London Paramount Care Ltd

The Gable

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
The Gable is a residential care home registered to provide the regulated activity of accommodation and personal care to 1 person. The service provided support to people with learning disabilities. At the time of our inspection there was 1 person living at the home.

People's experience of the service and what we found
Right Support:
Safe care and treatment was not consistently provided, which meant risks to people were not identified and mitigated. Medicine practices were not in line with best practice guidance.

Recruitment practices were not safe to safeguard people.

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. However, the environment was not sufficiently adapted and designed to meet people's needs. This contributed to restrictions being placed on the person.

Right Care:
Whilst training records showed staff had been trained, the provider did not ensure staff had the required skills and knowledge to ensure people received appropriate care at the point of them coming to live at the service.

People were not safeguarded from abuse to promote right care.

Sufficient staff were provided to support the person and enable them to engage in community activities. Supportive care was provided with staff having a positive relationship with the person.

Right Culture:
Good governance was not established. This resulted in the service and records not being effectively managed and monitored to promote positive outcomes for people. As a result, risks to people had not been identified and mitigated. Systems to manage staff's breaks practice and the handling and recording of accidents/ incidents did not promote a positive culture to empower people.

People, their relatives and health professionals were involved in planning and reviewing their care, to ensure people received positive outcomes.

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 30 March 2023, and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about risk management and staff training. A decision was made for us to inspect and examine those risks.

Enforcement
We have identified breaches in relation to safe care and treatment, safeguarding, recruitment practices, auditing, and record management.

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

Follow Up
We will request an action plan 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 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 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**

The Gable

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.

Inspection team
The inspection team consisted of one inspector.

Service and service type
The Gable 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. The Gable 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection and to enable the person using the service to be informed.

What we did before the inspection
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 reviewed information we had received about the service since registration with us. We sought feedback from the local authority and professionals who work with the service and person living there.

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

We spoke with 5 staff which included the registered manager, team leader and 3 support workers. We reviewed the environment, medicine practices and records relating to people's care, which included health appointment records and medicine competency assessments for staff.

After the inspection we continued to review information sent to us, which included the person's care plan, medicine records, audits, policies, training records, rotas, 6 staff recruitment files and health and safety records.

We spoke with a relative by telephone after the inspection and requested feedback from 3 professionals involved with the service.

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.

Systems and processes to safeguard people from the risk of abuse and avoidable harm
- Systems were not effective in safeguarding people from abuse and avoidable harm.
- The provider had the relevant policies in place to safeguard people and the guidance was displayed on notice boards in the office to promote staff's understanding. Staff were trained in safeguarding and during discussion with us they were aware of their responsibilities in reporting poor practice. However, after the inspection we became aware of a safeguarding concern that occurred two months before our inspection and had not been promptly reported by staff.
- Staff were trained in restraint reduction techniques. However, the positive behaviour plan was not specific as to when restraint was to be used, the technique to be used or the numbers of staff required to safeguard people. This meant people would be at risk of being restrained inappropriately.
- The registered manager assured us restraint had not been used. However, 1 staff member told us they had used restraint reduction techniques in the past 3 months. They then demonstrated a technique to us that they had used. We were not assured the technique demonstrated was lawfully justified as the least restrictive intervention in the person's best interests. We asked the registered manager to investigate and act to safeguard the person. The outcome of the investigation led to further information coming to light to evidence the person was not safeguarded.

The service had failed to operate effective systems to identify allegations of abuse, including the risk people may experience unnecessary or disproportionate restraint. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action to safeguard the person.

Assessing risk, safety monitoring and management
- The provider did not always assess risks to ensure people were safe and action was not taken to mitigate any identified risks.
- Some environmental risks were identified but not managed. For example, the sensory room had a glass patio door. From the team meeting minutes in August 2023 we can see Perspex was on order but no interim measures were put in place to manage the known risk and minimise injury to the person and staff.
- The radiators in the service were not covered to prevent burns and injury. A risk assessment was in place which indicated the person was under constant staff supervision therefore, the risks were low and mitigated. However, the person was not under constant supervision at night and the risks of burns or injury at night had not been assessed and mitigated.
- Infection control risks in relation to laundry had not always been addressed and mitigated. The washing machine was situated in the kitchen, however the risks around laundry management had not been

identified and managed to minimise infection control risks.
● Water temperature records showed an occasion during the weekly water checks where the cold water temperature was higher than the recommended temperature and the hot water temperature in the bathroom was not taken and recorded. This was not noted, and no remedial action was taken to ensure water temperatures were maintained at the required temperature to promote safe care.
● Other risks relating to the environment had not been identified. The patio at the rear of the property was uneven. The TV and internet cables were loosely hanging on the external wall of the property and had the potential to put the person at risk.
● During the inspection we saw the kitchen door was propped open. Upon closing due to the door being warped it was not sealing shut. This could pose a risk in the event of a fire. The fire and legionella risk assessments and electrical servicing record showed actions were required to make the service safe. Whilst we were reassured by the provider the actions had been completed, evidence was requested but not provided to confirm all the actions had been signed off as completed. Therefore, we were not assured the property was safe for its intended purpose. In view of the concerns around fire safety we made a referral to the Local Fire Service.
● Risks to people in relation to their learning disability and associated conditions were identified, mitigated, and had resulted in a decrease in the person's level of distress. Whilst most of the staff we spoke with were aware of the risks the person presented with, the triggers and de-escalation techniques to support the person safely, 1 staff member's feedback raised concerns around their handling of incidents to promote safe care and treatment.

Safe care and treatment was not consistently provided. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong
● Systems in place to promote learning when things had gone wrong were not effective.
● Records were maintained of episodes of distress, triggers and action taken. Monthly analysis of incidents took place at registered manager and at provider level. However, the analysis failed to identify staff practice was not in line with the risk management for supporting the person when distressed and did not promote safe care.

Safe systems in relation to accident/ incident reporting was not established to promote safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
● Medicine practices were not always safe.
● Staff were not working to best practice and the organisation's medicine policy to ensure medicine records were accurate. Where, 'as required' (PRN) medicine was prescribed this was included with the same regular prescribed medicine, with no protocol in place to indicate why the "as required" dose should be given. Whilst the person using the service was not impacted by the lack of guidance, there was the potential for the PRN medicine to not be administered for what it was prescribed for.
● Where emollients were prescribed a topical medicine administration record was not in place to indicate where the emollient was to be applied. This was not recorded on the person's care plan either and not available to staff. When a medicine was reviewed or changed written confirmation was not obtained to confirm the prescribed medicine was changed or that medicine prescribed for a limited time was to continue.
● The record of medicine received and carried forward was not accurately completed to enable effective

stock control of medicines, to enable the service to identify potential errors, and to ensure they didn't run out.
● Although staff received training in medicine management and were deemed competent, they failed to identify the above concerns.

Medicines were not managed in line with best practice. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action in response to our feedback on medicine practices.

● Medicines were suitably stored, with systems in place for disposal.

Staffing and recruitment
● The provider did not always operate safe recruitment processes.
● The provider did not always follow their own recruitment policies. Potential candidates indicated on their application form who to seek references from. These were not checked to see if the named referees were relevant to their work histories. In 1 staff file viewed a reference was not taken from their most recent previous employer. In another file a reference was taken from a volunteer role as opposed to a paid role in care which superseded the voluntary role. In a third file we saw a reference was taken from a role not recorded on the staff member's application form.
● Whilst references were validated by a phone call from the human resources department, no clarity was sought to establish if they were the applicant's professional referee and comments made by a referee about an applicant were not explored to seek assurances on the applicant to promote safe recruitment.
● Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. In 1 staff file we saw a DBS update service check was not completed until 4 months after the staff member had commenced employment. For another staff member who had transferred from another of the provider's locations, an overseas police clearance was accepted, and a DBS check was not sought until 14 months after their employment commenced.
● The provider failed to ensure risks around effective staff deployment were recognised and assessed. This included risks around staff related to each other working at the service and ensuring staff break arrangements were defined and managed to ensure the required staffing arrangements could be consistently provided.

Safe recruitment practices were not promoted. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider ensured there were sufficient numbers of staff.
● The rotas viewed showed the required staffing levels were provided. Staff confirmed the planned staffing levels were maintained and this ensured the person had access to their chosen community activities. An on-call rota was in place and staff were aware of how to access out of hours management support.

Preventing and controlling infection
● People were protected from the risk of infection as infection prevention control risks other than risks relating to laundry were managed.
● Cleaning schedules were in place to promote a clean environment. The service appeared generally clean.
● Staff were trained in infection control and personal protective equipment was provided to minimise risks of cross infection.

Visiting in Care Homes
People were able to see visitors, although this was reduced during the person's transition period to the service to enable them to settle.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed but the risks around their care and support was not mitigated to achieve effective outcomes.
- The provider had assessed the person prior to agreeing that they could meet their needs, despite the risks the location of the service posed. There was a period of short visits and transition to the service prior to the person moving in. At the time of the transition into the service professionals told us staff did not have the required skills and training to safely support the person, which resulted in concerns around their management of the person's needs. This was addressed by bespoke training being provided by health professionals involved in the person's care.
- We saw the root cause analysis of incidents identified factors that contributed to accidents/incidents during the transition period included staff training, skills or competence This meant the provider had not ensured staff had the skills and training to promote safe care.

The risks identified at assessment were not mitigated to promote safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in equality and diversity to promote an inclusive non-discriminatory approach to people.

Adapting service, design, decoration to meet people's needs
- People's individual needs were not always met by the adaption, design and decoration of the premises.
- The service's design and location on a busy road impacted independence and community access.
- Whilst the service had been decorated and new carpets and curtains had been fitted, it was sparse, the curtains were coming off the windows and very few personal effects were visible to make it homely and welcoming.
- Externally at the rear of the property the outside area was poorly maintained and the garden posed risks to the person which limited their access.
- The relative commented, "I feel the house is too big, not homely and the design, layout and location of the house is restrictive to [person's name]."

It is recommended the provider works to best practice guidance in ensuring the service provide people with a learning disability the choices, dignity, independence and good access to local communities in line with the statutory guidance right support, right care and right culture.

Staff support: induction, training, skills and experience

● The training matrix showed staff had completed training modules relevant to their role and specific to the needs of the person they supported. In house induction checklists were in place to induct staff into the service and the training matrix indicated all staff had completed the care certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

● Staff told us they felt suitably trained for the role. Staff commented, "The training gave me the skills and knowledge to do my job. You have to work with [person's name] to develop the relationship" and "I have done face to face and e learning training, including training from professionals to enable us to support [person's name] safely."

● The supervision matrix showed staff had monthly supervisions recorded. During the inspection staff told us they felt well supported and confirmed they received monthly supervisions.

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

● People were supported to eat and drink enough to maintain a balanced diet.

● The person's nutritional and hydration needs were identified, and they were supported to be involved in meal choices, food shopping and cooking with staff supervision to promote their independence. The risks relating to those life skills were identified and mitigated.

● Staff were supporting the person to lose weight and promote healthier food choices in relation to food and drink, whilst enabling them to have foods they liked.

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

● The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.

● People were supported to live healthier lives, access healthcare services and support.

● The service worked closely with other professionals which included the intensive support team, psychologist, social worker and positive partnership team who supported staff in the transition of the person to the service. Regular reviews of the person's care and placement took place. A professional involved with the service told us the registered manager and staff worked closely with them in getting to know the person, they were engaged with the training provided and had developed a good understanding of the person's needs, which they believed would continue to develop over time.

● The person was registered with their family's GP, with the intention being for the person to be registered with a local GP once a future placement has been sourced.

● The person's relatives were actively involved and kept informed of changes in the person to promote their health and well-being.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

● The provider was working in line with the Mental Capacity Act.
● Mental capacity assessments and best interest decision records were in place which were decision specific. DoLS applications were made to support the best interest decisions.
● Staff were trained in the Mental Capacity Act and had a good awareness of how it related to the person they supported.

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 were well supported.
- The person was supported by staff who had a good understanding of their needs. Staff were observed to be kind, caring and engaged with the person. The person appeared relaxed and happy in their company.
- The relative told us their family member built a positive rapport with staff and they referred to them as 'mates'. They commented, "The staff really like (person), I am so proud of (person), and the work they [staff] have done."

Supporting people to express their views and be involved in making decisions about their care
- People were supported to express their views and make decisions about their care.
- The person's communication needs were identified, and staff encouraged them to make decisions on their day-to-day care. They were enabled to make decisions on their food, drinks, activities and choose when to get up and go to bed.
- Staff were working closely with the family and professionals to further develop the person's involvement in their care. The relative told us they had accessed an advocate to ensure the person had choice and limited restrictions.

Respecting and promoting people's privacy, dignity and independence
- People's privacy, dignity and independence were respected, although the design of the property meant privacy was not always promoted.
- The person had their own bedroom but shared bathroom and toilet facilities with staff and any visitors. This impacted on them being able to use the bathroom when they choose and for the length of time they might prefer. We were made aware alternative accommodation was being sought.

It is recommended the provider works to best practice when sourcing future accommodation.

- The person had developed positive relationships with staff, with staff observed being respectful, attentive, and responsive to them, which promoted their dignity.
- The person's independence was being promoted in developing life skills.

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.

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

- People were supported as individuals, in line with their needs and preferences.
- Person centred care plans were in place which indicated the support the person required to meet their needs. The care plans were reviewed and updated in response to changes in the person. The person's relative gave us examples where their family member's quality of life had improved since coming to the live at the service.
- A professional involved with the service commented, "Staff are responsive to suggestions, and they seem proactive in thinking about how to resolve problems".

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.

- People's communication needs were understood and supported.
- The person's communication needs were identified, and visual prompt cards were used to promote the person's involvement in their care.
- During the inspection, we observed staff had a good understanding of the person's communication needs. They listened and were responsive to them, which promoted a positive response from the person.

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 supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- Person centred activities were promoted, such as going to the gym, trampolining, shopping, bowling and going for walks. The relative was actively supporting the service to source clubs, discos and relevant age-related social activities to enable their family member to have the opportunity to develop friendships with people their age. They were also supporting the service to develop in-house activities to promote their family member's involvement in life skills whilst being educational.
- Contact with family and key people involved in the person's life was maintained.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.

● The provider had a complaints policy in place which outlined the process for making complaints. We saw complaints raised had been responded to.
● The relative felt able to raise concerns with the registered manager and the staff team as issues arose. They confirmed issues raised by them, and their feedback, was taken on board and addressed.

End of life care and support
● The provider was not currently supporting anyone with end-of-life care. Families and relevant professionals would be involved in decisions around care and treatment for a person when unwell.

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

- Good governance was not established, and the service was not effectively monitored to mitigate risks and ensure regulatory requirements were met. In-house audits took place which included checks of the water system, fire equipment, medicines, and infection control. Those audits failed to identify the issues we found with medicines and health and safety records. Alongside this, actions from risks assessments of the property were not actioned.
- We saw an audit of one of the recruitment files viewed. The audit failed to identify the issues we found with the recruitment of that staff member. Other recruitment files showed no evidence of being audited prior to a new staff member commencing employment or since their employment had commenced.
- The provider's quality assurance policy indicated the provider would ensure that there is effective governance in place, including assurance and auditing systems and processes. Whilst the policy outlined the registered manager's responsibilities in relation to auditing there was no reference to the auditing systems and processes in place used by the provider to assure themselves the service was being appropriately managed.
- We were provided with copies of the provider's monthly audits for July, August, and September 2023. These reports were accidents, incidents and safeguarding analysis for all services managed by the provider, as opposed to being specific to the location. These audits had not identified the issues we found with the accident / incidents reports in that debriefing following incidents were not taking place or note the language used in the incident reports which raised questions about staff practice and the culture within the service. There were no provider audits of other aspects of the running of the service which meant the provider failed to identify the failings and has resulted in breaches of Regulations of the Health and Social Care Act 2008 we found.
- The rotas were not audited to ensure they were accurate. The rotas viewed did not accurately reflect the hours staff worked. For example, there were staff who were nominated drivers and the team leader who worked an administration shift each week. The hours staff worked in those roles were not defined to enable the hours staff worked to be monitored and kept under review. Alongside this, the sleep-in shift and waking night shift was not defined and staff names on the rota did not correspond with the staff list we were provided with.
- Records were not suitably maintained, accurate or complete. The health and safety records showed gaps in recording of the weekly water temperature for a period of three weeks and water temperatures were logged for outlets that were not in situ. Other records were requested but not provided, such as evidence of

confirmation of contents and building insurance, evidence of completion of all actions from the fixed lighting inspection, legionella, fire risk assessment and confirmation that the notice to vacant the property had been withdrawn.
● The provider did not always have effective systems to monitor practices to promote good outcomes for people. Staff took their lunch breaks at the service. There was no guidance around this to ensure staff respected the person's home to promote a positive culture. Alongside, this in some incident records viewed we saw the person was referred to as "naughty" and there was reference to "consequences of the person's actions". This practice did not promote a positive culture to benefit the person and was not appropriate to ensure an empowering service.

Good governance was not established to ensure the service was suitably managed, practices were monitored, and records were accurate. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager was registered to manage 2 of the provider's locations. They worked across both locations and had a team leader who took on managerial responsibilities at the service. Staff described the registered manager as accessible, approachable, and supportive. Staff commented, "[Managers name], listen to you, take concerns on board, and comes to a logical conclusion. All staff have a personable relationship with her", "The manager is hard working, understands [person's name] really well and I feel able to approach her with anything," and "Good line manager, supportive, transparent and I am happy."
● The relative felt communication with them was good and they felt included. They commented, "The team are open to my ideas, and I am not shut out by them."

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 provider did not fully understand their responsibilities under the duty of candour.
● The registered manager confirmed her understanding of the duty of candour and the need to be open and transparent. They confirmed they had informed the relative of a duty of candour incident and provided a verbal apology. The provider's duty of candour policy indicated a written apology was required to comply with regulation 20. The registered manager confirmed they were not aware they needed to follow up the verbal apology with a written apology. They assured us they would ensure they would do this for any future duty of candour incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
● Staff were provided with opportunities to give feedback about the service, through supervisions and team meetings. Professionals were involved in regular reviews of the person which enabled them to share their views about the service. Relatives had regular contact with the registered manager which enabled them to be involved in their family member's care and progress.

Working in partnership with others, Continuous learning and improving care
● The provider worked in partnership with others and was developing a learning culture at the service to improve the care people received.
● The service had engaged with external training from health professionals to develop staff skills in supporting the person and was committed to further developing staff to improve care and outcomes.

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 People were not safeguarded from the risk of abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices were not established to safeguard people.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not mitigated and medicines were not managed in line with best practice to promote safe care and treatment.

The enforcement action we took:

Warning notice served.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Good governance was not established to ensure the service was suitably managed and monitored to provide safe care.

The enforcement action we took:

Warning notice served.