

Margaret Rose Care Limited

Warberries Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Warberries Nursing Home provides nursing care and support for older people. The service is registered to accommodate 49 people in one adapted building. The service supports people who are living with dementia, nursing or residential care needs. At the time of our inspection there were 31 people living at the service.

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

The provider had made some improvements in the service. However, the provider had also failed to act upon known areas of concern, non-compliance and risk to improve the quality of care for people at Warberries Nursing Home. This had exposed people to on-going poor care and risk of avoidable harm.

There were ineffective systems in place to assess, monitor and improve the quality and safety of the service. Not all accidents and incidents were recorded. There was no system in place to help identify themes and trends in order to make changes within the service to help keep people safe

People and relatives told us they received safe care from skilled and knowledgeable staff. However, the training in place to support staff who provided care for people who may demonstrate behaviours that challenge was not effective.

Not all risks to staff and people's safety were being well managed. Medicines were not always managed safely. The providers did not have regard for The Care Quality Commissions guidance on Diabetes and insulin use.

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 knew how to identify and report any concerns. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going. Staff were confident in the new manager and leadership of the service.

People told us staff were caring. Staff did all they could to promote independence and we saw examples of this taking place. People had access to a wide range of activities and were supported to avoid social isolation.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 12 April 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made however we found the provider remained in breach of regulations.

At our last inspection we recommended the provider reviewed how the Accessible Information Standard (AIS) is being implemented within the service. At this inspection we found the provider had acted on this recommendation and had made improvements.

At our last inspection we recommended that systems within the service were strengthened to ensure clinical observations were carried out to confirm compliance with infection control procedures. At this inspection we found the provider had acted on this recommendation and had made improvements.

The last rating for this service was inadequate. The service is now rated requires improvement. This service has not achieved a rating of good for the last three consecutive inspections.

This service has been in Special Measures since 12 April 2022. During this inspection the provider demonstrated some improvements have been made. However the service is still rated as inadequate in the well-led key question. Therefore, this service is still in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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, effective, caring 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.

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 breaches in relation to medicines, accident and incidents, governance and the providers statutory requirements.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Requires improvement'. However the service is still rated as inadequate in the well-led key question therefore remains 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 of their 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Warberries Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team was made up of one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone.

Service and service type

Warberries Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Warberries Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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 not 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.

During the inspection

We spent time with and spoke with four people living at the service and nine relatives. We spoke with nine members of staff including the manager and the provider. To help us assess and understand how people's care needs were being met we reviewed seven people's care records.

We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We looked at training data, policies and quality assurance records.



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 Inadequate. 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.

At our last inspection in August 2021, the provider had failed to ensure people's care and treatment was provided in a safe way, staff did not always have the right training, competence and skills to meet people's needs, and medicines and infection control practices were not always being managed safely. This was a continued 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 made some improvements, however we found additional concerns which meant there was their third consecutive breach of regulation 12

Assessing risk, safety monitoring and management, using medicines safely

- Risks associated with people's care needs were not always managed safely. Some people experienced behaviours that may challenge others. Care records did not contain information and guidance on what strategies staff should use to keep these people and other people safe from harm.
- Two people required insulin as part of their diabetic care. Providers must have regard to The Care Quality Commissions guidance on Diabetes and insulin use, which states, once opened a record of the date the insulin was opened must be recorded. This is because after 28 days the insulin may start to lose its effectiveness.
- On the first day of our inspection we noted that the insulin open dates had not been recorded. We raised this with a nurse and asked for this to be addressed. We returned five days later and found that this had not been addressed. We raised this with the manager who addressed it immediately. However, this was not in place prior to and during our inspection, which placed people at risk of harm.
- At our last inspection we identified concerns in relation to the accuracy of glucometers used by people with insulin regimes. Following the last inspection, we asked that immediate action was taken to rectify this. At this inspection we found records relating to these checks could not demonstrate that glucometers were regularly checked in line with the manufacture's guidance to ensure they were accurate.

We found no evidence that people had been harmed however, staff did not ensure these risks associated with people's care needs were reduced. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's skin care was being managed safely and/ or in line with their care plans. Staff understood people's needs in relation to skin care. People had access to appropriate pressure relieving equipment.
- Information regarding the management of people's nutritional needs was contained within their care plans. Records held within the kitchen matched people's care plans.

- People were supported safely with their mobility. Peoples care records provided guidance for staff to support people safely. We observed staff supporting people appropriately.
- There were suitable arrangements for ordering and disposal of medicines including those needing extra security.

At our last inspection in August 2021, the provider had failed to operate effective systems to monitor the quality of the service. There was no system in place to help identify themes and trends of accidents and incidents in order to make changes within the service to help keep people safe. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made some improvements, however there was still an absence of a system to help identify themes and trends in relation to incidents, which meant there was a continuous breach of regulation 17.

Learning lessons when things go wrong

- The systems to monitor the quality of the service were not always effective. There was still an absence of an incident system to help identify themes and trends. Which would support changes within the service to help keep people safe.
- Some people experienced behaviours that may challenge others. The service used 'behaviour record charts' to record when people displayed behaviours that may challenge others.
- We noted three people had become violent on 11 different occasions across a three-month period. These alleged violent incidents had not been recorded in line with the providers accident and incident policy. The provider had failed to carry out an analysis of these incidents in order to identify themes and trends, so people and staff could be supported effectively, as well as reducing the likelihood of reoccurrence.
- Incident forms and people's daily records described staff being assaulted by people. One staff member we spoke with described how this was becoming frequent in one part of the service.

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

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were established however safeguarding processes did not always operate effectively.
- Staff had recorded four safeguarding incidents between April 2022 and June 2022. All these incidents had been recorded on the providers incident reporting system, however, they had not recognised them as abuse and failed to report them to the local authority for further investigation and follow up. Nor did they see this as an opportunity to understand and support people to manage their emotional distress and reduce the risk of reoccurrence.

The failure to ensure people were safe from abuse and improper treatment was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We asked the service to contact the local authority adult safeguarding team and raise four safeguarding alerts which the manager did.

At our last inspection in August 2021, there were insufficient numbers of staff to meet people's needs and staff did not always receive appropriate training in order to meet people's individual needs. This was a

breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made enough improvement and was no longer in breach of regulation 18.

Staffing and recruitment

- We spoke with staff and relatives who gave a varied response about staffing levels. Comments included "We do not have the staff", "The main problem is the staffing issue", "I think we have enough staff" and "There are always plenty of staff even at weekends". However, we observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. The manager assessed people's individual needs regularly to ensure staffing levels were adequate.
- During the day we observed staff having time to chat with people. Throughout the inspection the staff responded promptly to people who needed support.
- Where shortfalls in staffing did occur, the manager took appropriate action to ensure staffing levels were maintained.
- We reviewed training records for nurses and were satisfied all the relevant training was up to date.

At our last inspection we recommended that systems within the service were strengthened to make sure clinical observations were carried out to ensure ongoing compliance with infection control procedures. At this inspection we found the provider had acted on this recommendation and had made improvements.

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 assured that the provider's infection prevention and control policy was up to date.
- We were satisfied the provider's approach for visitors to the service was in line with the current government guidance.

Is the service effective?

Our findings

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

At our last inspection we rated this key question 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.

Staff support: induction, training, skills and experience

- Staff had received some training in relation to supporting people who may display behaviours that challenge others. However, staff told us this training was ineffective and did not provide staff with the right skills and competence.
- Staff we spoke with described the impact this had on them, they told us, "I do feel we need a bit more training for the people. I have had a couple of situations where I have been pinned by a resident, so I had to get other staff to ring the emergency bell". "More training around challenging behaviour is needed I think", "One of my main concerns as they have many complex people and we need the right training" and "We have had a couple of people leave because of the issue with the breakaway training".

We recommended that the provider carries out a review of training for managing behaviours that may challenge others.

- Staff told us they felt supported and had regular supervisions. These meetings provided an opportunity for staff to meet with their managers to discuss their performance and day to day duties. One staff member said, "It is about once every couple of months so in a year we'll have about three or five supervisions maybe a few more".

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

- People's needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example people who had been assessed as requiring a texture modified diet received their food in the correct consistency.
- Staff used nationally recognised tools to assess risks of pressure ulcers and nutritional risks. We observed information on best practice guidance was available for staff in the clinical rooms and staff bases.

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

- There were enough staff to support and meet people's nutritional needs. We saw people were supported with meals in a dignified way.
- People told us they enjoyed the food. One person said, "The food is good here". A relative said "(Person) enjoys the food very much".
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.

Alternative options were available, if and when people changed their minds or requested an alternative meal.

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

- The service had clear systems and processes for referring people to external services. Where referrals were needed, this was done in a timely manner. For example, one person experienced a number of falls so the service referred them to the appropriate healthcare professionals.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments. We saw staff following guidance.
- Staff worked effectively together to ensure people's changing needs were communicated so support could be accessed in a timely manner.

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

- People told us they were encouraged to design and decorate their living areas in a way they wished to.
- The home signage was dementia friendly and assisted people to orientate themselves around the home and maintain independence.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

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's rights to make their own decisions were respected and people were in control of their support. Where decisions were made on people's behalf, they were made by those who had the legal authority to do so.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We always assume people have capacity until we know otherwise".
- Where people did not have capacity to make specific decisions, the appropriate assessments were in place and staff acted in people's best interests.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was not always kept securely by the service. During our inspection we were contacted by a member of the public and informed information relating to people living at Warberries, health needs were in their possession. This information had been handed in to a charity shop as part of a donation box.
- We collected this information and found confidential personal information had in fact left the service and the provider was unaware that it was missing until they were informed.

The failure to operate effective systems and processes to support the confidentiality of people using the service was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following our inspection, we returned this information to the provider and asked that they refer themselves to The Information Commissioners Office.
- People and relatives told us staff treated them respectfully and maintained their privacy. We observed staff talking with people in a respectful way and showing genuine warmth towards people.

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

- People were positive about the care they received and told us staff were caring. Relatives told us people were treated and supported well. We observed staff were kind and compassionate and showed they had formed a strong relationship with people and knew them well.
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care. For example, one person became upset, staff were quick to respond and ensured the person was cared for appropriately and sensitively.
- Staff demonstrated through talking with us that they understood people's diverse needs and respected equality.

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

- People told us they were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes.
- Relatives we spoke with told us that they felt involved in the care of their relative and were kept informed.
- Where appropriate care plans were completed with people to ensure they reflected people's wishes.

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 Requires Improvement. At this inspection the rating for this key question has remained the same. This meant people's needs were not always met.

At our last inspection in August 2021, the provider had not established an effective system to assess, monitor and improve the quality of the experiences of people in relation to activities and social isolation. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement in relation to this aspect of regulation 17.

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 supported and were enabled to participate in activities which interested them.
- People had opportunities to join in with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered, and throughout the day we observed people engaged with staff and enjoying what they wanted to do, alongside planned activities.
- Where appropriate people were encouraged and supported by the service to maintain relationships that were important to them.

At our last inspection in August 2021, staff had not always received appropriate training in order to meet people's needs at the end of their life. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement in relation to this aspect of regulation 18.

End of life care and support

- At the time of our inspection no one was receiving end of life care (EoLC).
- Staff had received training in EoLC.
- People had EoLC plans in place. These plans help to ensure staff know what a person's health, spiritual and cultural wishes are at the end of their life and these were created with people and their families

At our last inspection we recommended the provider reviewed how the Accessible Information Standard (AIS) is being implemented within the service. At this inspection we found the provider had acted on this recommendation and had made improvements.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- People's initial assessments captured people's communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

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

- Due to our findings in relation to safe, effective and well-led sections of this report and that people's care plans did not always contain detailed information for staff on how best to support people who may demonstrate behaviours that may challenge others. We could not be assured that care was always personalised.
- We did see some examples of care plans which provided information to staff about how to meet people's needs. With the exception of managing behaviours that may challenge others, some care plans were detailed, robust and referred to current guidance.
- Relatives we spoke with told us that they felt involved in the care of their relative and were kept informed. One relative told us "They always let me know if there is anything wrong".
- The manager ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People and their relatives told us they knew how to make a complaint and were satisfied that it would be taken seriously and dealt with effectively.

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 Inadequate. At this inspection the rating has remained 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.

At our last inspection in August 2021, the provider had failed to ensure systems and processes had been established and operated effectively to assess risks, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was in continued breach of regulation 17.

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

- The service had not had a registered manager in post since August 2021. The legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run was the responsibility of the registered provider. The service had a new manager in post that had not yet completed their application to register with the CQC.
- Since December 2018, CQC have inspected this service three times to address different concerns taking enforcement action and imposing conditions on the providers registration to help drive improvement in the service. However, this had not been effective in driving improvement or preventing repeated themes of concern re-occurring in relation to people's safety and the quality of care provided at Warberries Nursing Home.
- The risks and concerns found at this inspection followed themes which had been highlighted in repeated inspection reports since December 2018.
- The provider had failed to use the findings from our previous inspections to drive enough improvements.
- Due to a history of repeated failures to provide safe and well-led care for people and despite the receipt of assurances, we remained concerned about the quality of care provided at Warberries Nursing Home.
- The providers systems and processes to assess, monitor and improve the quality and safety of the service were not operating effectively.
- The system in place to monitor the safe management of medicines was not effective. The quality audits had not identified concerns identified in the safe section of this report.
- The providers systems and processes had not identified and acted on concerns that staff were being harmed whilst at work and the training they received was ineffective.
- The providers systems and processes failed to ensure people were referred to the local authority following acts of violence between themselves.
- The providers systems and processes failed to ensure adequate care planning was in place to support people who demonstrated behaviours that may challenge others.
- The providers systems and processes had not identified that personal confidential information relating to peoples ongoing care needs were unaccounted for.

- The providers systems and processes had not identified that accidents and incidents were not being interrogated to identify themes and trends in order to mitigate re occurrence.

The lack of effective governance and oversight of the service placed people at risk of harm. This was a third consecutive breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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 provider was aware of their responsibilities. However, we found the provider had not notified the Care Quality Commission of three significant events, which had occurred.

The failure to notify CQC of significant events was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.
- The new manager told us they understood their responsibility under the duty of candour to be open and honest when things went wrong.
- Throughout our inspection visits, the new manager was open and honest.

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

- Due to our findings in the safe, effective, responsive and well-led sections of this report we could not be assured that the culture of the service consistently promoted good outcomes for people.
- The new manager had been in post for three months. During this time, they had worked hard to improve aspects of the service. For example, falls management and supervision for staff. However, they had not had enough time to implement the changes needed to bring the service to the required level of compliance.
- Staff spoke positively about the new manager and the culture they had started creating. They told us "(Person) has been manager for about three months, they have got it right and have really turned things around", "Staff morale has definitely improved" and "(Person) is amazing and has made some really good changes and if an emergency bell goes off he is always there before us staff can get there and it has been good".

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

- Staff morale had improved since our last inspection, and they told us that the new manager was involving staff in the development of the service, through discussions at staff meetings and handovers.
- People and their relatives had opportunities to provide feedback through surveys and raise any comments via an open door policy at any time.
- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.

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 Staff did not ensure these risks associated with peoples care needs were reduced

The enforcement action we took:

Continue with existing conditions

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 The failure to ensure people were safe from abuse and improper treatment

The enforcement action we took:

Continue with existing conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to monitor the quality of the service.

The enforcement action we took:

Continue with existing conditions