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## St Agnes Retirement Home

### Inspection report

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### Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

### About the service

St Agnes Retirement Home is a residential care home and was providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 26 people.

St Agnes Retirement Home is located in Weston Super Mare and is made up of two converted former domestic properties laid out over two floors. The ground floor consists of bedrooms, a communal shower room and toilet. There is a lounge-dining area with access to the garden through a small room that provides seating for approximately five people overlooking the garden. An additional 'quiet lounge' is located close to the manager's office. To the first floor there are bedrooms, a communal toilet and separate bathroom and a reading room.

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

People were not protected from the potential risk of avoidable harm. For example, risks from asbestos were identified in 2010 however no action had been taken to remove asbestos or make areas containing asbestos safe. Further environmental hazards included those from fire doors that did not conform to current safety standards and risks of scalds from hot surfaces and water. Although staff spoke confidently about actions they would take if abuse was suspected, contact was not always made with the local safeguarding team when potential safeguarding concerns were identified. Staff were not consistently recruited safely because gaps in employment were not always explored. Medicines were not always managed safely.

The service was not well-led because there was a lack provider oversight. Governance systems were not always used effectively to identify concerns and omissions we identified during our inspection. This meant people were at risk of avoidable harm. Notifications were not always submitted to the commission as required by the legislation. People provided mixed feedback about how involved they felt with the running of the home. People and staff spoke positively about the management team and the atmosphere within the home.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The home security system was not used in a way that encouraged people to retain their independence and access the community as they wished. DoLS had not been applied for appropriately because the management team was unaware that DoLS authorisations needed to be reapplied for. Capacity assessments did not always correspond with actions taken by the service and one person was being deprived of their liberty unlawfully. The environment required maintenance in areas throughout the home, further information is contained in the detailed findings below.

People were not always supported to access meaningful activities regularly, we received mixed feedback from people about the activities being provided. People's End of Life care preferences were not always explored and recorded. There were positive examples of how the provider supported people through care

planning. The provider offered people additional support to access information important and relevant to them. The provider had not received any complaints since our last inspection.

People told us they were supported by kind and caring staff who treated them with dignity and respect. We observed many kind and caring interactions between staff and people during our inspection.

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

Rating at last inspection (and update): The last rating for this service was requires improvement (Published October 2018)

At this inspection sufficient improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Well-Led, Responsive and Effective sections of this full report.

We have identified breaches in relation to the provision of safe care and treatment, failure to submit statutory notifications, ineffective governance systems and a further failure to ensure robust processes were in place to ensure people were protected from potential harm and abuse. People were not consistently supported to access meaningful activities.

Enforcement: We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety and will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# St Agnes Retirement 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.

#### Inspection team

The inspection team consisted of an inspector, assistant inspector and 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

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

#### Notice of inspection

The first day of the inspection was unannounced, the second day of the inspection was announced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with 14 people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, senior care worker, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- People were not protected from the potential risk of avoidable harm.
- In 2010, the provider commissioned an 'asbestos survey report'. The report detailed areas in the home that contained asbestos and included actions the provider should take to remove the asbestos or make the affected area safe. A further report was produced when the provider arranged for a health and safety visit in 2018. The report advised the provider to, "Follow all actions on the asbestos report." Not all of the actions from the 'asbestos survey report' had been completed by the provider. For example, the door to a person's room contained asbestos and should have been removed and replaced and asbestos in the basement had not been sealed.
- In 2018, an external organisation completed a fire risk assessment of the home. The report included actions that should be completed. For example, some fire doors did not conform to current safety standards, the risk was assessed as, "Intolerable" and, "Immediate action" required. However, at the time of our inspection and more than a year after the report had been commissioned, the doors had not been replaced.
- Radiators and portable heaters throughout the home were uncovered and this meant people were at risk of burns from hot surfaces. In May 2018, a risk assessment was completed and identified the uncovered radiators. However, it did not consider risks to individual people, the surface temperature of the radiators and incorrectly recorded that uncovered radiators were, "Behind furniture". During the inspection not all of the radiators were covered by furniture, this included those in communal areas and in peoples' bedrooms.
- People were at risk of scalds from hot water. Water temperatures in sinks throughout the home, including those in peoples' bedrooms and one in the communal bathroom, were recorded as reaching 50°C. A sign in the communal bathroom instructed staff who were supporting people to have a bath to, "Record temperature of bath in temperature book". However, there was no thermometer or book in the bathroom during the first day of the inspection. On the second day of the inspection, a thermometer had been positioned on the wall.
- We reviewed one message sent to staff by the manager after, 'some' people had accessed the kitchen area through an unlocked door. The area was assessed as being, "An extremely dangerous area for any service user due to them being able to access the cellar [and] the kitchen where hot are sharp objects are kept." The door providing access to the kitchen, laundry and cellar was left open on separate occasions during both days of the inspection.

### Using medicines safely

- Medicines were not always managed safely.
- Medicines requiring refrigeration were not always stored safely because the temperature of the fridge had

exceeded safe levels and no action was taken to lower the temperature. We spoke to the provider who said they had contacted the Pharmacy about how temperature increases would affect the medicines currently stored in the fridge. The pharmacist advised there would be no negative impact.

- Creams were not always managed safely because they were not consistently dated upon opening. Creams that have been opened can lose effectiveness over time.
- There were occasions when people had not received their medicines for a short period of time. This was because when medicines stock was running low, the provider had not reordered the medicines in time. The records do not show that medical advice was sought.
- There were two occasions we found people had not received their medicines because staff had not watched the person take them.

People were not protected from the risk of avoidable harm because assessments did not always identify potential risks and when they did corrective actions were not always taken. There was a further failure to ensure the safe storage and management of medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the radiators were currently turned off while work was being completed to install new boilers, however the portable heaters remained in use and uncovered. Four radiator covers had been ordered at the time of our inspection.
- The provider contacted us after the inspection and told us portable heaters would automatically switch off when tipped
- Medicines not requiring refrigeration were stored safely in a locked medicines cabinet in a locked cupboard.
- At our last inspection we found there was insufficient guidance available for staff when a person needed 'as required' medicines. At this inspection we found improvements had been made and guidance was in place that included relevant information, such as the maximum number of doses a person should have across a 24-hour period.

#### Staffing and recruitment

- Staff were not always recruited safely.
- At the last inspection we identified gaps in staff recruitment files. At this inspection, we found sufficient improvements had not been made to ensure staff were recruited safely.
- We reviewed three staff recruitment files. None of which contained full employment histories.
- Gaps in employment histories were not routinely explored, two of the recruitment files we reviewed did not include the second pages of interview notes that would have recorded this information.
- One file only contained references from former colleagues, not the staff member's most recent employer.

There was a failure to operate safe and robust recruitment practices that may help to protect people from potential harm and abuse.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always protected from the risk of potential harm or abuse.
- One staff member's file contained information about a disciplinary hearing involving a person using the service. Although immediate action had been taken by the provider, there was no record about what had



happened during the incident and the matter had not been referred to the local safeguarding team.

- We found one medicines error when a person had not received medicines for a heart condition for two days. The medicines error had not been referred to the local safeguarding team.
- The provider was not aware that DoLS authorisations contained an expiry date. This meant there was a failure to re-apply for some peoples' DoLS. During the inspection we brought this to the attention of the manager who then applied for eight DoLS authorisations.
- We found one person's capacity assessment determined they had capacity. However, a message had been sent to staff stating, "We are now taking full charge of [person's] medication. Also, [person's name] will not leave the building without an escort." There was no DoLS authorisation in place and no evidence to show a less restrictive alternative had been considered and discounted.
- The home security system required those wishing to leave the service to use a finger print pad, only authorised finger prints released the locking mechanism. The only people able to use the mechanism were staff and some relatives. The deputy manager told us people could not use their own finger prints to leave independently as it was safer if staff knew people were leaving and this prevented people who may not be safe to leave, being let out unintentionally. One person said, "I don't like it. I can't go anywhere unless I ask staff."

There was a failure to ensure robust processes were in place to ensure people were protected from potential harm and abuse

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoke confidently about actions they would take if abuse was suspected. Comments from staff included, "Would report abuse to the manager or assistant manager or a senior carer" and, "Would report it straight away to senior or management."

#### Preventing and controlling infection

- People were not sufficiently protected from the spread of potential infection.
- 11 medication pots were placed on a radiator in the communal lounge and this posed a risk of cross-contamination.
- There were areas in the home that could not be cleaned effectively because they were damaged. For example, a radiator with rust spots in the communal shower and hairdressing room and in one person's bedroom the sink unit was worn as the original covering was peeling away.
- The laundry trolley used for soiled items was stored in a communal hallway to the first floor of the home.
- Staff had access to personal protective equipment, for example gloves and aprons.

#### Learning lessons when things go wrong

- The manager did review accidents and incidents to identify shortfalls and trends as a way of preventing a recurrence. However, not all accidents and incidents were recorded as such and so this process was not always effective.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Areas in the home required maintenance and the design of the building did present challenges for people moving around.
- Decoration in some communal areas and bedrooms required attention. For example, in the communal toilet there was peeling paint and stained tiles.
- There were wooden ramps used to make the home accessible to people. For example, a fixed wooden ramp provided people with access to their bedrooms or the lounge on the ground floor and a portable wooden ramp was used on the first floor because of steps in a corridor. The moveable wooden ramp was used as required, for example if a person needed to be transported out of the home by paramedics.
- The garden was accessible to people, however we identified potential hazards to people. For example, uneven steps leading to the side of the garden where there was a pile old furniture and further discarded items.

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.

- The provider did not consistently work in line with the principles of the MCA.
- We saw some examples of how the provider had supported people to make what may be considered an 'unwise choice'. For example, one person with capacity was assessed as requiring a specialist bed to help prevent skin deterioration. The potential outcomes of not using the specialist bed were discussed with the person. However, they decided that they would not use a specialist bed and instead purchased a divan bed. Their decision was respected.
- Staff told us confidently how they supported people to make decisions. For example, one staff member said, "[I] support people to make choices, talking to them and treating them like they have full capacity and

the right to make those choices."

- At the time of our inspection no-one living in the home was subject to a DoLS authorisation. This was because the management team were not aware DoLS authorisations included an expiry date.
- Please also refer to the Safe section of this report.

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

- People's needs and choices were assessed.
- People's needs were assessed and this included detailed guidance for staff about how meet the person's needs. For example, one person wished to self-medicate and this was facilitated by the provider who ordered the medicines on the person's behalf and delivered them to the person who had a locked box in their room. Information for staff stated, "[Person's name] likes to feel that they still have some of their independence."
- The provider reviewed and updated care assessments monthly. People and relatives told us care was delivered in accordance with assessed needs. Comments from people included, "I am well cared for" and one relative said, "Care plan is always changed when anything happens. Kept informed when I come into visit."

Staff support: induction, training, skills and experience

- Staff received training relevant to their roles.
- The provider ensured recently recruited staff accessed induction training that was aligned with the Care Certificate. The Care Certificate is a set of fifteen standards containing information that all staff new to care should know.
- Staff were supported to access regular mandatory training and updates. For example, manual handling and safeguarding training.

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

- People told us they were supported to eat and drink.
- People spoke positively about the food and said they were always offered a choice. Comments from people included, "[Food is] very, very good. Choice of two things for mains and various deserts" and, "Always alternatives. Cook comes around and tells you what's on offer." One visitor said, "My relative has dementia and when [they were] admitted [they were] underweight and not eating. [They have] thrived since they have been here, weight has gone up and staff know what food to give them."
- There were drinks available for people throughout the home, in the communal lounge there were drinks dispensers and jugs of squash and water were placed in peoples' bedrooms.

Supporting people to live healthier lives, access healthcare services and support

- The provider made referrals to healthcare professionals appropriately, for example the district nurse, speech and language therapy team and GP.
- People told us they were supported to access healthcare services. Comments from people included, "If I said I wanted to see the Doctor one would come" and, "I have an appointment soon and staff are taking me". One relative said, "Staff are very quick to flag up if my relative is not well."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with other organisations. For example, staff had recently worked with an occupational therapist to ensure a person had the correct equipment to transfer from their bed to their chair.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received support from staff who were kind and caring. Comments from people included, "Staff very good. Happy go lucky" and, "[Staff are] very good [and] kind." One relative said, "Staff are fab, kind and friendly."
- There was an equality and diversity policy in place and people were supported in an inclusive way. For example, a local religious organisation visited the home and one person's care plan documented that they declined a certain medical intervention based on their religious beliefs.

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

- We asked people if they were involved with making decisions about their care, we received one comment from a person who said, "I am well cared for, I have no complaints". Other people we spoke with could not remember.
- People were comfortable to speak with staff and express their views. For example, one person approached the manager and requested extra seats for their room to accommodate visitors and another person had requested extra blankets for their bed. Both requests were accommodated. Comments from people included, "Any member of staff [is] approachable."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected and staff knocked on the door before entering the person's room. Comments from people included, "Staff always knock on the door."
- People told us they were treated with respect and staff took steps to protect their dignity. Comments from people included, "Staff address me properly" and, "[Staff] always close the door if I am having a wash."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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 to access activities and avoid social isolation.
- People and staff told us the activities did not always suit people's needs. Comments from people included, "Activities are catered for children - not treated like an adult. Not enough to do. Not always aware of activities" and, "I would like to do more in the mornings. I just sit about." One staff member said, "[We need] more activities, but we are getting there."
- We reviewed a message sent to staff about a person who could not mobilise and leave their room without assistance. The message informed staff the person, "Has quite a lonely life down in [their] room and not able to do anything without [staff] help." The message requested that although shifts were, "Busy...if at any time anyone could spend half an hour a couple of times a week with [them] to sit and chat or do the crossword it would be appreciated." We reviewed the daily records for the person and found extended periods of time when the person was not recorded as being involved with activities or social interactions outside of care delivery. For example, between 31 July and 31 August, no activities were recorded. There was no information recorded to show the person had been offered but declined the opportunity to access activities.
- During both days of our inspection, there was no activities schedule available or displayed in the home.

There was a failure to provide consistent and meaningful activities to all people living in the home.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us the activities schedule was unavailable because the coordinator was developing it from home, we were provided with an outdated activities schedule. Activities included poem reading, bingo and balloon fun.
- We did see some examples of meaningful and person-centred activities. For example, one person was supported to attend the café where they had once worked.
- The provider had identified that activities provision was an area that required development and had recently appointed an activity coordinator.
- The provider contacted us after the inspection and told us people were supported to choose activities they wished to be involved with informally, on a daily basis

End of life care and support

- The provider did not always explore people's End of Life care preferences when they moved into the home because they felt the experience of moving and having to discuss End of Life care could be overwhelming for

people. This meant there were some people who did not currently have an End of Life care plan in place. End of Life care plans we reviewed discussed consent and actions staff should take if consent could not be established.

- A 'last wishes' care plan included information about the person's preferences, such as funeral arrangements and when their next of kin should be contacted.

We recommend the provider reviews published guidance about best practice in relation to exploring and recording people's End of Life care preferences.

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

- People's needs were assessed and included guidance for staff.
- People's care plans included guidance for staff about how they could support a person to maintain control. For example, one person's care plan said, "[Person's name] needs some assistance getting dressed, needs a little help with zips and fasteners."
- People's preferences and choices were reflected in care planning. For example, one person's care plan said, "[Person's name] rings [the] call bell at 5am to request to get up as [they] like to get up early" and, "[Person's name] likes to be offered a choice of supper every evening."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was an accessible information standards policy in place and the manager told us about ways they supported people with a disability or impairment. For example, staff read information aloud for people who were unable to read it.
- People's communication needs and preferences were recorded in their care plans.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since our last inspection. Although people told us they felt able to complain when required. People said they could complain to, "Any of the staff" and one relative said there was an, "Open door policy with management. First port of call would be with manager or deputy."

# 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 Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was a programme of quality audits and checks in place. However, these had not been used effectively to identify concerns and shortfalls identified during the inspection and this meant people were at risk of avoidable harm. For example, the medicines audit had not identified the fridge used to store medicines was exceeding safe levels.
- The provider had completed an undated 'development plan' for 2019 containing actions that needed to be completed. For example, "Various rooms, radiators not covered or old covers need replacing" the time schedule recorded, "One/six months". However, it did not include details about the person responsible for completing the actions or a date for completion.
- There was no formal system of checking and recording checks of recruitment files to ensure recruitment was undertaken safely. We found concerns relating to staff recruitment.
- The provider had not identified when actions were outstanding. For example, asbestos had not been removed or made safe in line with the recommendations and required actions set out in the asbestos report produced in 2010. Which placed people at risk to the exposure of asbestos.
- The provider had failed to ensure fire safety measures were implemented in line with the fire risk assessment completed in 2018.
- The provider had not used the 'DoLS index' to ensure DoLS were re-applied for in line with expiry dates.

There was a failure to ensure robust governance systems were used effectively to identify shortfalls and omissions

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they would be completing a retrospective audit of all recruitment files for staff currently working in the home. During the inspection, they had contacted one recently recruited staff member to explore gaps in their employment history.
- All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. Notifications were not consistently submitted to the Commission as required.

- The provider failed to submit four statutory notifications to the commission regarding alleged and potential abuse, these included an incident between people living in the home and a medicines error.

Statutory notifications were not always submitted to the Commission as required

The failure to notify as required was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- People spoke positively about the home. Comments from people included, "I can't fault it here."
- Staff we spoke with told us they felt supported by the management team and could access them when needed. Comments from staff included, "They [management team] listen to me. They are approachable" and, "Always get a little bit of quiet time with the manager and the deputy if you need something." One relative said the home was, "Friendly and welcoming."
- Staff we spoke with had a person-centred outlook. For example, when we asked staff about the best aspects of their job the staff member said, "Making them [people] smile."

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

- We received mixed feedback from people about how they were supported to attend resident meetings. Comments from people included, "'They put a poster up, but it is poorly attended" and, "What residents' meetings?"
- Staff said they attended regular staff meetings and there was a team identity. Comments from staff included, "[I] enjoy working here, it's a nice team and it's friendly home, like a family" and, "Every three months we have a staff meeting and we voice what's going on."

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 management team were aware of their responsibility to be open and honest in relation to the duty of candour.

Continuous learning and improving care

- The manager had identified areas for improvement and had taken actions to improve these areas. For example, prior to our inspection, the manager made arrangements to increase staffing levels permanently in the week after our inspection.

Working in partnership with others

- The home had links with a local Church and residential home. Building links with the local community was identified as an area for development.



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 18 Registration Regulations 2009 Notifications of other incidents  Statutory notifications were not always submitted to the Commission as required
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  There was a failure to provide consistent and meaningful activities to all people living in the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  There was a failure to ensure robust processes were in place to ensure people were protected from potential harm and abuse
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a failure to ensure robust governance systems were used effectively to identify shortfalls and omissions

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected from the risk of avoidable harm because assessments did not always identify potential risks and when they did corrective actions were not always taken. There was a further failure to ensure the safe storage and management of medicines.</p>

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>There was a failure to operate safe and robust recruitment practices that may help to protect people from potential harm and abuse.</p>

**The enforcement action we took:**

Warning Notice.