

Hawkesyard Care Centre Ltd

Hawkesyard Priory Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hawksyard Priory Nursing Home is a care home providing personal and nursing care to up to 106 people over three different floors. There was access to a church and gardens at the home. The home provides support to younger adults, older people and people with dementia, mental health needs and those with a physical disability. At the time of our inspection there were 29 people using the service.

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

There were numerous issues identified throughout this inspection which had not been identified. Staff were not always recruited safely. The risk of contractors working unaccompanied on site had not been considered. Some improvements had been made to medicines management, but we found further improvements were needed. Risks to people were not always assessed and risks were not always mitigated. Checks had been made on the safety of the building. However, timely action had not always been taken to rectify issues. Despite this, people felt safe and other safeguarding referrals had been reported. Lessons were not always learned when things went wrong. The building needed refurbishment, but the provider was already working on this. People told us they felt well treated, but we observed instances when they were not always treated with respect. People were not always supported enough to partake in enough activities of their choice. People were not always fully supported with their communication needs.

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. However, there was not always clear evidence of involvement from people's relatives in the decisions to administer medicines covertly.

Staff received training and support to be effective in their role, although some improvements were needed. There were enough staff to support people. People felt safe and liked the staff. Infection control measures were in place to keep people safe. People liked the food and had choices, in line with their needs. People were supported to access other health professionals and had their health needs assessed and monitored, when needed. People were supported to remain independent. People felt staff knew them well and care plans contained people's preferences.

People and relatives told us they felt able to make a complaint if needed and the registered manager was aware of their responsibility in this area. People's end of life wishes had been considered. Despite some issues, people, relatives, and staff told us the home had improved since the last inspection. There was positive feedback about the registered manager and deputy manager. There were meetings to engage with those involved with the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 January 2023) and there were breaches of regulation. The provider had a date to be compliant by and completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staff recruitment. A decision was made for us to inspect and examine those risks. This inspection was also carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the full report for details.

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

Enforcement

We have identified breaches in relation to staff recruitment, assessing and managing risks to people, supporting people in a respectful and dignified way and the oversight of the quality and safety of the service.

We have issued the provider with warning notices. We will check the provider is taking action to comply with the legal requirements set out in the warning notices.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

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 findings 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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hawksyard Priory Nursing 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

This inspection was carried out by 4 inspectors and 1 Expert 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

Hawksyard Priory Nursing 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. Hawksyard Priory Nursing Home is a care home with 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

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 did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well-led of this report to see further details about this. We sought feedback from partner agencies, such as the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service. We also spoke with 4 relatives of those who used the service. We spoke with 12 staff, including care assistants, senior carers, nurses, domestic staff, estates manager, the deputy manager, and the registered manager.

We looked at 6 people's care records, including care plans, risk assessments plus some medicine records. We made observations in communal areas to see how staff interacted with people. We also looked at policies, procedures and building safety records. We continued to seek clarification from the deputy manager and registered manager after the site visits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Staffing and recruitment

- Staff were not always recruited safely, and we could not always be sure of staff member's suitability to work in the service.
- Staff did not always have complete employment history information in place and when there were gaps in employment, these were not always explained, as required. Staff had not always provided proof of address during the recruitment process. One staff member did not have evidence of a right to work in the UK check in place.
- Some staff lived in the care home. There had been no risk assessments about this and some of these staff did not have the complete recruitment checks in place.
- The provider had external contractors carrying out work on site. These contractors would be unaccompanied within the home. However, the provider had not carried out checks to ensure these contractors were suitable to be unaccompanied in the home.

Recruitment procedures had not been established and operated effectively to ensure staff were suitable. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was enough staff to support people safely and people confirmed this. One person told us, "When I press my buzzer they come straight away all the time, day or night. There's enough staff here to support me all the time." Another person said, "I get lots of help whenever I need it. I press my buzzer when I need help and they come and give me help straight away."
- Staff told us there were enough staff, "Staffing numbers are ok. There are enough staff on this floor to support everyone adequately." There was a dependency tool in place to assess how many staff were needed. We observed there were staff available to support people.
- However, staff were not always deployed effectively. Some people with higher support needs lived on the top floor of the home. Staff were not always available to support them in the most personalised way.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed. This was a breach of

regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst there had been some improvements, there had not been enough improvement made at this inspection and the provider continued to be in breach of regulation 12.

- Medicines were not always managed safely. One person had an overdose of a short course of medicines and staff had not identified this.
- People who were given their medicines covertly, meaning they are hidden in food and drink, did have some guidance in place and there was some involvement from other professionals. However, some people's medicines had changed, and these agreements and instructions had not always been reviewed.
- At the last inspection, there had been missing information about 'when required' medicines. This information was now generally in place to help guide staff when medicine was required. One person had different 'when required' medicines in place to help them go to the toilet. However, there were unclear instructions about when to administer each medicine. A nurse agreed to have this reviewed with the GP.

Medicines were not always managed safely. This was a continued breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us, and we observed staff administered medicines with patience and explained people's medicine to them when this was needed. One person said, "I get my tablets and the nursing staff explain everything to me."

Assessing risk, safety monitoring and management

- Risks to people were not always assessed, and risk were not always mitigated. Some plans contained conflicting information. For example, some people had expressed their needs. However, there was no assessment of risk this could pose to other people and there had been no plan put in place to guide staff to know how to respond this.
- In some plans we saw reference to physical restraint of people. The registered manager told us there was no physical restraint in the home. Staff had not had training to physically restrain people. Therefore, care plans should not refer to this to reduce the risk of physical restraint being carried out.
- One person's records stated they should have an emergency pendant to be able to summon staff if needed. However, they did not have this pendant which left them at risk of not being able to get help in an emergency. Another person's plan referred to their catheter, but they no longer had this. In another example, one person's plan was noted as being low risk of pressure ulcers, whereas elsewhere in their plan it stated they were high risk. This meant staff did not always have clear and accurate guidance to follow which could put people at risk of inappropriate care.
- Some care plans and risk assessments did contain good detail about people's needs. For example, one person had health conditions staff needed to be aware of and this was clearly detailed in their care plans.
- Checks had been made on the safety of the building. However, timely action had not always been taken to rectify issues. For example, some issues were noted with emergency lights and fire doors for a number of months and had not been resolved.

Risks to people had not always been identified, assessed, and planned for. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Lessons were not always learned when things had gone wrong. Incidents affecting people's safety were not always reviewed and learned from. Incidents involving distressed behaviours were not always followed

up.

- There was a monthly incident analysis which had been completed each month since November 2022. Issues and outcomes were recorded, but no actions dates or whether the findings had been discussed or communicated with staff, such as in team meetings or supervisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "It's the staff who make me feel safe."
- Staff had received training, and most understood their responsibilities to report concerns. One staff member said, "I would report to the nurse and the manager, if they didn't act, I could go the local authority." One staff member was unaware of where they could report concerns to, however all other staff knew this.
- Safeguarding policies were in place. Staff told us where they were located. One staff member said, "The safeguarding policies are kept in office and all staff get a copy. The whistle blowing policy is on the notice board in the office."
- We saw safeguarding referrals had been raised to the local safeguarding authority, as appropriate.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. An infection control visit had recently taken place and scored 82%.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have visitors. There were no restrictions for visiting, in line with current government guidance.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received training and support to be effective in their role, although some improvements were needed.
- The service was not established to support people with a learning disability or autism. However, there had been instances of people with those needs being admitted to the service. Staff had not received training in this area, despite it being a requirement. Following our feedback, the registered manager added the training to staff account to complete online.
- Some staff had not been included on the training matrix, therefore there was not a full tracker of some staff's training.
- Despite this, people felt staff were well-trained. One person said, "Staff know what they are doing." Another person commented, "I do think all the staff who help me are trained."
- Staff told us they had supervisions and could access support when they needed it.

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

- The home was a large and, in some parts, very old building. It needed refurbishment and the provider was already in progress with this. The middle floor of the building did not have people living there, although some staff were living in the vacant rooms on this floor. The middle floor and empty rooms on the top floor were being redecorated.
- There were some exposed hot water pipes in a communal area which could pose a risk to people if they fell against them. The provider agreed to reduce this risk. Radiators were covered throughout the rest of the home.

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 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.

- People had decision-specific mental capacity assessments in place. However, there was not always clear evidence of involvement from people's relatives in the decisions to administer medicines covertly.
- Referrals had been made to DoLS to ensure people were only being deprived in line with the law. The registered manager said there used to be a tracker they used to monitor when applications were expiring, and they told us they would re-start using it again.
- Staff confirmed they had received MCA and DoLS training. One staff member said, "Some have variable capacity. Their capacity fluctuates on the decisions. Although, it's important to always include people in decisions."

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

- People had enough food and drinks, in line with their needs, and they had choices.
- One person said, "The food is nice. We get choices. I tell them what vegetables I want. I get enough, I'm never hungry. If I am they get me a sandwich whenever I want one." Another person told us, "The food is wholesome. If I fancy a salad, I get one. There's always plenty of it. We are given choices."
- People dietary needs were recorded in their care plans and referrals were made when needed.

Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health professionals and had their health needs assessed and monitored, when needed. For example, people had their weight monitored to ensure they did not become ill from losing too much weight. Another person had their health condition reviewed by a specialist as needed.
- One person told us, "They [staff] noticed I looked pale and told the doctor. I feel they are genuinely interested in my care."
- One person wore a monitoring device for their health condition, we observed they were wearing this, and it was in their care plan. Another person had a clear plan in place about their health condition, which would require a response from staff if they were to display symptoms.

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 of this key question for this 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; Supporting people to express their views and be involved in making decisions about their care

- People were not always treated with dignity and respect and not always given choices.
- One person was coughing while eating and staff did not respond to them. An inspector had to intervene and check the person was ok.
- Another person was distressed and crying. Staff did respond to them and held their hand for comfort. However, there was no interaction and staff did not speak to the person to comfort them.
- One staff member spoke inappropriately to multiple people. We fed this back to the registered manager, and they took action.
- At lunch time, loud dance music was playing from the television on the ground floor lounge and dining area. This did not help support a calming and pleasant mealtime experience for people.
- We observed multiple staff throughout the home putting aprons on people at mealtimes, however people were not offered the choice whether they wanted this or not.
- Staff did not always interact with people when supporting them to eat. While staff did not rush people, they did not explain to them what they were eating if they were unable to recognise the food themselves. Staff did not always speak with them while sitting with them. Some staff did not sit with the people they were supporting and stood over them.
- One person was sitting in a large, padded chair with wheels. Staff moved this person around without asking or interacting with them to let them know where they were being moved. They were not given the choice where they went, and it was not explained to them.

People were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, people and staff were positive about staff and the home. One person said, "The staff cover you up when they are washing you to keep your privacy. They are good."
- Some people told us they were well-supported and could make choices. One person said, "It's ok here. I chose when I go to bed and get up." Another person told us, "I can self-medicate if I wanted to. I let the staff give me my medicine."
- On the second day of our inspection and following our feedback, we saw interactions between staff and people were more kind.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain independent. One person said, "They give me a sponge so I can wash myself as well, they are helpful, but they help me keep my independence."
- Staff told us they supported people to maintain their independence; "Any residents who can wash themselves, you encourage them, 'do what you can, and I will do the rest'. We aid them rather than support, help them to keep their independence as much as possible."

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 of this key question for this service. This key question has been rated requires improvement. This meant people's needs were not always met.

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 not always supported enough to partake in enough activities of their choice.
- One person told us, "I would like more to do. It's good to have some things organised but I would like more." Another person said, "I do get bored a bit especially in the afternoons. Activities aren't great for me or any of the residents." Another person said, "There's nothing to do here except watch TV."
- A relative said, "There is always a lovely atmosphere. The activities need to be improved though."
- One staff member said, "I will be honest I think activities is an area that needs improving, especially for people who are less mobile, more needs to be done." Another staff member said, "I think sometimes there could be more for people to do, each day."
- We observed staff congregating in corridor areas so there were missed opportunities to spend meaningful time with people.
- There was one part-time staff member who supported people with some activities and who worked hard to engage with people. However, we observed they were often requested to observe communal areas, so they did not always have the opportunity to carry out their role. The home was very large and some people preferred to remain in their rooms, so there was not enough resource to engage people with activities of their choice.
- There were plans to recruit more activity staff to offer people more opportunities to take part in their hobbies and interests and improve this area.

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 did not always have tailored support planned for and in place to support their individual communication needs.
- One person did not communicate verbally and did not use any aids, such as picture cards. We were told a particular staff member was able to communicate using a form of sign language with the person. However, other staff had not been supported to develop their knowledge and understanding of this.
- One person was observed to use sounds while communicating rather than speech. There were no details in their plan about how best to support this person with communication.

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

preferences

- People felt staff knew them well and care plans contained people's preferences.
- One person said, "They [staff] know me very well." Another person commented, "Staff look after me perfectly. Staff know me very well."

Improving care quality in response to complaints or concerns

- People and relatives told us they felt able to make a complaint if needed.
- One person said, "I've never had to make a complaint. I would make a complaint if I needed to though." A relative told us, "If I had any concerns, I would raise them with the management."
- The registered manager told us there had not been any formal complaints recently. However, they were able to explain to us the action they would take and gave an example of who they had responded to some informal concerns raised by a relative.

End of life care and support

- People had their basic end of life preferences recorded in their care plans. Anticipatory medicines were in place for people to make sure they were not left in pain at the end of their life.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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

At our last inspection the provider had failed to ensure there were effective systems and processes in place to monitor and improve the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst there had been some improvements, there had not been enough improvement made at this inspection and the provider continued to be in breach of regulation 17.

- There were numerous issues identified throughout this inspection which had not been identified by the provider or registered manager.
- The provider did not have an established audit programme, and it was not clear how regularly audits should be undertaken. Audits did document some actions were needed but they did not document who was responsible for the action, by when and the outcome or whether it had been completed.
- The provider had failed to establish and follow safe recruitment processes. Risk assessments were not in place about staff living in the care home and were not in place for visiting contractors.
- The training matrix did not incorporate all staff members; therefore, staff training was not always effectively monitored.
- Care plans and risk assessments had been reviewed but these reviews had repeatedly failed to recognise incorrect or out of date information.
- One person needed repositioning by staff to reduce the risk of their skin becoming damaged. The person did not have any skin damage, however there were long gaps in the recording of their repositioning which had not been identified. The registered manager carried out a regular review of people's care, and we were told repositioning would be considered in this review, but it was not documented and the concerns we identified had not been picked up.
- Concerns with medicines management had not always been identified.
- Checks were needed to suction machines in the home, in the event the machines were needed in an emergency. We saw there were multiple gaps in the recording of these checks, and this had not been identified. Following our feedback, the deputy manager took action to improve the system in place to ensure checks were completed.
- Whilst building safety was being checked, the follow up action to these checks was not always evident.

- A fire risk assessment had been completed in September 2022. However, the provider did not have a copy of this and had failed to recognise the action to remedy the findings of the assessment had not commenced.
- Weekly checks on fire door and on emergency lighting had repeatedly identified issues with the same areas for months and action had not been taken to rectify these. Systems in place had not identified this repeated failure.
- An electrical check was noted as being 'unsatisfactory'. Evidence this had been made safe was not available. Water temperature checks repeatedly identified some water was too cold to be able to use to shower or use for washing, whereas some others were too hot. This had not been recognised and acted upon.
- Following our feedback, the provider and registered manager took action to resolve building issues or develop a plan to make improvements over time.

Effective systems and processes were not in place to monitor the quality and safety of care and make improvements when needed. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives and staff told us the home had improved since the last inspection. One person told us, "The staff are very good. I've been here a while and they are better than they used to be. I've felt safer in the last year or so when it changed." Another person said, "There have been quite a few changes since the registered manager started. All for the better."
- There was positive feedback about the registered manager and deputy manager. One person said, "I can talk to the registered manager and deputy manager about anything."
- Relative also gave us positive feedback. One relative said, "It's improved massively since it has changed hands."
- Staff said they had faith in the registered manager's ability to manage. One staff member said, "The manager is lovely. They are understanding and fair. The registered manager is really respectful to all staff."
- One health professional said, "Absolutely without a doubt the home has improved. The new team are more aware of what they need to do to be better and proactive at putting that into place."

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

- The registered manager was aware of their duty of candour and to be open and honest if something had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff would benefit from improved knowledge about how to support people with their protected characteristics, such as religion and disability, such as communication needs.
- People, relatives and staff were engaged in the service. One person said, "I know the registered manager. They have family meetings, my relatives come."
- A relative told us, "It is well managed now. They had a relatives meeting recently. We're kept up to date with what plans they have." Another relative said, "We came to the relatives meeting and we are kept up to date with everything."
- One staff member said, "Yes they listen, you can raise concerns here, the registered manager listens and acts."

- We saw evidence of meetings taking place. The registered manager and deputy manager, along with the staff team, worked collaboratively with other health and social care professionals for the benefit of people.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not always treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines management still required strengthening. Risks to people were not always fully assessed and planned for.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered manager had failed to identify concerns with the quality and safety of some people's care.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's quality assurance systems had failed to identify concerns with the quality and safety of some people's care.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Staff were not always recruited safely. The suitability of external staff accessing the site had not always been checked.

The enforcement action we took:

Warning notice