Carecall Services Limited

Roman Wharf Care Home

Inspection report

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Date of inspection visit:
10 May 2022
19 May 2022

Date of publication:
19 October 2022

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Roman Wharf Care Home is a residential home that provides accommodation and personal care for up to 50 people, some of whom were living with dementia. There were 30 people using the service at the time of our inspection.

People's experience of using this service and what we found
Medicines were not always managed safely at the service. Staff were not following the providers policy on keeping medicine keys secure. Staff did not have robust guidance in how and when to administer "as and when required" medicines. Medicine records were not always kept up to date with people's personal information.

Risks were not always managed safely at the service. Not all accidents and incidents were recorded correctly on the services electronic system. Leading to a lack of management oversight as well as missed opportunities to learn from incidents. Following the inspection, the manager put in place training for both themselves and staff to ensure the systems were used more effectively.

There were measures in place to reduce the risk of infection. However, there were areas of the environment that required work, not all of these issues had been recognised during quality audits or actioned.

Records we reviewed showed there were enough staff deployed at the service. However, people living at the service said more staff were needed, that there had been times when they had to wait for care as no staff were available.

The registered provider carried out sufficient pre- employment checks. Not all staff had received mandatory training, putting people at risk of unsafe practices.

Mental capacity assessments had not always been completed to ensure people could have maximum choice and control of their lives. The policies and systems in the service did not support this practice.

Some staff showed fewer caring interactions than others. However, we received positive feedback from relatives about the caring nature of the staff team.

Governance systems were not always effective at ensuring high quality care across the service. However, the management team were responsive to feedback and had begun to make changes while we were inspecting.

People were supported to eat and drink enough to prevent malnutrition and dehydration. External health and social care professionals were involved with the service where needed.

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 25 March 2021 and this is their first ratings inspection.
The last rating for the service under the previous legal entity, Roman Wharf Nursing Home, was requires improvement published on 27 February 2021.

Why we inspected
The local authority had received some safeguarding concerns about the service. We had also received concerns related to safety and governance at the service. We made the decision to complete an unannounced comprehensive inspection of the service to assess the overall safety of care provided.

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.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well led sections of this full report. The provider was responsive to our concerns and took some action during the inspection process to improve the safety of the service.

You can see what action we have asked the provider to take at the end of this full report.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, consent, poor governance and staff training at this inspection. We wrote to the provider regarding areas of concerns that we felt need to be addressed urgently. They responded with an action plan reassuring us that improvements would be made.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as

inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring section below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Roman Wharf Care Home

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by two inspectors. An Expert by Experience also made phone calls to people's relatives to gather feedback on the care provided. 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
Roman Wharf Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roman Wharf Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager was going through the CQC process to become a registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people who use the service and 10 relatives about their experiences of the care provided.

We spoke with nine staff members including the manager, deputy manager, a manager from a sister home, senior carer, carer, kitchen assistant, and maintenance person. We reviewed a range of records. This included the relevant parts of nine people's care records and multiple medication records. We looked at staff files in relation to the safety of recruitment. A variety of records relating to the management of the service, including policies, training records and procedures were also reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found.

Inadequate

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 of this newly registered service. This key question has been rated inadequate This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not always managed safely. Records relating to people's medicines did not always contain all of the persons personal information and were not always updated when details had changed.
- Protocols for medicines taken as and when required, known as PRN medicines, were not always in place. This meant staff did not have the guidance on when and how to administer these medicines, putting people at risk of not receiving their medicines when they needed them. Some people did not have any PRN protocols, whereas others had PRN protocols that had not been updated when medicines were no longer prescribed.
- Medicines were not always stored safely. During the first day of inspection we found peoples prescribed medicated creams were left out in people's rooms and a bathroom, as well as a prescribed thickening agent used to support people with swallowing difficulties. These prescribed items should be stored safely to mitigate the risk of people digesting the items incorrectly, causing a risk of harm.
- We found that staff were not following their own medicines policy which stated that the manager or delegated person should have the keys to the medicine cabinets on them at all times. Instead the keys were located on top of the medicine cabinets in the clinic. There was a keypad lock on the clinic room door. This posed a risk that unauthorised people would be able to access the medicine cabinets.
- One person was prescribed an antipsychotic medicine. The manager had asked health professionals if the medicine could be administered covertly (without the persons knowledge). Due to the person not always being compliant with their medicine. The health professional had not agreed to this practice. However, one staff member told us "We give it to them covertly in their cup of tea. The other day I tricked them by putting the medicine in their juice." Failure to administer as prescribed posed a risk that the medicine would not be effective. As well as being an infringement on the persons human rights.
- Between the inspection site visits the manager advised us they had spoken with all medicine trained staff to ensure medicines were not administered covertly to anyone living at the service.

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

- Not all risks associated with people's care were assessed, monitored and robustly managed. Systems and processes in place at the time of the inspection did not support effective learning from incidents.
- One person had been living at the service for a month. When we reviewed their care records, they did not have any care plans or risk assessments in place. There was a risk of the person receiving care that did not meet their personal needs.
- Another person tried to leave the service unsupervised on at least two occasions. The person's condition meant they would not be able to maintain their own safety without supervision. They had damaged property when trying to leave the service, potentially causing a risk to both themselves and other people living at the service. At the time of the first inspection visit no care plans or risk assessments had been

developed to support staff in relation to the person trying to leave the service unsupported. The manager responded to our concerns by putting additional risk assessments in place.
● Risks associated with fire safety were not managed effectively. For example, there was a broken gate that had been put in situ to prevent people gaining access to a fire exit. Staff had placed 2 large armchairs where the gate had been. This put people at risk of not being able to leave the building in a timely way should they need to in an emergency. During the inspection action was taken to remove the armchairs as well as fix the broken gate.
● Risk assessments and care plans relating to peoples moving and handling needs did not provide staff with enough guidance to carry out these duties safely. There was a risk of unsafe moving and handling practices at the service.

The provider failed to ensure that care and treatment was provided in a safe way and assessed appropriately This was a breach of the regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During the inspection the deputy manager took action to address concerns we had raised. However, on the second day of inspection some of these actions had not been implemented. For example, the deputy manager had started working on improving the content of people's medicines records, but they were not yet in use.
● Following the inspection, the manager informed us they and staff had received training on their electronic recording system so that incidents, accidents and safeguarding's could be recorded correctly. The manager had ensured systems and processes were in place to improve people's admission to the service.
● Peoples relatives told us that they felt their relatives were safe and well cared for.

Systems and processes to safeguard people from the risk of abuse
● People were not always protected from the risk of abuse. Staff were not always recording and monitoring incidents of abuse. There had been incidents of altercations between people living at the service that had not been recorded correctly on the services electronic system. Due to these recording issues the manager did not effectively have oversight of incidents and there was a risk of potential safeguarding issues being missed.
● During the inspection we found not all staff received safeguarding training as part of their induction. This led to not all staff understanding their responsibilities to keep people at the service safe and to report any concerns.
The provider failed to ensure all safeguarding incidents were identified and referred. This was a breach of the regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Despite the above we found the service was working with, and seeking advice from, the local authority safeguarding team.
Preventing and controlling infection.
● Staff did not always follow government guidance by asking to see visiting professionals' proof of a negative LFT (lateral flow test) in order to prevent the spread of COVID-19.
● Records relating to staff accessing testing for COVID-19 were not kept up to date.
● Improvements need to be made to some areas of the service in order for hygienic cleaning practices to be effective.
● The providers infection prevention and control policy were not robust and did not adequately cover all current Covid -19 government guidance's
● 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 assured that the provider was using PPE effectively and safely.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● The service facilitated visits in line with the national guidance.

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

Staffing and recruitment
● We looked at the staff rota and observed staffing levels to be sufficient to meet people's needs. However, people living at the service said more staff were needed, that there had been times when they had to wait for care as no staff were available.
● Safe recruitment practices were in place, including checking references of suitability and character and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Requires Improvement

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

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

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

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

- The management team had not always identified when people needed to have mental capacity assessments and decisions made in their best interests. There was a lack of understanding regarding MCA at the service.
- Where people were restricted by the use of bedrails there was no documentation to state if the decision had been made in the persons best interest or if it was the least restrictive option.
- CCTV was in use within communal areas of the home. However, there was no documentation in people's care records to show this had been discussed with them or where the person lacked capacity that a decision had been made in their best interest.
- Care records and risk assessments were not always up to date. This meant it was not always clear if assessment's reflected people's current needs and choices.

People were not supported with appropriate or specific mental capacity assessments related to their care. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We signposted the manager to the guidance on their responsibilities relating to MCA.

● DoLs applications had been made and the service was waiting for the supervisory body to action these applications.

Staff support: induction, training, skills and experience
● Staff lacked up to date training needed to carry out their duties.
● Most staff had not attended mandatory training. The training records showed no staff had received up to date moving and handling training. Staff whose training was out of date were relied upon to show new staff how to support people's moving and handling needs, putting people at risk of unsafe practice.
● Additionally, training records had not been kept up to date. Some new staff were not included in the training records. Whereas some training document related to training staff had received prior to being employed at the service. Therefore, the provider did not have oversight of the effectiveness of the training provided, or of staff competence as this had not been assessed.

Staff lacked competency and support in order to meet peoples' needs in relation to moving and handling. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● During the inspection a manager from a sister home visited and assessed staff's competencies to carry out moving and handling tasks. As there were no recorded competencies in moving and handling for staff at the service. Training that was booked for the following month was brought forward, to ensure staff were suitably trained.
● Staff told us they had received a period of induction when they started at the service. They said that they shadowed existing staff who showed them where things were and the layout of the building.

Adapting service, design, decoration to meet people's needs
● The lay out of the service was in two parts. There was the original building and an extension. The extension was well maintained and welcoming with dementia friendly signage.
The original part of the building contained areas that needed improvement in order to be dementia friendly. Redecorating, dementia friendly signage as well as essential maintenance work was needed. Due to the décor of the original building the provider would have to consider how to best use natural and artificial lighting to support a more dementia friendly environment.
● There was only one bath at the service, located in the original building. The bath was out of action. The provider was unsure if the bath could be fixed or needed replacing. Whilst the bath was out of action, people were unable to choose between a bath and a shower. The provider was not able to give a timescale for when this work would be completed.
Supporting people to eat and drink enough to maintain a balanced diet
● Most people told us they enjoyed the food and were supported to maintain a balanced diet. However, we observed one person complained at lunch time that they were always given food that they did not like despite having told staff of their preference.
● We observed the mealtime experience. One person needed encouragement and prompts to remain seated, as they tended to wander away from the table. We found staff were not consistent in their approach to ensure their nutritional needs were met, meaning people did not always have a dignified mealtime experience.
● The service used a meal preparation company. The company supplied modified diets for people who had been assessed as needing a modified diet.
● The kitchen staff were knowledgeable about the dietary needs of the people at the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Relationships with health professionals at the service had not always been effective. However, the management team had worked with professionals to improve these relationships.
- The manager shared with us that due to the staff working well and following advice from the district nurse team, the district nurses had been able to discharge several people from their service, who they had been supporting with a variety of health conditions.
- Prompt referrals were made to other health and social professionals. For example, one person had returned to hospital during the inspection as the service had requested further support and this led to the persons needs being better met in the hospital.

Requires Improvement

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The quality of staff interactions we observed during the inspection was mixed. As was the quality of language used in peoples care records.
- One person's care record described an incident where a person wanted to go outside, to the area where staff were smoking. When staff told the person, they could not go outside the person became agitated. The staff documented that they ignored the persons further requests to go outside. The manager had not been aware of this incident.
- During the inspection we observed a staff member not respecting a person's privacy and dignity by talking over the person to another carer in a communal area, regarding an unpleasant odour in the persons bedroom. The provider did not maintain the persons dignity as had not ensured the room was free from unpleasant odour. We spoke with the manager about these issues and the potential risk to people they said this was not the standard of care they expected from staff and would address the issue with staff.
- Another person enjoyed spending time with a maintenance person. The maintenance person was observed to be very patient with the person. Showing them what they were doing as well as giving them tasks to complete.

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

- People were not always actively involved in decisions about their care. Care records did not always show involvement from people or their families.
- One person told us they had never seen their care plans or had any input into them. They said that they would like to have been asked what they would like their care to be like. However, one relative told us, "The manager called me in to have a chat to discuss [relative's] care. We had a conversation about what [person] wanted."

Respecting and promoting people's privacy, dignity and independence

- Staff told us there had been a past culture of people being cared for in bed and not promoting independence. Staff said this had improved with the new manager. Staff told us they were working to encourage people to be more independent.
- One relative told us, "[person] had a little fall and lost their confidence they [staff] are encouraging them [person] and they are slowly getting their confidence back."

Requires Improvement

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.

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

- The service used an electronic system to record peoples care needs. Some people did not have all care plans in place to guide staff on how to support them in an individualised way. Inconsistencies in care planning and records posed a risk people may not receive personalised care to meet their needs.
- Where personalised care plans were in place staff were not always knowledgeable about these people's needs. For example, we reviewed a person's care plan where it stated staff were to use a prompt sheet to support the person with their memory loss. The staff we spoke with were not aware of the prompt sheet.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Most care plans documented people's communication methods. However, staff did not always know the details of these care plans. Therefore, there was a risk that people would not be communicated to in their chosen method.
- One person's care plan made reference to staff supporting their communication with the use of Picture Exchange Communication System (PECS). However, staff informed us that the person did not have a set of pre-printed pictures to support their communication needs. Staff printed a picture off the computer as and when the person was struggling with word finding. The delay in having a suitable communication aid posed a risk of distress to the person.
- Dementia friendly signage was not available throughout the building, only in the extension part of the service.

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 we spoke with said that there were not enough activities for them to do. One person said, "There are no activities in place." The manager informed us that they had appointed a new activities coordinator who was currently doing the role part time whilst the service recruited for their present role. We were shown activities that were planned for the upcoming Queen's Jubilee, which included an outside entertainer.
- Peoples relatives told us they were able to visit their loved ones and that they were supported with video calls during the pandemic.

Improving care quality in response to complaints or concerns

● Complaints and concerns were not recorded, monitored or analysed effectively in order to learn and improve care.

● The manager reflected during the inspection that the way some staff had recorded people's concerns had not been effective and that they the manager needed to have greater oversight of complaints made by people at the service.

● People and relatives, we spoke with said that they would know who to talk to if they were not happy. One person's relative said, "Any minor concerns at all you can just pick up the phone and talk it through. It will then get sorted."

End of life care and support

● Staff supported people at the end of their life. Although there was no end of life training documented the staff were experienced in supporting people at the end of their lives.

● Do not attempt cardiopulmonary resuscitation' (DNACPR) orders and ReSPECT forms detailing recommendations about emergency treatment, were easily located in people's care records. This meant staff were able to promptly provide these to healthcare professionals in event of a person's health deteriorating or a medical emergency.

● People's families were supported to spend time with their relative at the end of their life.

Inadequate

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Although this service was a newly registered location, it had been run and managed by the same group of directors since 01 September 2014, over this period the service had been inspected five times and had only achieved a good rating once, in March 2018. This shows an ongoing failure to comply with the fundamental standards we expect of services.
- Despite past governance issues the provider still failed to ensure effective systems to oversee the quality of the service. The manager had not used the electronic record keeping system effectively. We found incidents on the system that the manager was not aware of therefore accidents, incidents, falls and concerns had not always been identified, investigated or escalated where required. There was a potential risk that safeguarding issues would be missed.
- Quality audits were not effective and did not identify all of the issues found and discussed during inspection. For example, audits did not identify short falls in risk management or lack of guidance for staff in peoples care plans.
- There was not an effective system in place to identify areas of the home that needed maintenance or redecoration. Some areas of the home were unsafe. For example, the flooring in the lounge was uneven posing a risk to people who were unsteady on their feet. One person had broken the hinge on the window in their bedroom. The maintenance person had fixed the window temporally. Window. Due to the manner in which the window was fixed it was not possible to open the window. There was no record on the providers environmental plan for the window hinge to be replaced.
- Some audits had identified issues. However, action plans were not completed, and actions were not taken in a timely manner to rectify the issues. For example, prior to the inspection the management team had completed a medicines audit. This had identified that some people did not have their personal details in their MARs records. However, it was not until after the first inspection visit that work had started to address this.
- Senior carers had been allocated tasks such as ensuring new residents had care plans in place. However, there was no monitoring system in place to ensure these tasks were done, putting people at risk of not being cared for in a way that meets their needs.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. Systems to monitor the quality of the service were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Since the inspection the manager informed us, they have implemented new systems in order to monitor accidents, incidents and concerns. As well as a system to monitor the admission process ensuring care plans and risk assessments would be completed in a timely manner. We will assess their effectiveness when we inspect the service at a later date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes 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 service has had several management changes over recent years. We were informed by staff and relatives that the new manager had been having a positive effect on the culture at the home, which had in the past been reported as being poor. One staff member said, "Staff morale is much better since the new manager started."
● The manager was aware of their responsibilities to be open and honest. People's relatives told us that the manager would contact them if there were any incidents or changes in their relative's health.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Improvements were needed to ensure people were involved in their care.
● One person said they did not know what was in their care plans or who the manager was. However, a relative said, "The manager had made a point of introducing themselves to me and talking about [persons] care through with me asking for my contribution."
● The manager said that they had recognised there was a need for residents feedback and they were looking into having residents' meetings and establishing feedback surveys.

Working in partnership with others
● The manager and staff had worked hard to improve relationships with external agencies. A case manager for integrated care team said, "Communication channels with the service have improved greatly and our working relationship continues to improve week on week."
● We saw evidence that staff made appropriate referrals to external agencies such as the district nurse team and the speech and language team in order to improve the persons quality of life.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding's were not always recorded or identified correctly.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People were not supported with appropriate or specific mental capacity assessments related to their care

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Peoples care needs and the risks associated with them were not always assessed and reviewed in order to keep them safe. Medicines were not managed safely at the service

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have oversight of the service. Governance was not effective.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not have the skills and training needed to carry out their roles.

The enforcement action we took:

Warning notice