

# Mr Clifford Strange and Mrs Philippa Strange

# Abbeywood House

## Inspection report

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Date of inspection visit:  
12 October 2023  
19 October 2023

Date of publication:  
21 December 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Abbeywood House is registered to provide personal care and support for up to 33 older people some of whom may be living with a dementia or physical frailty. The home does not provide nursing care; people living there would receive nursing care through the local community health teams. At the time of the inspection there were 32 people living at the service.

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

People mostly told us they liked living at Abbeywood House, they were safe and happy. However, we received mixed feedback from relatives regarding people's experiences.

We found the service was not always operating in accordance with the regulations and best practice guidance. Some systems were either not in place or had not been undertaken robustly to identify and monitor the quality of the service and drive improvements. This meant some systems operated by the provider had failed to identify concerns and shortfalls we found during this inspection and could not be relied upon as a source to measure quality and risk.

People were not always protected from the risk of avoidable harm. We found where some risks had been identified, enough action had not always been taken to mitigate those risks and keep people safe.

People were not always supported to have maximum choice and control of their lives and staff were not always supporting people in the least restrictive way possible. The service could not always demonstrate they were acting in people's best interests.

People were at risk of receiving care that did not meet their needs and people's needs were not always assessed prior to admission.

Staff had a good understanding about how people communicated and used this knowledge to support people to make day to day choices. However, we have made a recommendation in relation to accessible information.

Staff were recruited and employed in sufficient numbers and completed regular training. However, we have recommended the provider undertake a review of the effectiveness of their training programme.

Most medicines were given safely and correctly. However, we have made a recommendation about people's medicines as some improvements were needed.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns.

The management team were committed to providing good quality care and were responsive to the feedback we gave them.

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

The last rating for this service was good (published 22 November 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeywood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, need for consent, person centred care, safeguarding service users from abuse and improper treatment, notifications and good governance at this inspection. We have also made recommendations in relation to medicines, staff training and accessible information.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Abbeywood House

## **Detailed findings**

## Background to this inspection

### The inspection

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

### Inspection team

The inspection was carried out by 3 inspectors.

### Service and service type

Abbeywood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

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

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was unannounced. Inspection onsite activity was carried out on 12 and 19 October 2023.

### What we did before the inspection

Before the inspection we reviewed the information we held about the service, including notifications we had

received. Notifications are changes, events, or incidents the provider is legally required to tell us about within required timescales. We sought feedback from the local authority and used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan the inspection and took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spent time with and spoke with 9 people living at the service, 2 relatives, 7 members of staff, and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. To help us assess and understand how people's care needs were being met we reviewed 7 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care plans, training data and quality assurance records and spoke with a representative from Torbay Council, and 8 relatives.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were not always protected from the risk of harm associated with their health care needs. For example, where people were living with long term health conditions such as diabetes. Records did not include information for staff on the risks associated with the condition, such as recognising a high or low blood glucose level, how it could impact the person and what action staff should take if they became unwell. This placed people living with diabetes, at risk of avoidable harm.
- Three people had been diagnosed with epilepsy, although 2 of these people had not had a seizure for many years. There were no care plans or risk assessments in place regarding the management of epilepsy or seizure activity and staff had not been provided with guidance on how they should manage or mitigate these risks.
- One person's care plan highlighted at times of emotional distress or when they became unwell, they could present a risk of harm to themselves as well as others. There was no risk assessment in place to guide staff as to any actions they should take to keep this person and others safe.
- One person's support plan identified they were at an increased risk due to a high number of recent falls. Staff were instructed to provide one-to-one support when this person was moving around the service. During the inspection we observed this person walking around the service without one-to-one support or supervision from staff. The failure to ensure staff followed the guidance written in the person's care plan exposed this person to the risk of avoidable harm.
- Records relating to the management of one person's monies were not accurate. Although the provider had procedures in place for recording people's financial transactions, we found one person's individual financial records did not reflect an accurate balance as staff were not always following these guidelines. This placed people at risk of being financially disadvantaged.
- People were not always protected from the risk of harm as they were living in an environment that may not be safe. During a tour of the service, we found window restrictors throughout the service had not been correctly locked in place. This placed people at an increased risk of harm. We brought this to the attention of the registered manager who gave us their assurance this would be addressed.
- Accidents and incidents were recorded; however, it was not clear how the service used the learning from accidents and incidents to maintain people's safety. For example, following a fall on one of the services staircases, the registered manager was unable to demonstrate what action had been taken by staff to mitigate, reduce or prevent reoccurrence.

Whilst we found no evidence that people had been harmed. The provider had failed to ensure that risks relating to the management of people's complex needs and the environment were being effectively mitigated and managed. This placed people at an increased risk of harm and was a breach of Regulation 12

(Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks to people's health, safety and well-being were managed safely. For example, care plans and risk assessments were completed in areas such as mobility, moving and handling, nutrition and hydration and physical health.
- Fire safety systems were serviced and audited regularly.

#### Using medicines safely

- People's medicines were stored safely.
- Where people were prescribed medicines they only needed to take occasionally, the service had guidance in place for staff to help ensure those medicines were administered in a consistent way. However, we found the guidance provided was not always clear when to give a variable dose. For example, in relation to pain relief medicine.
- The service had systems to audit medicines practice and clear records were kept showing when prescribed medicines had been administered or refused. However, we found these records could not be relied upon. We checked the quantities of a sample of medicines against the records and found some of them to be incorrect. Following the inspection, the registered manager advised us that some of these medicines had now been located as they had not been booked in correctly.

We recommend the provider consult current best practice relating to guidance around medicine management, and review 'as and when' protocols to ensure they contain sufficient detail.

- Staff had received training in the safe administration of medicines

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

- People mostly told us they felt safe living at Abbeywood House. However, one person said they had moved upstairs as they were frightened because people kept banging on their door and coming into their room.
- Whilst we received mixed feedback from relatives about people safety. Most of the relatives we spoke with told us that the staff were lovely, and the registered manager was approachable.
- There were systems in place to protect people from abuse, including policies and procedures.
- Staff had received training in safeguarding and were able to tell us the correct action to take if they suspected people were at risk of abuse or avoidable harm.
- The registered manager described the action they had taken following the receipt of information of concern. This included referring information to the local authority and the Police for further investigation and follow up.

#### Staffing and recruitment

- People continued to be protected by safe recruitment processes.
- The provider ensured all the necessary checks had been made before staff started working at the service, including seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staff were employed in sufficient numbers to meet people's needs safely and staffing levels were regularly reviewed. People told us they felt there were enough staff, and they did not have to wait long for support. One person said, "Staff come quickly when I ring the bell." Another said, "I never have to wait long if I need some help."

#### Preventing and controlling infection



- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We asked the registered manager to address a specific hygiene concern within one of the shower rooms, which was immediately addressed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service supported people to have visitors in line with government guidance. People and their relatives told us there were no restrictions on visiting. One person said, "My relations and friends can visit when they want and I'm able to go out with friends and family." A relative said, "I visit every day, there are no restrictions placed on visiting."

# 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.

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 were not always supported to have maximum choice and control of their lives. For example, where the service held or supported some people to manage their finances. There were no mental capacity assessments to show that people did not have capacity to manage their finances or that the decision to hold their monies had been made in a person's best interests.
- People were not always supported to make decisions about their care, and staff did not fully understand their roles and responsibilities under the Mental Capacity Act 2005 (MCA). For example, where restrictions had been placed on people to keep them safe through the use of constant supervision. This was not recognised by staff as restrictive practice, people's capacity to consent to these arrangements had not been assessed, and staff had not followed a best interests process.
- We reviewed people's capacity assessments and found some assessments were generic in nature; lacked person centred detail; did not contain sufficient information about what information had been discussed or how people were being supported to understand, retain, weigh up information or communicate their decision.
- Mental capacity assessments were not decision specific. For example, one person's capacity assessment stated the decision to be assessed was, 'To mitigate the likelihood of falls and injuries, we are currently evaluating [person's name] capability to comprehend the dangers related to leaving [their] home without staff supervision. Additionally, we're assessing [their] risk of falling if [they] were to move around without staff assistance'.
- The decision to install CCTV within all communal areas of the home risked compromising people's human rights. People had not been consulted or provided with any information to make an informed choice, nor was this information documented as part of people's best interests' decisions.
- We discussed what we found with the registered manager, who acknowledged there was still some learning that needed to take place in relation to MCA.

The failure to properly assess and record people's capacity and best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated

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.

- The registered manager and staff had not recognised that some people were subject to continuous supervision and control as part of their care and support arrangements. There was no legal framework in place to support these restrictions.
- We found where restrictions had been placed on some people's liberty to keep them safe, the provider had worked with the local authority to seek authorisation to ensure this was lawful. However, there was no system for reviewing existing DoLS authorisations. This meant the provider could not be assured there was a continued legal basis or framework in place to support these restrictions or that any restrictions continued to be in a person's best interests.

The failure to provide care and support in line with the Deprivation of Liberty Safeguards code of practice was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were not always assessed by the service prior to their admission. The registered manager told us they did not always carry out an assessment of people's needs prior to their admission to the service. This meant the service had not taken adequate steps to ensure the needs of people entering the service could be met prior to their arrival.
- The management team and staff described how they worked closely with external professionals to ensure people's care was joined up. However, we found staff did not always work with other agencies to ensure that people received consistent, timely, and coordinated person-centred care. For example, records showed one person had been involved in several incidents with other people living at the service. Staff failed to seek advice or make referrals to appropriate healthcare professionals.

The failure to carry out adequate assessments and to ensure care and support was appropriate to meet people's needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other care records showed healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practice. Information from these assessments were mostly used (see safe and effective sections of this report) to develop ongoing care plans and risk assessments.
- People were supported to access a range of health care professionals to enable them to live healthier lives. This included access to GPs, dentists, and district nursing teams.

Staff support: induction, training, skills and experience

- People were mostly supported by staff who had the skills and experience to meet their needs.
- The provider monitored staff training using a training matrix which identified staff had received training in a variety of subjects. However, we found some staff had completed multiple training courses on the same day. For example, one staff member had completed 36 training courses on the same day, this included

courses entitled; person centred care, Parkinson disease, oral care, nutrition and hydration, Mental Capacity Act and DoLS, managing continence, learning disability, information governance, hand hygiene, equality, diversity and inclusion, end of life, epilepsy awareness, dysphagia, duty of care, dignity in care, health and safety, infection control, Autism, behaviour that challenges, care planning, catheter care, communication, complaints, Control Of Substances Hazardous to Health, dementia awareness, depression, diabetes awareness, pressure area prevention, professional boundaries, recording information, risk assessments, sepsis, stroke awareness and supervision.

- We brought this to the attention of the registered manager and asked if this was correct. We were told some of this learning may have been spread over multiple days, although all the tests were taken on the same day.

We recommend the provider undertake a review of the effectiveness of their training programme to ensure it provides staff with the necessary skills to enable them to carry out their duties.

- Following the inspection, the provider told us they have asked their training provider to investigate, as they believed this to be a system error.
- Staff completed an induction which included training and working alongside more experienced staff before working alone.
- Staff had opportunities for regular supervision and told us they felt supported by the service's management team. One staff member said, "I have regular supervisions with the manager."

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

- People told us they were happy with the food. We observed the mealtime experience and saw the food looked good and tasty and people seemed to enjoy it. One person said, "I'm happy with the food."
- People's dietary requirements were clearly recorded in their care records and staff we spoke with were aware of people's varying dietary needs and preferences.
- Staff identified people who were at risk of malnutrition and took appropriate steps to support them, which included recording and monitoring people's weights, providing fortified diets and making referrals to GPs and dieticians. However, we found staff were not consistently recording people's food and fluid intake and there was a lack of oversight by senior staff.

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

- Abbeywood House is a large detached Victorian property set in its own grounds on the outskirts of Torquay. All areas of the home were clean, well maintained and had been adapted to meet people's individual needs. Communal toilets and bathrooms were available throughout the service. There was a lounge where people could relax as well as a dining room where people could eat, take part in activities, and/or socialise with family and friends.
- People's bedrooms were personalised and reflected their individual interests, likes and hobbies.
- Throughout the inspection the inspection team noted the atmosphere within the service appeared to be overly uncomfortable, due to the impact of CCTV within all communal areas of the service. In that your every move and conversation was being recorded and watched on large television screens (without audio) within the office and dining room. We gave our feedback to the registered manager. When we returned for the second day of the inspection the registered manager informed us that they had turned the CCTV off pending a consultation with people and their relatives.

# 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 good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect.

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

- People were supported by staff who had a good understanding of their individual needs. However, we found care plans were not truly person centred as they did not contain people's voice or information about their life histories, hobbies, interests or cultural and religious beliefs [see responsive section of this report].
- People mostly told us they were happy living at Abbeywood House. One person said, "I feel safe and well looked after." Another said, "I'm happy here, all the staff are lovely and always happy to help me if I ask." However, 1 person said they wanted to leave as, "It's monotonous" and "nothing goes on here." We fed back to the deputy manager, who was aware of the person's desire to move.
- Staff supported people with sensitivity and compassion. Throughout the inspection we saw staff responding to people through touch, and with affection. For example, we saw how staff actively looked for behaviours or cues which would give an opportunity to positively interact with people.

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

- People were mostly supported to express their views and encouraged to make decisions about day-to-day matters such as food, clothing etc. [see effective section of this report].
- People and their relatives told us, whilst they were not formally asked for their views or feedback, both the registered and deputy manager were always available and made time to speak to them if they asked. One relative said, "I have never been asked for feedback, they're happy to talk to me. It's never too much trouble. They are very open."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected by staff and people were treated with dignity and respect.
- People's personal records were kept secure and confidential, and staff understood the need to respect people's privacy including information held about them. The registered manager described how they checked with people before sharing information with loved ones and / or healthcare professionals.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. For example, we saw how staff respected people's time to be alone with their loved ones.

# 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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People were at risk of receiving care that did not meet their needs.
- We reviewed people's care records and found some care records contained insufficient or misleading information; were generic in nature and not person centred. For example, some care plans did not always contain information about people's health conditions, lifestyle choices or guided staff on how to support people in managing their health and emotional needs in a way which caused the least amount of distress.
- The service did not have good systems and processes in place to help ensure people's wishes and needs were known and respected in relation to end of life care. For example, each person had an end-of-life care plan, however, we found none of these had been completed.
- Staff recorded the support provided to people on an ADL chart (Activities of daily living). We reviewed these records and found these were written in a very task orientated way. In most cases, there was little or no information about people's well-being, interactions, activities or mood. They did not provide a picture of the person's day or highlight any concerns. This showed information was not person centred and did not easily allow staff to monitor any issues that might arise.
- Care records were being regularly reviewed. However, there was no evidence to demonstrate that people were involved or show their views/wishes had been sought and used to inform their care and support. Nor did they identify when information was missing or incorrect.
- Relatives told us they were not included within the care planning and care review process. One relative said, "I have not been involved in any care planning or seen a care plan." Involving families in care planning is particularly important for people living with dementia because relatives can play a key role in ensuring care is personalised.

The failure to provide personalised care that met people's individual needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Other care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported.
- People's individual care records contained information about the person's health care needs as well as emergency contact details for relatives. This helped to ensure people's wishes could be known and respected in an emergency.

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 communication needs were identified, recorded and highlighted in care plans. This helped to ensure staff understood how best to communicate with each person. However, more work was needed to ensure people's computerised care records were fully accessible and that people had access to information they needed in a format they could understand.

We recommend the provider seeks advice from a reputable source on how they should implement guidance regarding the Accessible Information Standard and incorporate this into relevant documents within the service.

- Staff had a good understanding about how people communicated and used this knowledge to support people to make day to day choices.

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 continued to be supported to take part in a range of activities to provide them with stimulation, entertainment, socialisation to help ensure people did not become isolated. The home had a programme of activities including, exercise classes, music entertainers, games, quizzes, art classes and crafts. Throughout the inspection we saw and heard people engaging in various activities from reminiscing to Bingo.
- However, we noted that some people who chose to remain in their rooms, appeared to be left for long periods of time without any stimulation or much contact from staff.

Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint and felt comfortable raising concerns if something was not right. One person said, "I feel safe here, I don't have any issues but if I did, I could talk to [registered managers name] or [assistant managers name]. They are both lovely."
- Relatives knew who to contact and were confident the registered manager / provider would address any concerns. One relative said, "I can approach the management team if I have any concerns, they are very good." Another said, "[registered manager's name] is open and honest and always makes himself available if I need to speak with [them]."
- The provider's complaints procedure was freely available, and the registered manager said they maintained a record of any complaints received and shared concerns with the local authority.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance processes were either not embedded into practice or not undertaken robustly enough to identify and monitor the quality of the service. This meant they were not always effective; did not drive improvement and did not identify the issues we found at this inspection and could not be relied upon as a source to measure quality and risk. Issues included concerns with regards to the management of risk, accidents and incidents, MCA, Dols, and person-centred care.
- Systems and processes had not identified that staff had failed to keep accurate and contemporaneous records of the care and treatment people received or that some care records were not reflective of people's needs.
- Governance systems had failed to identify that CCTV was not being used in accordance with the services policy and best practice guidance.
- Systems were not fully embedded into care practice or robust enough to demonstrate accidents and incidents were effectively monitored, reviewed, or used as a learning opportunity.
- People spoke positively about the service and told us staff were kind, caring and treated them with dignity and respect. However, we found people were not involved in a meaningful way in the development of their care and support and information was not provided in a way which met people's individual communication needs.
- The provider had not ensured that staff understood the principles of the MCA. This lack of knowledge and understanding risked compromising people's rights.

Robust systems and processes were not in place to demonstrate the provider had effective oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment. However, we found the registered manager had failed to notify the Care Quality Commission without delay of incidents and injuries which had occurred in line with their legal responsibilities.



This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

- Following the inspection, the registered manager submitted 11 statutory notifications retrospectively.

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

- There was little evidence to demonstrate that people and their relatives had been consulted about changes or developments within the service. For example, the provider had failed to undertake any consultations with people regarding the installation of CCTV.
- Whilst people or their relatives had not been formally asked for their views or feedback, relatives routinely told us the registered and deputy managers were always available should they need to speak with them. One relative said, "[Registered and deputy managers names] are very helpful. They don't ask for feedback. It's a case of I ask, and they answer." Another said, "I can call [registered manager name] at any time. I'm not asked for feedback, but they let us know what's happening and keep us up to date."
- Staff told us they felt appreciated, valued and had the opportunity to feedback.

Working in partnership with others; Continuous learning and improving care

- Throughout the inspection, the registered manager acknowledged any areas for improvement and was keen to understand what was not working so they could put processes in place to address any areas of concern.
- The registered manager told us the service had developed working relationships with other health and social care professionals such as the local GP practice as well as district nursing, speech and language and mental health teams. This meant advice and support could be accessed as required.
- The registered manager described how they promoted continuous learning through meetings with staff to discuss work practices, training, and development needs. For example, daily clinical meetings helped to ensure staff understand peoples changing needs and identify when external support may be needed.

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  The registered manager had not notified the Care Quality Commission of significant events in line with their legal responsibilities.  Regulation 18 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People were not provided with care and treatment that was appropriate to their needs or reflected their preferences.  Regulation 9(1)(2)(3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not acted in accordance with the principles of the Mental Capacity Act 2005.  Regulation 11(1)
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 failed to ensure that risks relating to the management of people's

complex needs and the environment were being effectively mitigated and managed.

Regulation 12(1)(2)(a)(b)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure people were not being deprived of their liberty for the purpose of receiving care or treatment without lawful authority.</p> <p>The provider failed to ensure service users were protected from the use of restrictive practice or acts intended to control their behaviour without a legal basis or framework in place to support them.</p> <p>Regulation 13(4)(b)(5)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to effectively operate systems to assess, monitor and improve the safety and quality of the service.</p> <p>Regulation 17(1)(2)</p>