staff recruitment records. We considered all this information to help us to make a judgement about the home.

After the inspection
We carried out a video call meeting with the registered manager. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We continued to seek clarification from the registered manager to validate evidence found.

Requires Improvement

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.

Preventing and controlling infection

- We could not be satisfied that people were protected by the home's infection prevention and control measures.
- On the day of the visit we observed three staff members were not wearing a mask in accordance with the guidance from the DHSC (Department Health Social Care). The staff were observed wearing face masks under their chin. When the staff noticed our presence, we observed them quickly pulling their face masks up over their nose. We observed one of the three staff members did this on two occasions during our visit. We spoke to the registered manager about our concerns. They told us that one of the staff members had previously been spoken to about this. The registered manager told us they would address the concerns we identified in line with company policy.
- During the inspection we were asked to look at a photograph book which was put together following a celebration party held at the home. This was to mark the homes two-year anniversary since they opened. This contained photos of staff wearing fancy dress costumes as part of the celebration. In some photos the staff were in close contact with each other and were not wearing masks to protect them and others. We spoke to the registered manager about this. They told us they thought this was allowed as the staff were in a 'bubble' with each other. This compromised the safety of staff and people. This was not following the DHSC guidance regarding facemasks.
- We asked the staff about PPE and if this was worn appropriately. One staff member told us that staff had received training but chose to do things differently unless they were being watched. We were told staff chose to not always adhere to wearing masks.

These shortfalls meant people were not always protected from the risk of infection because official guidance was not being followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were not assured that the provider was using PPE effectively and safely. This was due to the concerns we identified. Not all staff were following the guidance in relation to face masks.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse
● Staff, relatives and the people we spoke with felt the home was safe. One relative told us, "There is good safe care". Another told us "I feel my relative is safe"
● People were supported by staff who knew how to identify concerns and how to report these. One member of staff told us, "The different types of abuse are, physical, sexual and emotional, I would go to my line manager, the local authority, safeguarding team or The Care Quality Commission". One member of staff was able to identify who they would go to if they had concerns however were unable to confirm the different types of abuse. We fed this back to the registered manager.
● The registered manager monitored safeguarding's and recorded any actions or learning to prevent similar incidents from occurring again.

Assessing risk, safety monitoring and management
● A range of risk assessments were in place and had been regularly reviewed. These included assessments of mobility, skin integrity and malnutrition. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm.
● Regular health and safety audits were carried out to monitor the safety of the home.
● People's care plans had personal evacuation plans (PEEPS) in place. PEEPs contained important information such as people's mobility their equipment needs and if they required assistance in an emergency.

Staffing and recruitment
● People and staff told us there were enough staff on duty. People confirmed there were enough staff to support them with personal care and to spend time with. One person told us, "Yes my love. Staffing is good". One staff member told us, "Staffing is normally ok. We always try to ensure we are available to help colleagues on the floor. The team Leader is always on hand in case we had any concerns about residents".
● Staffing levels were calculated according to the needs of the people who lived at the home. The home had a number of vacant beds at the time of the inspection. The registered manager told us they planned to recruit further staff alongside increasing the occupancy.
● We received mixed feedback from relatives regarding the staffing levels at the home. Comments included, "I feel there are enough staff", "I feel there are enough staff and there is always someone to meet and greet" and "I feel there are not enough staff at the moment, particularly since Covid" and "They don't spend a lot of time chatting to me, they are always in a rush; they are definitely short staffed".
● Effective recruitment procedures ensured people were supported by staff with the appropriate experience

and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Using medicines safely

● Medicines were stored securely in a locked, designated medicines cabinet within people's rooms. Controlled medicines were stored separately.

● Staff undertook training, which included an assessment of their competence, before they were able to administer medicines. Medicines were administered by senior staff who worked on each floor.

● The home used an electronic medicine monitoring system. They were able to check that people had received their medicines as prescribed. The system alerted staff when medicines had not been given.

● The registered manager and deputy regularly carried out medicine's audits. They had access to the electronic system for monitoring purposes.

Learning lessons when things go wrong

● Audits were regularly undertaken by the registered manager and deputy.

● Systems were in place for staff to report accidents and incidents. Any concerns were escalated to the manager on duty. Accidents and incidents were reviewed to ensure appropriate actions had been taken.

● Staff were aware of these and their responsibilities to report such events. Action was taken to reduce the risk of similar incidents happening again.

Good

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

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

- Prior to people moving into the home their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity, such as their religion, gender, culture and their abilities. People were reassessed as their needs changed to ensure the care and treatment they received met their needs.

Staff support: induction, training, skills and experience

- Staff were supported to gain knowledge and skills to help them in their role. Staff undertook an induction programme on commencing work at the home and received regular training. This included training about infection control, safeguarding adults, infection control and manual handling.
- Staff received regular supervisions, a yearly appraisal and a review every 6 months. These were an opportunity to identify any training and development needs along with recognising good practice.
- Staff we spoke with confirmed they received regular training and supervision. Staff told us, "Staff are fully trained in house, and continue to do online training annually in order to always be 'up to date' with the latest training" and "The training is excellent, we are well supported and encouraged to do our best, this leads to a safe and happy place for all of our residents to live".

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

- People's nutritional and hydration needs were met. People's care plans documented their nutritional and hydration needs, and the support they required to eat and drink enough to maintain a balanced diet.
- Where people were at risk of malnutrition the appropriate health professionals had been contacted.
- We observed lunch, which was a sociable experience. Most people were sat at tables in dining areas around the home. Some people chose to eat in quitter areas of the home. This included their bedroom. There was a relaxed atmosphere. Some people enjoyed a bottle of beer or glass of wine with their lunch.
- The food looked and smelt appetising. People were given a range of menu choices at each mealtime. People were asked if the food was good, and if they wanted any more. One person told us, "The food is lovely, it's all freshly cooked".
- We received mixed feedback from relatives regarding the meals provided to people. Comments included, "The food is extremely good" and "My relative says there is plenty of food and that it is good. They monitor what he has because of his diabetes" and "The food is not always to my relatives liking, they prefer plain food" and "It is tasteless and they give you too much".

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

● The registered manager and staff team worked with external healthcare professionals to support and maintain people's health, for example GPs and community nurses.

● People's records contained medical history, professionals involved in their care and the details of any health appointments they had attended. Visits carried out at the home by professionals were also recorded with a summary of any follow up action.

● People's wellbeing was monitored regularly by staff. We observed staff being attentive towards a person who felt unwell during the inspection. A referral was made by staff to a health care professional promptly.

● Wellbeing assessments were carried out for people which indicated an overall score. We were told where a person had a low wellbeing score staff intervened, spoke with the person and considered ways to improve this.

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

●The home was bright, airy and decorated to a high standard. The home had three floors with each one catering for people's different needs. One floor for example cared for people who lived with dementia. Each floor had its own lounge, dining area and kitchen facilities for people to make drinks. The two upstairs floors had a balcony area which people could use.

● There was additional seating and tables in the entrance hall with drinks machines available. People could choose whether they wanted to spend time with others or in quieter area.

● People had their own room with an en-suite. Their bedrooms had been personalised to suit their own taste, hobbies and interests. Each person had access to a call bell.

● Some bedrooms had been designed for couples, with two rooms next to each other and internal access. This meant people could choose to share a bed together and use the other room as a living area if they wished.

● People had access to a hair salon and a cinema room.

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.

● People's care plans confirmed if they had capacity. Where people lacked the capacity to make their own decisions a mental capacity assessment was in place. This was to confirm the person lacked capacity and who had been involved in the best interest decision process.

● Staff gave people choice. For example, staff supported people to make a decision about what they wanted to wear and where they would like to eat. One member of staff told us, "I give visual prompts so the person can decide what they would like to wear and we also have show plates which work well. This also gives

people a visual choice in meal options".

Good

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
- People appeared relaxed around staff. People were smiling and engaging with staff. When one person became upset, we saw staff talked quietly and calmly to relieve their distress.
- We saw that when staff spoke with people, they knelt to the person's eye level, or sat beside them so that they could see them clearly.
- Staff were able to describe people's individual needs. People who lived with dementia had an individual, 'This is me' board in their room. Staff used this as a visual prompt to initiate conversations with people about their family histories, employment, hobbies and interests.
- All of the staff we spoke with said they were confident about the quality of care provided and how people were treated. One member of staff told us, "All staff have a caring nature, and I feel that residents are supported and well treated. Whether it's reception, housekeeping or care staff, the residents are not treated as just a number, they are treated as individuals".
- Relatives gave positive feedback regarding how people were cared for. Comments included, "All the staff are kind, caring and competent" and "The key worker went in their own time to buy chocolate for my relative" and "The staff are very much kind and caring".

Supporting people to express their views and be involved in making decisions about their care
- People were encouraged to make choices about their day to day routines and activities. This was in line with their preferences.
- Staff were patient and gave people time to express their views and understood what was happening when care was being provided. For example, we observed staff supporting people to eat. One person was not eating their meal. The staff member discussed different options with the person to support them. One suggestion was to move to a quieter area which the person agreed was best. The staff member assisted the person and sat with them.

Respecting and promoting people's privacy, dignity and independence
- People were supported by staff who treated them with dignity and respect. Staff gave examples of how they supported people with their dignity such as putting a towel over them whilst providing personal care and shutting people's doors.
- Relatives we spoke with felt people's dignity was respected. Their comments included, "My relative had issues with incontinence after COVID-19, but the staff were very kind regarding her dignity" and "The staff respect the dignity and privacy by knocking on the door, say who they are and say what they are going to do".
- People were encouraged to maintain their independence. One member of staff told us, "I encourage

people to do what they can for themselves". One person we spoke with told us, "I do as much as I can for myself. I go for daily walks and wash and dress myself". People's wishes about promoting their independence was recorded in their care plan.

Good

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 good. 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 tailored to their individual needs. For example, care plans had important information relating to the person's social history, likes and dislikes, medical history and if people had any visual or hearing impairments.
- The home used an electronic care record system. Staff used this system to record their interactions with people on laptops on each floor. It enabled real time reporting and included a summary of people's needs. This meant that staff had easy access to information about the people they supported.
- The home had a 'resident of the day' on each floor. This meant the person's care plan was reviewed with them, families contacted, and their wellbeing reviewed. As part of the resident of the day the resident met with the head chef and other senior staff to check they were happy.

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 were identified through care planning and the initial assessment. This included people's needs with regards to their language, hearing, sight and speech.
- We were told if people required information in different language and in formats, they could make them available.
- The home looked after people whose first language was not English. The home used communication cards to help communicate with the person. The person also spoke another language and they were able to communicate in Spanish with a staff member who then translated back to English.

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

- People were engaged in activities to occupy them. There was an activities coordinator who led in the planning and organising of activities. The care staff team also organised and helped to engage people in various activities in small groups and on a one-to-one basis.
- Activities were promoted throughout the home with activities of the day prominently displayed in reception and around the home.
- The home had recently celebrated the two-year anniversary since they opened. This was celebrated by staff dressing up in fancy dress and holding a dance show and BBQ.
- Near the front entrance of the home was a seated area where people could socialise and meet for drinks.

Drinks machines were available for people to use. Cakes were also available. We observed this was an area used throughout the day by people to engage socially.

● People maintained relationships which mattered to them. We saw people's relatives as they visited their family members. They were welcomed at the home and they were given the space and time they needed with their relatives.

Improving care quality in response to complaints or concerns

● There was a complaint's policy in place and records showed complaints raised were responded to and addressed appropriately.

● People told us they had not had any cause to complain but would talk to staff if they did. People we spoke with told us, "No I have no complaints" and "I am happy and have no complaints".

● Most relatives that we spoke with gave us positive feedback about the complaints process and the home. We spoke to the registered manager after the inspection as we had received some negative feedback about how their complaint was handled.

End of life care and support

● People were able to spend their last days at Avon Valley. Staff supported people to maintain a comfortable, dignified and pain free death. Staff were aware of any changes to people's health and comfort and sought appropriate support from health professionals.

● Staff were aware of people's spiritual and cultural needs at the time of their death and these were respected with sensitivity and care. We spoke with staff about how they cared for people who received end of life care. Comments we received included, "During end of life we make them as comfortable as possible, showing dignity, respect and comfort as much as possible" and "End of life care is always done with dignity. Residents are never alone. The support given to residents and their families is phenomenal".

● The registered manager told us the staff went out their way to support people and loved ones. The staff had recently brought forward Christmas day for one person who was unwell and had deteriorated. This included a Christmas meal with their loved ones. The staff decorated the dining area with Christmas decorations.

Requires Improvement

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

- Given the shortfalls identified at the inspection in the safe section of this report and the misuse of PPE we could not be satisfied quality assurance monitoring was effective. This compromised the safety of everyone who used the service.
- The registered manager and deputy completed spot checks to ensure people were being well cared for and although they had identified staff misusing PPE this had not ensured further non-compliance.

This meant systems for monitoring the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in staff practice. This was a breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- We saw other evidence where audits completed had a positive effect on quality and safety including care plans, medicines, administration and the environment.
- The registered manager was supported by the deputy and operations manager. We were told the operations manager was supportive and visited once or twice a week. They had access to a dashboard and could check on where improvements were required. Data was kept updated on the system by the registered manager which was checked by senior managers.
- The registered manager was supporting another of the providers homes with management cover. On the days she was not at Avon Valley Care Home the deputy manager covered the home.
- The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the home.

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

- People knew who the registered manager was and told us they were "approachable". We observed people coming up to the registered manager having a relaxed conversation. The registered manager knew people well and we observed friendly banter between them. The registered manager told us one person liked to play jokes on her and the staff.
- The registered manager was proud of the staff and the home. Staff felt that the working culture in the home was supportive. Comments included, "I have received amazing support from the home manager and the deputy in my career progression" and "The management and staff are really supportive and are always there if needed".

● There was good communication between staff members who focused on providing quality care for people. The registered manager and deputy met with the heads of departments daily.
● It was clear from our discussions with staff and the registered manager that the home had been affected by COVID-19. The staff and management team had pulled together during the COVID-19 outbreak at the home and gone out of their way to support people. We heard stories from staff that had moved into the building to help care for people and to support the other staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager was clear about their responsibility to be open and transparent in line with their duty or candour responsibility. We saw evidence of duty of candour and outcome of complaints letters being completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The home promoted and encouraged open communication amongst everyone who lived there. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. On arrival to the home visitors were greeted by the reception staff who we observed to be friendly and accommodating.
● We saw examples where staff had kept in regular contact with people's loved ones throughout the pandemic to relieve anxiety, loss and sadness.
● Communication systems were in place to help promote effective discussions between staff, so they were aware of any changes for people in their care. This included daily handover reports and written daily records.

Continuous learning and improving care. Working in partnership with others
● Concerns, incidents and accidents were reviewed. This was to analyse and identify trends and risks to prevent recurrences and improve quality. The registered manager told us they were open and transparent and willing to lean and improve people's care.
● The registered manager ensured they collaborated with other stakeholders to ensure the best possible outcomes for people.
● The home ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and Deprivation of Liberty Safeguards teams and the CQC.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected from the risk of infection because official guidance was not being followed, particularly those introduced during the Covid19 pandemic. systems were not effective to assess, prevent or control the risk of spreading infections. Regulation 12(1)(2)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring required improvement to help ensure people who used the service were safe and received quality of care. Regulation 17 2 (a) (b)