

Oxford Care Homes Limited

Fairholme House

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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Fairholme House is a residential care home providing personal and nursing care to up to 22 people. The service provides support to older people, some of whom living with dementia. At the time of our inspection there were 16 people living at the service.

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

We had received concerns of poor care. We found people's medicines were not always managed safely due to poor stock control, a lack of guidance and staff competency assessment.

People were not always safe from the risk of fire due to a lack of staff training and knowledge and risk assessments not being in date.

The provider's maintenance and monitoring systems were not always updated to maintain people's environmental safety.

The provider had no clear process of managing accidents and incidents and as such there were no lessons learnt. We found people's records were not always up to date and some of them had conflicting information.

New staff received induction and training, however, the content could be improved. We have made a recommendation about staff induction.

There was a longstanding registered manager in post who had recently withdrawn their resignation following the departure of a newly recruited deputy manager. The provider told us they were in the process of restructuring the management team to ensure effective oversight of the home.

The provider had some quality assurance systems in place, however, these were not always effective. Audits of care and safety were not always completed consistently and had not identified the shortfalls we found. The provider did not have a formal system of regular engagement with people and relatives or of obtaining feedback on care, they relied on their open-door policy. This meant there was a missed opportunity to improve care based on people's feedback.

Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place. There were sufficient staff deployed to meet people's needs. The provider was continuously recruiting for care, maintenance and activities staff posts.

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. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at

the home.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People had access to other healthcare services, ensuring a holistic level of support was provided. Staff worked well with external social and health care professionals.

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

Rating at last inspection

The last rating for this service was good (published 11 January 2018)

Why we inspected

We received concerns in relation to staffing, recruitment, training, medicines management, records, activities, quality of care and management of the home. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the relevant key question sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairholme House on our website at www.cqc.org.uk.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified two breaches in relation to safe care and treatment as well as good governance at this inspection.

We have made a recommendation about staff induction.

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 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 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 ●

Fairholme House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection consisted of two inspectors and an 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

Fairholme House 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. Fairholme House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the provider's last inspection report. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from four relatives. We looked at five people's care records and six medicine administration records (MAR). We spoke with seven members of staff including the registered manager, carers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, five staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

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 good. At this inspection the rating has changed to 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.

The purpose of this inspection was to check specific concerns we had about records, staffing, recruitment practices, fire risk management and medicines management.

Using medicines safely

- We had received concerns of medicines management. We found people's medicines were not always managed safely. The provider did not always follow relevant national guidelines around storing medicines. There was the lack of evidence the storage room temperature had been checked to ensure the medicines remained effective.
- The provider failed to ensure there was a correct medicines stock. We found some discrepancies in medicine stocks. Therefore, we could not be reassured this was due to a counting or administering error which could affect people receiving correct medicines.
- We found gaps on medicines administration records (MAR) and topical medicine administration records (TMAR). We could not be sure people received their medicines as prescribed. However, on the day of the inspection, we observed staff administering medicines to people in line with their prescriptions.
- Where people were prescribed when necessary medicines (PRN), they did not always have PRN protocols in place. As such staff did not have guidance to enable them to safely administer PRN medicines.
- Staff told us they had been trained in administering medicines. However, they had not had their competencies checked in line with the provider's own policy.

Systems to manage medicines were not always effective. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- We had received concerns of fire risk management. We found, risks relating to fire were not always managed safely. On the day of the inspection we looked at the fire evacuation list. This was not up to date, had two people who had left the service and one person who had moved into the home a week before was not on the list. This meant during fire evacuation, this person could easily be missed and also the fire evacuation team could spend unnecessary crucial time looking for people who were actually not in the building.
- The fire risk assessment had last been completed in 2019. Part of the immediate action plans was to ensure the training for fire marshals. On the day of the inspection there was no fire marshal on duty. The registered manager told us there was only one trained marshal in the home and that they were on leave.
- Records showed staff had not completed any fire drills. A fire drill is a simulation of a real-life emergency event and should be treated as such, for the safety of all concerned. This meant staff were not familiar with fire drill procedures, therefore had a lower chance to remain safe and well during an emergency.

- The provider maintenance and monitoring systems were not always updated to maintain people's environmental safety. For example, monthly water checks to mitigate the risk of legionella were not completed in line with provider's policies. However, additional control water samples had been analysed for legionella periodically and demonstrated that bacteria levels were acceptable.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider had formulated an action plan to address our findings. An independent contractor had been brought in to complete both fire and legionella risk assessments. They had sought fire training support for all staff from the fire department, and this had been scheduled as well as an initial fire drill. A new maintenance staff had been appointed and had scheduled health and safety checks and would complete audits in this area.

Learning lessons when things go wrong

- The provider had a process of recording accidents and incidents. However, there was no system in place to identify any trends, therefore no lessons were learnt.
- Records showed staff recorded accidents and incidents. However, this information was not reviewed by either the registered manager or the provider and there were no action plans following shortfalls.
- Discussions with staff showed there had not been learning following shortfalls.

Systems had not been established to assess, monitor and mitigate the risks relating to quality and safety of care. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People and relatives told us staffing levels varied. Relatives said, "On occasions I have thought that there is a lack of staff on some days. My brother and I tend to visit on a weekend. Sometimes on a Sunday it takes a while before someone answers the door to let us in" and "Usually there are enough staff although perhaps at weekends they could sometimes do with more." One person told us, "Sometimes they get a little short staffed but it doesn't affect us really, they are just a bit late getting round to us."
- Staff told us they managed but could do with more staff. One member of staff told us, "We could do with more staff. People's needs are changing."
- On the day of the inspection there were enough staff on duty to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The home had staff vacancies and registered manager told us they were continuously recruiting for care, maintenance and activities coordinator posts.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and they said they trusted staff to keep them safe. People told us, "Yes, I am safe living here, I say that mainly because I feel that we are not threatened in any way by being here" and "I feel that I am safe here, definitely, maybe for no particular reason but I can best say it is because I do not feel apprehensive at all. I feel that we are all looked after well."
- People were supported by staff that knew how to raise safeguarding concerns. Records showed staff had received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the manager had raised these issues with the local authority safeguarding team and worked to help resolve

the issues.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somehow assured that the provider's infection prevention and control policy was up to date. The provider's policy had not been updated following the last changes in government guidance.
- The provider supported people with safe visitation and this aligned with government guidance. People and relatives told us visits were facilitated and encouraged. We evidenced that staff had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

The purpose of this inspection was to check specific concerns we had about staff training, staff knowledge of people's needs and lack of staff induction.

Staff support: induction, training, skills and experience

- We had received concerns of training. We found, whilst new staff went through an induction, the process and content on the induction could be improved to include the care certificate, especially for staff new to care. 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. One member of staff told us they had only done training from their previous employer.
- Records showed staff were not always supported with supervisions and appraisals. These are used to develop and motivate staff, review their practice and focus on professional development. One member of staff commented, "I can only remember having one supervision session in six years prior to the new deputy manager coming in" and that "Supervisions were being done until she left." However, staff told us they felt supported through the provider's open-door policy.

We recommend the provider consider current good practice guidance on staff training, induction and supervisions and take action to update their practice accordingly.

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

- Fairholme house was an adapted building which could benefit from an environmental refurbishment. The home accommodated older people, some of whom lived with dementia. The environment was not dementia friendly and difficult to navigate through.
- The home was spread across two floors with winding stairs for access. People's rooms were personalised and decorated with personal effects. Most rooms could benefit from refurbishment.
- There were a number of sitting areas around the home including a conservatory where people could spend their time.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful landscaped gardens with several sitting areas.

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

- People received care and support that was centred around their assessed needs, choices and decisions. Records showed people's needs were assessed before they came to live at Fairholme House.

- People's expected outcomes were identified, and appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process. One relative said, "My initial involvement was during home assessment prior to admission. The manager took great pains to ensure that my parents were suitable for permanent residential care and that Fairholme could provide that care."

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

- People were supported with nutrition and hydration in a dignified way. The dining experience was pleasant, and food was home cooked and presented in an appetising way.
- Mealtimes were not rushed and were supported by enough members of staff. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and that they were always offered choices. They said, "There is too much of it [food]. I have put on weight since I moved here" and "The food here is very good, it is healthy too. I do ask for something different if things are not as I like, and I find that has always been accommodated."
- Relatives were equally complimentary of the food. One relative commented, "With regard to food choices, I believe that they are cooked fresh meals daily. I do sometimes ask my mother what she has had or what she is expecting. She seems happy with the selection offered."

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- Where referrals were needed, this was done in a timely manner. One healthcare professional told us, "Staff make timely referrals. We have had no issues with falls, weight loss or food provision."
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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 were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were not always met.

The purpose of this inspection was to check specific concerns we had about lack of personalised care and activities.

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

- We received concerns of personalised care. We found people's records did not always reflect people's current needs. For example, one person's care plan for pain stated that they were having Paracetamol for pain. However, the person's MAR showed they had Codeine Phosphate prescribed. Another person's record showed they had gradual weight loss. This person's care plan for nutrition did not comment on their gradual weight loss, despite being signed as reviewed each month with no change. This same care plan stated the person's blood sugar was 20 when it was now recorded as 18. This meant we could not be sure people were always receiving personalised care based on their current needs.

People's care records were not up to date and did not reflect current care. This placed people at risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw long standing staff knew people well and understood their needs and made sure those needs were met. However, new staff were not always confident of people's needs.
- Staff told us people's needs and any changes were communicated amongst them through daily verbal and written handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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

- We had received concerns of lack of activities. We found, whilst people had access to some activities, these could be improved. The home did not have an activities coordinator in post, had not had one for a while and had struggled to recruit one. The responsibility for providing any activities fell on different staff in addition to their main caring responsibilities.
- People had access to limited activities which included music sessions, baking and special holiday celebrations. Evidence showed they had also been involved in community fundraising projects which people enjoyed. People told us they were looking forward to the Jubilee planned celebrations
- On the day of the inspection we observed staff attempting a word game in the lounge. Eight people attended, however, half of them were not participating and were sleeping.
- People told us they were involved with some activities and commented on some enjoyable and memorable ad hoc events that had been held from time to time. People said, "We played Scrabble the other

day. They are trying to get that going, there were just two of us playing last week" and "I'm going out at the weekend, my son is taking me out. Lockdown was horrible but I was lucky I got phone calls from my children."

- One relative commented, "With regard to activities, I understood from the manager when my mother moved in that they were hoping to employ someone to undertake activities. I am not sure whether this has happened yet. I know that they have had several musical mornings with different entertainers as my mum has mentioned this and [provider] from the home has sent pictures of my mum during sing-alongs and she looks very much like she is enjoying herself. This may be something which they could improve on as other than that I do not think they do much apart from having the TV on."
- Some people chose not to attend activities and staff respected their wishes. They told us they that they were not put under pressure to attend activities if they did not wish too. However, there was not much evidence these people received individual activities. One person commented, "I tend to prefer to sit in my room most of the time. The others just sit in the lounge with the tv on but I don't think they are even watching or listening to it."

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.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to be patient when communicating with some people and maintain eye contact to promote communication and minimise frustration.
- Information was accessible to people in different formats such as pictorial and large print.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. The provider told us they had not received any formal complaints in the last year. The provider had a complaints policy in place.
- People and their relatives told us they knew how to make a complaint. One relative told us, "I have not had to make any complaints as yet but would not hesitate to do so if I felt I needed to." We saw compliments had been received regarding care.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care plans seen included resuscitation decisions and recorded peoples wishes regarding funeral arrangements, family contact and whether they wished to remain in the home for end of life care.
- The registered manager informed us no one was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people a had dignified and pain free death.

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 good. At this inspection the rating has changed to 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.

The purpose of this inspection was to check specific concerns we had of quality assurance systems, management and lack of leadership.

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

- We received concerns of quality assurance systems, management and lack of leadership. We found the provider's quality assurance systems were not always effective. Audits of care and safety had not been consistently completed. The medicine and care plan audits had not identified the shortfalls we found in records.

Systems had not been established to assess, monitor and improve the quality and safety of care. This placed people at risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had been in post for 21 years and was supported by a group of long-standing staff. They were a knowledgeable and established registered manager with lots of experience. They knew the service very well.
- The provider had introduced more oversight of the home following a recent monitoring visit from the local authority.

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

- We received concerns about management and a lack of leadership. We found the long-standing registered manager had withdrawn their resignation following the departure of a newly appointed deputy manager who had resigned. It was clear the registered manager was taking on a lot of duties resulting in some areas of care suffering. For example, the lack of oversight on records and audits.
- The nominated individual told us they were in the process of redesigning the leadership structure of the home. This included appointing of a deputy manager who would support with the day to day management of the home.
- People were complimentary of the registered manager and provider. One person said, "Owners are both very nice. They make you feel at home straight away and are very attentive, asking if everything is ok and if there is anything that you want. They are two very nice people, they are very friendly."
- Relatives were complimentary of the way the home was managed and said, "[Provider] are good, they talk

to the residents and are always testing their memories", "During the time my parents have been resident I have enjoyed a friendly, happy and open relationship with [provider and registered manager]. All of whom have displayed a detailed knowledge, not only of my parents' care but also an appreciation of their personalities and personal needs" and "My parents have only been in residence since November 2021 and April 2022. I have experienced nothing to date that would lead me to believe that it is not properly managed."

- Staff were complimentary of the support they received from the management team and told us the home had an open-door policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. However, the provider did not have a formal system of regular engagement with people and relatives or of obtaining feedback on care. This meant there was a missed opportunity to improve care based on people's feedback.

- Relatives told us whilst they received updates on people's care, the communication with the home could be improved. Comments included, "It would be nice if relatives were kept up to date with staffing as sometimes you turn up and think, oh that's someone new! Maybe a regular newsletter emailed to relatives to keep us up to date would be good" and "Keeping us up to date if they are holding any charity events that they would like relatives to attend would be nice. I have only been told on the day which is not good when working as I have been unable to go. We also turned up on one occasion to visit my mother and the care home was closed due to an outbreak of Covid."

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Working in partnership with others

- The service was transparent and collaborative with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with fire.</p> <p>Medicines were not managed safely. There was no system in place to monitor medicine stocks. There were no prn protocols in place. There were no staff competency checks for medicines management.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was no system in place to identify any trends for accidents and incidents, therefore no lessons were learnt.</p> <p>People's care records were not up to date and did not reflect current care.</p> <p>Systems and processes to monitor and improve the quality and safety of the service were ineffective.</p>