

Abraham Health Care Limited

Glenkindie Lodge

Residential Care Home

Inspection report

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Tel: 01536762919

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Glenkindie Lodge Residential Care Home is a residential care home providing personal care for up to 33 older people in one adapted building. Accommodation is provided over two floors. At the time of the inspection 17 people were residing at the service.

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

People's records had improved and contained greater information as to their care needs and the actions required to reduce potential risk. However, further information was required in key areas, for example, diabetes management and plans to ensure a safe evacuation of the home in case of an emergency.

Mental capacity assessments had been undertaken; however, they did not fully record how people's capacity had been determined and the best interest decision made.

Staff spoke of not having enough time to sit and talk with people, and our observations showed staff were very busy responding to call bells. The provider had not reviewed staffing numbers with consideration to people's needs.

We signposted the registered manager to guidance and information to support in the management of infection prevention and control. We identified areas for improvement, which the registered manager addressed at the time of the inspection.

Improvements implemented by the provider and registered manager need to be fully embedded and kept under review to ensure continual and sustained improvement.

Policies and procedures were not fully implemented, for example staff had not had their competency assessed in line with the medicine policy.

The provider had engaged the services of a consultancy firm to support them and the recently appointed registered manager in improving systems and processes to support in the delivery of good quality care.

People's medicine was managed safely.

Staff had undertaken training in key areas and were regularly supported through supervision and meetings.

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.

People's health and welfare was monitored, and referrals were made to health care professionals when

required. Family members told us they had been encouraged to be involved in decisions about their relative's care. A family member told us, "I have noticed a greater interest in making contact with me via email or telephone regarding my relative's care package."

People's dietary needs were met.

Improvements to the décor and furnishings were ongoing, and systems and equipment within the home were maintained by external contractors.

Governance and oversight of the service had improved. Audits were undertaken in key areas of risk and improvement plans had been developed and kept under review.

People's views and that of family members were sought. A family member told us, "The managerial side of things has improved greatly since [registered manager] took over. We now have relatives' meetings, which gives us a chance to discuss the home generally."

Family members spoke of their confidence in the registered manager. A family member told us, "[Registered manager] is excellent. She has taken over and is doing a huge amount to improve the experience of the residents who are living in Glenkindie."

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 Inadequate (published 17 September 2021)

This service has been in Special Measures since 17 September 2021.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led 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 Glenkindie Lodge Residential Care Home on our website at www.cqc.org.uk.

Enforcement

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

We will continue to discharge our regulatory functions required to keep people safe and to hold providers to account where it is necessary to do so.

We have identified continued breaches in relation to people's records relating to the assessment and mitigation of risk and quality monitoring of risk.

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

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 not always effective.

Details are in our effective 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 ●

Glenkindie Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector 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

Glenkindie Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information submitted by the provider each month as required by their conditions of registration. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six relatives by telephone and sought their views about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, which included minutes of meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff competency assessments and quality improvement plans.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved 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.

Previous inspections had found the provider had failed to ensure the risks to people and risks in the environment were effectively assessed, recorded and mitigated, and had failed to ensure the safe administration of medicines. This was a breach of Regulation 12 (Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had not made enough improvement in assessing potential risk and its mitigation for people using the service. The provider had ensured the safe administration of medicine and had assessed and mitigated risks in relation to the environment.

Assessing risk, safety monitoring and management

- Further information was required to support people who were at risk of choking. Risk assessments for choking had been implemented and included information as to people's dietary needs, which included the consistency of food and fluid. However, additional information such as correct positioning of a person whilst eating would provide greater guidance for staff and further promote safety.
- Further information was required for people's personal emergency evacuation plans (PEEP's). For example, the level of risk, and information as to what area of the home a person should be evacuated to or an area outside of the home. The registered manager said improvements would be made, and the consultancy firm supporting the provider showed us the PEEP assessments which would be introduced. PEEPs did provide information as to the equipment to be used and the number of staff required.
- Further information was required to support people with the safe management of their diabetes. For example, the frequency and day the person's blood was to be tested for glucose levels, and the normal range of glucose for the person, There was no detail about what and when action should be undertaken by staff based on the level of glucose within people's blood.

The provider had not fully assessed and mitigated the risks to the health, safety and welfare of people using the service. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Family members told us their relatives were safe at the home. A family member told us, "Yes, absolutely. There is always someone there for [relative], and always someone checking on them, including during the nights. There has been a significant improvement in things like the number of falls [relative] were having. I have no concerns at present about the safety there."
- People's records identified the support and care required to reduce potential risk. For example, people at risk of damage to their skin had pressure relieving cushions and mattresses, which were being used, and records showed these were maintained.

- Equipment used by people to promote safety, such as bed rails to prevent a person falling out of bed, or sensor mats to alert staff of people's movement to reduce the risk of falls was used to promote safety.
- People who were unable to use a call bell to request staff support had been assessed and records instructed staff to undertake welfare checks. The outcome of welfare checks was recorded by staff.
- People's safety was promoted through the monitoring and maintenance of the environment and equipment, which included testing for legionella and the maintenance of fire, gas and electrical systems, and equipment such as hoists by external contractors.

Using medicines safely

- Improvements had been made to medicine systems and processes. Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training in the administration of medication.
- Family members raised no concerns about their relative's medication and felt it was appropriately managed. A family member told us, "I have no problems regarding [relative's] medication, which they definitely get given in the proper way."
- People were supported with their medicines in a safe and timely way. People's records detailed the prescribed medicine and the reason for its prescription, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.
- Records were kept which detailed where medicinal patches were applied. This meant we could be confident that they were being used in accordance with manufacturers guidance.
- People's records provided information as to how they preferred to take their medicine. For example, by placing the tablet in their hand and providing a glass of water.
- People's prescribed medication was reviewed by health care professionals. A family member told us. "I know that there has been a review of [relative's] medication."
- Monthly medicine audits were completed with action plans for any identified issues.

Staffing and recruitment

- Staffing levels required monitoring and review. Individuals dependency and needs had been assessed; however, a collective assessment had not been undertaken. Additional factors had not been considered. For example, environmental factors such as the layout of the home, or consideration of more people remaining in their bedroom to reduce the potential spread of COVID-19, and the impact on staff's ability to respond to people's needs in a timely manner.
- Family members views as to whether there were sufficient staff were mixed, and many said it was difficult to comment as visiting had been limited to one area of the home. A family member told us, "I think recently they have been struggling over the last few months. I think that there may have been issues, but it is difficult to say as I can't move around the Home due to COVID restrictions."
- We noted staff were very busy responding to call bells. Staff told us people's personal care needs were met, however they did not have time to sit and talk with people. A staff member told us. "Carers do their best, with the staff we've got."
- Agency staff were used when required, and staff told us the same agency staff worked at the home, which meant they had a good knowledge as to people's needs. A family member told us, "They have been using agency staff, but whenever we have visited there always seems to be staff about."
- Staff recruitment practices were robust. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

Preventing and controlling infection

- We were somewhat assured that the provider was admitting people safely to the service. The registered manager was seeking advice about the admission of people from their local health protection team. We sign posted the registered manager to guidance to further support their decisions in response to people testing positive for COVID-19.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The registered manager made changes in response to our observations and feedback. We sign posted the registered manager to resources to develop their approach.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. We sign posted the registered manager to information to further support and encourage people's contact with family members through the essential care giver role.
- 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 meeting shielding and social distancing rules.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had reported safeguarding concerns and liaised with relevant agencies in line with local safeguarding protocols. Records of referrals, their progress, investigation and outcome were monitored, with records kept.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. This included knowledge in who to report concerns to, both internally and to external agencies.

Learning lessons when things go wrong

- Improvements had been made to the recording and reporting of accidents and incidents in the home. For example, records provided information as to who the incident had been reported to, and included any advice provided and how it was to be actioned.
- Family members said they were kept informed of any incidents or accidents which occurred involving their relative. A family member said, "Anything at all of concern, I get a call straight away. I have told them that they can always contact me at any time during the day or night."
- An analysis of accidents and incidents was undertaken to identify any themes and trends, specific to an individual or general to the home. People's records were updated to reflect any changes required to their care to help reduce similar incidents.
- Staff told us information about accidents and incidents were discussed in meetings and as part of staff handovers.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Previous inspections found the provider did not have the deprivation of liberty safeguards (DoLS) legal authorisation to deprive people of their liberty or they had not applied for DoLS for people who they were depriving of their liberty. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were undertaken where it was believed people lacked capacity to make an informed decision and were supported by best interest decisions. We spoke with the registered manager about improvements which would provide greater detail as to how the assessment and best interest decision was made. For example, by recording the questions posed to the person and their response. The registered manager said they would make improvements.
- The registered manager had submitted applications (DoLS) to the relevant bodies as required by the MCA and kept a record as to when they were submitted and granted or denied by the supervisory body.
- Records were kept where a third party, such as a relative had legal powers to make decisions on behalf of people, and the circumstances. For example, property and finance or health and welfare.
- Family members spoke of their involvement in their relative's care, including mental capacity assessments and best interest decisions, where appropriate. A family member told us, "[Relative] has had a mental capacity assessment and I have seen the results of that. I have been involved and included in all decisions regarding [relative's] best interests."

The last inspection found the provider had failed to ensure staff were equipped with training necessary to provide people with safe care and treatment. This was a breach of Regulation 12 (Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had provided training for staff to enable them to provide safe care and treatment. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Staff support: induction, training, skills and experience

- Improvements had been made in the training of staff. Staff undertook training in key areas to enable them to provide the care, support and wellbeing people required. For example, training included falls prevention, dementia awareness, oral care, first aid, diabetes awareness and infection prevention and control.
- Family members said from their perspective staff were well trained and were approachable and helpful. A family member told us, "I think all the carers seem to know what they are doing. I have known a number of them for quite a time and there is always someone who will deal with any concerns that I have might have and are always very approachable."
- Staff spoke positively of the training they received and welcomed the reintroduction of face to face training as they felt this was more effective. Staff told us they also accessed training online.
- Staff were supported through supervision and appraisal. Staff spoke positively about their supervision, stating supervisions took place with greater frequency. Supervisions were constructive and supportive and provided opportunities to discuss any areas of concern and identify further training and development. A staff member told us. "Supervisions happen more often, we discuss any concerns, we talk about training and are used to assess our knowledge by being asked questions about specific topics."

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

- People's assessments of their needs had improved and were kept under review. For example, where people were at risk of dehydration their daily fluid target was recorded. Staff recorded people's fluid intake, and staff shared information during staff handover to enable staff to effectively support people with drinking enough throughout the day.
- A majority of family members said they had been invited to review the care their relative received. A family member told us, "We have seen a copy of the care plan and have been invited to give feedback on it. It is very comprehensive and covers everything that I would want it to cover."
- Assessments reflect people's physical and mental health needs and provided guidance for staff as to how people's needs were to be met. For example, where people required support with continence, their records detailed if the person used continence aids, and whether they were able to use the call bell to request support from staff.
- Family members said staff did encourage their family member to maintain their independence, with consideration to their health care needs and promotion of safety. A family member said, "They [staff] allow [relative] do as much as they can safely."

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

- People's nutritional needs were assessed and kept under review. Where people were at risk of malnutrition, dietary advice from the relevant health care professional was followed. This included soft diets to reduce the risk of a person choking and fortified diets or supplements to support in people receiving the correct nutrition.
- Family members when asked if their relative or they had any feedback regarding meals, said they had not received any negative feedback. A family member said, "There are two choices of meals every day and [relative] seems to enjoy the food. [Relative] has put on weight since they have been there, so [relative] is obviously enjoying the food. There are always biscuits and drinks available if [relative] wants anything else."

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

- Referrals were made to the relevant health care professionals where concerns about people's health were noted. For example, people had regular support from doctors, district nurses, speech and language therapists and chiropody services. A family member told us, "I know that they manager [relative's] health needs. For example, they have a chiropodist who deals with [relative's] nails which I am pleased about."
- The majority of family members said they were kept updated about any health issues relating to their relative. A family member told us, "We are told about everything. If [relative] has a doctor's appointment the Home will ring me to let me know. They are very good about communicated with me."
- People with health conditions which required routine screening and monitored were supported to attend hospital appointments. For example, routine eye screening for people who were diabetic.

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

- Areas of the home still required updating. A plan for environmental improvements was in place, and improvements were ongoing.
- Family members were aware of environmental improvements taking place within the home. A family member told us, "I have noted improvements in the environment of the Home. The outside looks lovely now."
- Some areas of the home had been painted and some flooring in bedrooms had been replaced. New armchairs had been ordered. The registered manager told us they were looking to purchase new bedding and curtains; however, this was not reflected in the improvement plan.
- Signing to support people living with dementia to move around the home and locate rooms, such as bathrooms and toilets had been ordered.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved 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.

Previous inspections had found the provider had not maintained effective oversight of the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection the provider had not made enough improvement and was still in breach of regulation. Quality assurance systems and processes had been implemented for some areas, however further improvement was needed to ensure systems and processes were embedded and risks to individuals mitigated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider following the last Care Quality Commission (CQC) inspection had engaged the services of a consultancy firm to support them to improve the service and had recruited a new manager who registered with CQC in October 2021.
- The improvements implemented needed to be embedded and kept under regular review to ensure the continued improvement of quality monitoring to provide good outcomes for people.
- Improvements were needed to ensure the provider's policies and procedures were fully implemented. For example, the medicine policy stated staff in addition to training would have their competency assessed. Staff had received training, however there was no reference to staff's competence having been assessed in medicine management.
- Improvements had been made to people's records. However, further improvements were required to ensure all aspects of people's care, including decisions and how to mitigate risk were fully documented. The registered manager told us they were committed to the continual improvement of people's care and would continue to review and improve care records.
- The provider had not used the assessment of people's needs to keep under review and determine staffing numbers at the home. This meant the provider could not be confident there were enough staff to meet people's assessed needs.

The provider had not ensured systems and processes were operated effectively to assess, monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider submitted to CQC each month, as per their conditions of registration, information to

evidence their oversight and governance of the service to improve and sustain good outcomes for people.

- Family members were positive about the quality of care provided, and majority said they would recommend the home. A family member told us, "I would recommend the home. Overall, I think they are doing a fabulous job."
- Family members were positive about the recruitment of the recently appointed registered manager. A family member said, "I am relieved that [registered manager] has taken over and have confidence in their skill base, and in their desire to make Glenkindie a good care home."
- Systems and processes had been developed and implemented to audit the quality of care being provided, which included the monitoring of people's health and welfare. Outcomes of audits were shared with staff, enabling them to make improvements where required.
- Systems to support staff had improved. Staff supervisions and meetings were regularly held. Daily 'flash' meetings involving a representative from each department which included care, catering and housekeeping, enabled staff to better plan the delivery of people's care.
- Staff spoke positively of the recent improvements in the home, which included improvements to décor, the atmosphere within the home and the positive support provided to staff. A staff member told us, "[Registered manager] speaks with all residents, and the atmosphere in the home is positive, [registered manager] is strict and has high expectations but is approachable and friendly."

Continuous learning and improving care

- A risk-based approach to audits relating to people's health and welfare meant key areas of risk for example weight loss, dietary requirements, skin integrity and falls were identified. This enabled referrals to be made in a timely way to the appropriate health care professional. Staff were informed of their role in providing additional care and support to those identified as being at high risk.
- A system of analysis of accidents and incidents had been implemented to support the registered manager in identifying any themes or trends, individual to a person or general to the home and were shared with staff at meetings.
- The registered manager supported by the consultancy firm, had an improvement plan which had been developed following the previous CQC inspection and was reviewed monthly. The improvement plan focused on key areas, which included medicine management, risk registered linked to people's individual needs, reviewing and development of people's care records, development and support of staff and the introduction and embedding of auditing systems and processes.
- The provider had identified areas for improvement which were documented within their improvement plan, which mainly focused on the environment.

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

- Family members told us they were kept informed and welcomed the recently introduced resident and relative meetings. A family member told us, "I did attend the first residents' meeting, which I found incredibly helpful. [Registered manager] shared information about their plans going forward, which I found helpful."
- The registered manager told us there had been a poor response to surveys sent to family members last year seeking their views about the care provided to their relatives, and surveys would be sent again. Family members views about being sent a survey were mixed. A family member said, "I have not had any questionnaires or surveys about the service." A second family member said, "I have been sent a couple of questionnaires about the quality of the service."
- The registered manager had sought feedback from staff via a survey in September 2021. Surveys had been analysed and report which included 'we said, you did'. The registered manager said another survey would be sent to staff to identify if the measures introduced in response to the previous survey had had a positive impact.

Working in partnership with others; 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 understood their role and responsibilities, and a policy and procedure detailed how the provider would meet its obligations under the duty of candour. No incidents had met this criterion. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.
- Family members told us they had no significant complaints or concerns, and where concerns had been raised these had been managed well.
- The registered manager worked with the local authority in the referral and monitoring of safeguarding concerns.
- The registered manager was working on an action plan to improve the service with local commissioners.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not fully assessed and mitigated the risks to the health, safety and welfare of people using the service.

The enforcement action we took:

Vary a condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems and processes were operated effectively to assess, monitor and improve the quality and safety of the service.

The enforcement action we took:

Vary a condition