

# Caring Homes Healthcare Group Limited

## Riverside Place

### Inspection report

Plaxton Way  
Ware  
SG12 7FB

Website: [www.caringhomes.org](http://www.caringhomes.org)

Date of inspection visit:  
03 September 2019  
13 September 2019

Date of publication:  
06 November 2019

### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Riverside Place is a nursing home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 72 people.

Riverside Place is a new purpose-built care home. It offers accommodation over three floors.

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

People told us they felt safe in the home. People experienced delays in answer to their call bells from 10 minutes to 44 minutes, and at times their call bells were not working. Medicines were not always managed safely and people experienced delays at times in receiving their medicines.

Risks to people were not always mitigated effectively. For people at high risk of developing pressure ulcers, preventative measures were not always taken in a timely way and some people developed sores. Where people were at risk of dehydration or malnutrition staff monitored their food and fluid intake, however this was not done consistently.

Staff used effective infection control measures to protect people from the risk of infections. Appropriate equipment was in place where needed for people to receive support in a safe way.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's changing health needs were not always promptly identified by staff. People had access to visiting health care professionals.

People's dietary needs were catered for and they were happy with the quality of the meals. Activities were offered to people, however some people were not satisfied with these and the opportunities provided to avoid boredom and preferred to sit in their bedrooms. The environment was homely, clean and welcoming.

Staff received training to develop in their roles and they felt supported by their managers. Some staff were trained to become Champions in their areas of interest and they mentored newly employed staff to develop the necessary skills for their role.

People told us staff were kind and caring. Their privacy, dignity and independence were promoted. People felt listened to and involved in decisions about their daily lives.

The providers governance system was not always used effectively to drive improvement where it was needed. Where issues were identified these were not effectively resolved as there were re-occurring themes. Analysis of complaints, incidents or accidents was not effective in identifying trends and patterns to help prevent them from happening again. Information was not always shared effectively, and lessons learnt

process was not embedded in staff's practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 14 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Riverside Place

## 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 and two Experts by Experience. 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

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

The service 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 unannounced.

#### What we did before inspection

We reviewed information we had received about the service since they registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service, two visitors and two relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager,

senior care staff, care staff, nurse and the provider's commissioning manager. We also spoke with two health professionals visiting 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, surveys and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely;

- Risk to people's health and well-being were not always mitigated to keep people safe. For example, a person developed a pressure ulcer. Staff asked for district nurse input and they visited on the day of the inspection. They told us they were concerned about the pressure ulcer developing as this could suggest that staff were not taking effective preventative measures.
- We checked what preventative measures were in place for people assessed at risk of developing pressure ulcers. Four people were assessed as needing regular repositioning due to being at high risk of developing sores. Repositioning charts were not fully completed. For example, for the person who developed the pressure ulcer the repositioning charts were only completed for day time for three days and throughout the three days, only once the person was lying on their right side in bed. They spent long periods of time sitting in their armchair for up to nine hours a day.
- Staff did not effectively monitor people's physical health needs. People who were considered to be drinking under their ideal amount were placed on a fluid watch. People had a daily target, and staff encouraged them to drink, however, where people did not drink sufficient in one day, this did not trigger any actions. For example, one person had displayed behaviour that challenged others. Staff had put in place measures to keep others safe, however it was not until two days later when a staff member returned to work they identified that the person had not drunk sufficient fluids and may have a urinary infection. Once tested, diagnosed and prescribed antibiotics, the person's mood lightened. However, had staff effectively monitored the person and taken appropriate actions, this may have been avoided.
- People's medicines were not administered as the prescriber intended.
- People told us, and we observed that they received their medicines late. One person said, "I have rung my bell for my medication because I knew it was late, they are not always quick to respond." We observed in the morning medicines were still being administered at 11.25am, at lunchtime people who required medicines to be administered at a specific time did not receive these. For example, one person's medicine to manage symptoms of their Parkinson's was prescribed to be given at 12.30pm. Forty-five minutes later this had not been administered. Staff told us this was because of the protected meal times; however they had not checked with a health professional to establish if this would still provide effective treatment.
- We found that other medicines required to be given with or just after people ate were administered either before, or significantly later. For example, medicines to manage stomach acid are to be taken on an empty stomach. Staff administered these either as people ate or afterwards. This could reduce the effectiveness of the medicine.
- Staff told us on the day of the inspection they were also doing a medicine audit, and this delayed the

process. People and relatives told us they raised concerns about medicines being administered late prior to our inspection.

- Stocks of medicines did not tally with the stock records. Of nine people's medicines checked, six stocks were incorrect. There were either more or less medicines than there should have been.
- People prescribed medicines to manage challenging behaviour were not reviewed or monitored by staff. However, staff did monitor people's sugar levels if diabetic or people's regular blood tests if prescribed blood thinners.
- Medication administration records [MAR] were complete with no omissions. Where people refused their medicine, staff recorded the reason for this on the MAR. Daily checks were in place to monitor the storage of medicines, such as temperature checks to ensure medicines were stored within safe temperature limits.

We found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people's well-being were not sufficiently mitigated to protect them from harm.

#### Staffing and recruitment

- People told us they experienced a delay when using their call bell to seek staff assistance. One person was crying out in pain due to receiving their pain relief late in the morning. Relatives told us that having to wait for staff to respond to people's needs was not dignifying.
- One person said, "I have rung my bell mostly at night because they keep forgetting to put my drink within my reach, and there is usually a lengthy wait." Another person said, "Around 5 minutes (call bell to be answered) is satisfactory. Over 10 minutes is not. The answer is always the same; staff shortages. It's an organisational problem, not the fault of staff. Yesterday I waited and waited, and I get a bit fidgety after a time. Last night they said sorry, there's only one person on each floor. So, anyone who has the hoist won't get it. It affects me quite a lot."
- A relative told us they had to ring the call bell for staff to help a person to use the toilet. They waited a long time and when staff arrived they told the person that they have a continence pad on and they could use it.
- Call bell records showed that people did at times experience a delay. The time taken for staff to respond was recorded in the call logs. These showed response times of 18 minutes, 23 minutes and on one occasion, 44 minutes.
- An organisational policy was not in place to guide the registered manager to what length of delay was considered acceptable. The registered manager told us they considered within ten minutes to be reasonable. We showed them the response times in excess of ten minutes and they agreed it was not reasonable or safe for people to wait as long.
- The registered manager assessed the staffing levels required and when required increased this based on people's changing needs. Staff felt at times however, the use of agency staff meant people's needs were not responded to promptly. One staff member said, "Every day it's different. Depends who is working with who on that day. Some days we get round without a problem, but other days people do have to wait for us. It's been a bit of an issue for a while."

We found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff effectively deployed to meet people's needs in a timely way.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, (I feel) very safe. The staff are very good; they know what they're doing. Another person said, "Yes, I do feel safe, it's the number of people in here, it's the quality of the building I mean to say, like [staff member] who has just been to tell us they are testing the fire alarm, it



makes you feel safe and secure to know they are looking after us."

- Staff told us what safeguarding meant and how they reported their concerns to their managers. They were also aware of external safeguarding authorities they could report their concerns to.

#### Preventing and controlling infection

- People lived in a clean environment. Staff were observed to use appropriate personal protective equipment (PPE) when assisting people with personal care. Staff were aware of safe practice in relation to infection control and had received training in this area.
- Staff and management did not carry out regular checks of the risk of infection to people. We saw in the previous six months; one infection control audit had been documented.

#### Learning lessons when things go wrong

- Processes to learn lessons when incidents or mistakes happened were not embedded within the culture of the staff team. Where incidents had occurred within the service, these had been documented within the care records, but not discussed with the staff team. Minutes of team meetings did not record discussions in relation to lessons learned.

# 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

- People's needs were assessed prior of them moving to Riverside Place and care plans were developed for staff to know how to meet people's needs.
- When needed, best practice was sought and communicated to staff in order to ensure people's care was provided effectively. Staff were supported by health professionals who visited regularly. This also helped to ensure care was delivered in line with good practice and recognised standards.

Staff support: induction, training, skills and experience

- Newly employed staff were provided with an induction. One new staff member told us they were completing their training and would shadow experienced staff until they were assessed as competent to work alone.
- Staff felt well supported by the registered manager and their line managers. Staff said they received regular supervision which they found helpful to discuss concerns and review their performance. One staff member said, "The training here is outstanding, [registered manager] pushes us to go on courses. We can ask for training knowing that it will be put in place."
- Staff told us they were supported to develop their skills and knowledge beyond their role. One staff member told us the registered manager was supporting them with leadership and management training. This was part of their development plan to eventually move into management. Champions role were in place, for example with dementia and falls, and further plans to develop other roles were in place.
- Training for staff in some areas had lapsed and refresher training was overdue, however the registered manager was addressing this and booking training.

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

- People told us the food was tasty and plenty of choices were offered. One person told us, "The food is very nice and plenty of choices. I did make reference to the portion sizes when I went to a meeting, and they have greatly improved. I only have [type of food] and the chef makes sure that it is brought in for me."
- People had selected their menu choice the previous day. This led to two people being unable to recall their selection due to their confusion. The hospitality manager told us people were offered alternatives.
- Staff were attentive to people. Where people were taking their time, staff offered to refresh their meal, and prompted people with patience and sensitivity.
- People's specific dietary needs such as gluten free or diabetic diet were known to the kitchen staff. People at risk of choking had their swallowing assessed by a relevant health professional and specific diets were provided. For example, we observed people assessed as requiring a fork mashable diet which was provided.

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

- Staff referred people to their GP, dieticians, physiotherapists and other professionals when their needs changed. One person said, "Whenever you need to see a Doctor they will call one for you, but there is one doing rounds every week I believe."
- Staff worked in partnership with health care organisations, appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest.

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

- The home was designed in a way so that people could move around easily, whether this was independently or with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible.
- There were large comfortable lounges with ample seating for everyone.
- There were designated dining areas on each floor, so people could enjoy a meal together, however, only one was in use because the home had not been fully occupied. This caused the downstairs dining room to be crowded.
- People's individual bedrooms included personal items to help create a homely feel.

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).

- People told us staff asked for their consent to the care they received. One person said, "The staff do ask permission from me before they do anything, like if they come to undress me they will tell me what they are going to do."
- DoLS applications were submitted to the local authority by the registered manager to ensure that any restrictions applied to people's freedom in order to keep them safe was done lawfully.

# 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; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind and caring towards them. One person said, "We all know each other by Christian names. There's familiarity and a good bit of banter. They ask if the door is to be left open or closed when leaving."
- People felt staff were protecting their dignity and privacy. One person said, "I do think they are caring I have not experienced anything bad, they always knock on my door before they come in, they do my personal care and they respect me whilst doing so, they do things at my pace and they don't rush me."
- People were supported to maintain their independence and they formed friendly relationships with staff. One person said, "Yes they are caring, they respect me when they help me shower. They do promote my independence, I'm still assisted to walk with my frame even though I am susceptible to falls. I can get very tearful and I have become friendly with a couple of staff who are very nice to me, they comfort me when I am upset."
- During the Inspection we observed staff greeting people in an affectionate way, calling them by their preferred name. For the short period of time some of the people had been in the home it was evident that staff knew them well. Staff could tell us who could talk to us, some of their personalities, and when entering their rooms, they knew which drink people preferred.

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

- People told us they could lead the care and support they received. Staff respected their choices.
- Not all the care plans evidenced to show that people were regularly involved in reviews. Staff and the registered manager told us that 'the resident of the day' initiative had stopped. This was a system whereby each day a person who lived in the home had their care plan reviewed and they had meetings with the heads of department like the chef. They could give feedback about the care they received and made to feel special for that day. The registered manager told us this initiative will be re-started to help people to be more involved in making decisions about their care.

# 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 were supported to make decisions and choices about how they lived their lives, including who they would prefer to support them. People had a choice on when to go to bed, and get up, and were asked if they would prefer to be supported by male or female staff. One person said, "I am promoted to have choices on when I get up and when I go to sleep. It's up to me."
- Staff knew people's likes, dislikes and preferences well. People were encouraged to stay independent but also to accept help when there was a risk of injury if they were doing things on their own. A relative told us how happy they were that their loved one's mobility was improving, and they were re-gaining their independence.

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 care plans detailed what communication needs they had. We saw staff adapting their verbal communication to people's ability and gave them time to respond if it was needed.
- Staff gave copies with the activity schedule to people to ensure they were informed of what was on offer.

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 told us that at times staff supported them to pursue their own interests and things important to them. For example, one person told us how they had enjoyed being taken to the local pub to watch a football match.
- Two people were supported to continue to grow vegetables in the communal gardens. A vegetable plot, greenhouse, shed and outside toilet had been provided to support them to pursue this.
- Staff had identified that activities were directed mostly towards the female residents. In response they had developed a gentleman's club. A recent meeting had taken place where discussions were held about the war, sporting events, and their time in the armed forces. Plans were in place to introduce card and pub nights and other interests people wanted to re-experience.
- People told us, group activities in the home needed further developing to provide the same positivity or engagement as individual activities. On the day of the inspection an outside entertainer performed in what staff told us was an eagerly anticipated visit. We saw this was not particularly well attended by people,

however the ones who attended engaged well and enjoyed singing.

Improving care quality in response to complaints or concerns

- A complaints policy was in place that instructed people how to raise their concerns. This was made available to people and visitors and also directed them to external agencies they could raise their complaint to if needed.
- Complaints were investigated and responded to when raised. The progress and outcome from any complaints were monitored by the provider. At the time of the inspection one complaint was ongoing in relation to staff responsiveness to call bells.

End of life care and support

- The service provided end of life care for people. Care plans detailed whether people wanted to remain in the home or not when they were nearing the end of their life.
- Staff involved the GP in people's care to ensure they could be kept comfortable and pain free.
- People's care plans needed developing further to ensure if people had any specific wishes for their final days or hours, these could be known to staff.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All staff told us the registered manager was supportive and approachable. One staff member said, "[Registered manager] is amazing, they are the best manager I have ever had."
- Care plans needed further developing to ensure they accurately reflected the care people received. For example, there were no care plans in place to demonstrate how staff were considering and applying the least restrictive care practices when supporting people. Mental capacity assessments were not always carried out for people who had been diagnosed with dementia and took unwise decisions, to evidence if they had the capacity to do so. For example, a person's care plan detailed that they were confused, had early onset dementia, anxiety and depression. This person had numerous falls because of a health condition they had. The person told us that in a meeting with staff it was agreed that they would have a sensor mat in place to alert staff if they fell. The registered manager told us the person refused to have the sensor mat and they had capacity. There was no record of the meeting and no mental capacity assessment was carried out.
- Governance systems were not used effectively to drive improvement and provide a high-quality service. Audits were not always effectively completed to ensure people received safe and timely care. The registered manager did not routinely monitor call bell responses. They did not regularly review the responses for the whole home.
- Analysis of incidents or accidents was not in place. Although the individual incidents were noted and reviewed, the management team did not consider whether there were any themes or trends that contributed to these.
- Audits carried out did not regularly cover some of the key areas found at this inspection. For example, April 2019 the registered manager reviewed housekeeping, kitchen, medication, carried out a night visit and a 'home-pride' audit. Between April and July 2019 there was one infection control audit and one medicine audit. Medicines were only audited in July.
- Auditing of medicines had not ensured people received their medicine as the prescriber intended. The issues identified at this inspection had not been found by the registered manager through regular checks. After the inspection, the provider conducted a thorough review. They determined the discrepancies relating to medicines stemmed from recording errors from the original sign in of the medicines. No staff member had identified this as an error since medicines were originally received into the home.
- The management team were required to carry out a daily walk around of the home. This was to check all

areas were clean and safe for people, as well as to ensure people were happy with the care they received. These were not carried out daily. The last documented walk-around was on 16 August 2019.

- The provider carried out a survey of the quality of care provided in March 2019. In this survey, people had commented that call bells were not responded to promptly. The registered manager had noted that audits were in place to monitor, however this only looked at two random calls monthly and did not effectively drive improvement.

- 22 people completed the survey. All people felt the service was safe. However, 15 people did not feel staff were well trained, three people felt that staff did not listen to their views and were not satisfied with activity provision. Two people felt their decisions were not respected or upheld. The registered manager had not explored why people viewed these areas this way and had not developed actions to improve these issues.

- People also gave feedback about group activities not always being developed to their liking. They told us group activities were not diverse enough for everyone to find something they liked to do in a group.

- Staff told us that when team meetings were held, these were useful, informative and that they felt able to share their views and ideas. One staff member said, "As staff we bring things we have learned in other homes, and the manager listens to what we say. Meetings are good. We do talk about the issues we are having. We had issues with staffing, they listened to us at the beginning and the new guys were found and now it is manageable." However, records available on the day of the inspection showed that of team meetings did not occur regularly, the last team meeting was April 2019. Following the inspection, the registered manager submitted evidence to show that between April and August 2019 meetings with staff from different departments took place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that their systems and processes were effective in enabling staff to provide safe and good quality care for people.

- Following the inspection, the registered manager and the provider's commissioning manager sent us an action plan to address the concerns we found during the inspection. This had showed us that they were willing to improve.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Continuous learning and improving care

- The registered manager was unable to demonstrate how they met their legal obligation under duty of candour. Although people or their next of kin were informed of an incident or injury, the registered manager had not explained to them what they would do to prevent the risk of that happening again, and they had not received an apology.

- There were no discussion with people, relatives and staff about the incident / injury occurred, or what lessons have been learned and shared with the person about how staff will reduce the likelihood of recurrence. For example, where people had developed pressure wounds the registered manager had not followed the requirements of Duty of Candour.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

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

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to manage all the aspects of the service.

- Staff told us they knew their responsibilities and how the provider was expecting them to deliver care and support to people. However, this was not always the case. The chef was not involved in reviewing people's



nutritional needs particularly when they were at risk of weight loss. They attended a daily handover; however, this was a business only meeting, discussing upcoming events, ordering and they did not stay to discuss people's care needs. The registered manager told us they would ensure the chef was actively involved in reviewing and supporting people's nutritional needs going forward.

#### Working in partnership with others

- The management worked in partnership with health and social care professionals to meet people's needs effectively. For example, the GP visited the home weekly and more often if it was needed.

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  Risks to people's well-being were not sufficiently mitigated to protect them from harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured that their systems and processes were effective in enabling staff to provide safe and good quality care for people.
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour  The provider had not ensured when any accidents/incidents happened they followed Duty of Candour and issued people with an apology as well as discussed what they could improve to prevent re-occurrence.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not enough staff effectively deployed to meet people's needs in a timely way.

