Anchor Hanover Group

Landemere Residential Care Home

Inspection report

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Date of inspection visit:
13 June 2022
14 June 2022

Date of publication:
13 July 2022

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?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Landemere Residential Care Home is residential care home providing accommodation and personal care for to up to 41 people. The service provides support to older people, some who are living with dementia. At the time of our inspection there were 35 people using the service. People have their own bedrooms within one main building, with communal lounges and kitchenette areas. The care home is over two floors, each of which has separate adapted facilities.

People's experience of using this service and what we found
The registered manager did not have full oversight of risks in the service. Systems to assess, monitor and reduce risks and improve the quality and safety of care were not always operated effectively.

The provider's systems to try and identify and improve when things had gone wrong did not always work effectively. Opportunities to improve care and continuously improve the service had not always been taken.

Not all people experienced good care outcomes. Not all complaints were recorded in the complaints log and therefore it was not possible to review for trends and lessons learnt.

Risks to people's health and safely were not always mitigated or safely managed. Risks were not always reduced as there were not always enough staff deployed.

Evidence was not always in place to show the service had requested timely reviews and referrals for people at risk of falls and at risk of pressure sores.

People did not always receive person-centred care. For example, people told us they generally had two showers a week but would like to have more. It was not always evident what person-centred planning had been considered for some people living with dementia to enhance their experience.

Some people were anxious and worried, and it was not always clear what steps staff took to discuss this and support people and their emotional well-being.

Assessment frameworks were in place for areas of people's health and care needs, however these had not always been kept up to date.

Staff received training in areas relevant to people's healthcare needs and completed an induction when they started work at the service. However, only a small number of staff had completed any training in basic first aid.

Checks were made when staff were recruited to help ensure they were suitable to work with people at the

service. Medicines were managed and administered safely. The provider had plans to replace some areas of flooring that were stained or not intact. Other infection prevention and control measures were in place to help protect against the risks of infection. Family and friends could visit freely. Safeguarding systems were in place to help protect people from abuse.

People enjoyed their meals and their choices and preferences were known. The service contained some adaptions to help people living with dementia orientate to their environment. The provider had plans to develop this further. People had access to healthcare services such as a dentist and GP.

People were supported to have maximum choice and control of their lives and staff mostly supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they liked the staff that provided care for them. They felt their privacy and dignity was respected and their independence promoted.

People were given opportunities to be involved in their care. Actions were taken to assess and meet people's communication needs. People were supported to see their friends and family and take part in activities they enjoyed. This helped to prevent people from social isolation.

The provider had taken steps to involve people in further developments of their home environment and develop staff in leading in areas of care, such as activities and infection prevention and control. The provider had policies in place to support their governance and oversight, including for the duty of candour.

No-one was receiving end of life care at the time of our inspection. Advance care planning templates were available for when this was required.

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

Rating at last inspection
The last rating for this service was good (published 23 February 2019).

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels, infection control and notifications of incidents. A decision was made for us to inspect and examine those risks.

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.

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report. The provider sent us evidence to show what action they had taken to the concerns we raised with them as part of this inspection.

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

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 people's safe care and treatment, staff being deployed to safely meet people's needs, person-centred care and how well the service assesses and manages risks and improves the quality and safety of care at this inspection.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service 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 always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Care Quality Commission

Landemere Residential Care Home

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection team included two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Landemere Residential Care 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. Landemere Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

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

Notice of inspection
The first day of inspection was unannounced and started in the evening. The second day of inspection was announced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from partner agencies and professionals, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used on-going monitoring such as information received. We used all this information to plan our inspection.

During the inspection
We spoke with 17 people, one relative and one healthcare professional who had knowledge of the service. We spoke with seven care staff, one member of the housekeeping team, one member of the kitchen team and one member of the maintenance team. We spoke with the registered manager, deputy manager and district manager.

We reviewed a range of records including the relevant sections of 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed other records related to the management of the service, minutes of meetings and cleaning schedules.

What we did after the inspection
We continued to seek clarification from the provider to validate evidence found. We continued to review policies, training records and action plans.

Requires Improvement

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 requires improvement. At this inspection the rating for this key question has remained 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
● Risks from falls were not always reduced. We observed care staff did not always follow people's care plans and risk assessments to reduce risks to people. For example, staff did not always prompt people for their walking aids or record they were not using these. People's falls risk assessments and care plans were not always updated to reflect their falls and did not always accurately reflect their falls risk. This meant staff were not up to date with people's falls history or reviews of measures used to reduce risks. This meant there was a risk people would continue to be exposed to the risk of harm.
● Risks from pressure areas were not always reduced. We found people with pressure sores or with early indications of pressure sores had not received preventative actions, such as regular repositioning and pressure relieving equipment. People's care plans and risk assessments did not accurately reflect their skin integrity conditions, needs and mitigation needed. Actions to prevent risks from pressure areas were not always taken.
● We found other risks were present. For example, thickening agent used to thicken foods and drinks was left in an unlocked cupboard in a communal area. A patient safety alert is in place issued by NHS England due to harm caused by the accidental swallowing of the powder, when it had not been properly stored out of reach. This presented a risk to people who lived with dementia in the service.
● One person's catheter care bag had not been changed in line with the weekly change schedule identified by the provider as needed. The last date recorded for the catheter bag change showed the catheter bag had not been changed for three weeks. This placed the person at risk of harm as the catheter bag had not been changed in line with their care plan.

The provider had failed to assess risks and adequately monitor and manage people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

Staffing and recruitment
● Staff were not always safely deployed at the service. People we spoke with told us there were times when staffing levels were not sufficient. One person told us they felt there should be more staff. Another person said, "One day I thought I was never going to get a meal, the nurse came and apologised and said there had been an emergency." A further person told us, "There used to be enough staff but now we have more people [with dementia] the staff have to work hard to cope with everyone [if there is an incident] it's difficult."
● Prior to our inspection we received concerns it had been difficult to locate staff at certain times of the evening. On our arrival, along with an ambulance crew returning a person back home and a visiting relative, staff were not able to open the door to us for 12 minutes. Staff told us they were busy providing care to

people and were not free to respond and open the door.
● The provider calculated how many staffing hours were needed based on people's needs. However, from our observations staff had not always been deployed to reduce risks in ways as identified by the provider. Shortly before our inspection the provider had notified us of an incident involving a person, and they told us staff would now, for safety monitoring purposes, be in the lounge when this person was there. We observed periods of time when this person was in lounge and staff were not present to observe. This meant the provider was not following its own identified staff deployment plans to reduce risks.
● The provider's action plan identified that staff were unable to answer all call bells in the morning as they would be busy providing care, and that not all call bells were able to be answered within two minutes due to the layout of the building. The tool the provider used to calculate the number of staff needed had a section for 'layout of the building' where any difficulties that impacted on staffing could be reflected. For the two months of calculations we were shown, the comments made in the action plan that the layout of the building meant call bells had not been able to be answered within two minutes had not been considered. This meant the staffing calculations were not reflecting the needs and experiences of people and the building to ensure the correct numbers of staff were deployed to meet people's needs.

The provider had failed to ensure people received safe care by deploying sufficient staff to meet their needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

● Staff recruitment processes were followed to ensure checks were made on the suitability of staff to work with people in the service. These checks included references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong
● There were some shortfalls in the systems the provider used to identify how lessons were learnt when things went wrong. Not all identified shortfalls led to a review to see how things could improve. For example, call bells not being answered had not led to a review to see how they could be improved.
● Reflective reviews had been held for falls and complaints, however these had not identified that not all complaints had been recorded and had not explored how call bells not being answered could contribute to falls in people's own rooms.

Preventing and controlling infection
● We were not fully assured the provider was promoting safety through the hygiene practices of the premises. Some areas of vinyl flooring were not fully intact and therefore could not always be effectively cleaned. Carpets in the home were stained. The provider told us replacement flooring had been arranged and would be installed in July 2022.
● 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 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.
● The registered manager told us the provider had communicated effectively during COVID-19 to ensure the home were supported and informed of latest guidance.

Visiting in care homes
● The provider's approach to visits to the home from people's friends and families were in line with the latest government guidance. We observed, and relatives told us, they were able to visit freely.

Using medicines safely
●People received their medicines at the times they needed them and in a safe way. One person told us, "The staff give them to me, and they are usually on time. I can ask for paracetamol if I get a headache."
● Medicines were stored securely in a temperature-controlled environment. Stock balance checks were taken daily to ensure medicine quantities were accurate.Safe and effective processes were seen of the appropriate storage and management of controlled drugs.
● Medicines administration records (MAR) included a photograph of the person, and their clinical details. All the MAR's we reviewed were up to date and accurately completed.
● Where people received their medicines 'as and when required', detailed protocols were in place to ensure staff were clear on when these medicines should be administered and people's preferences for taking these.
● Staff were trained in the safe handling and administration of medicines, and competency checks were completed regularly by the management team to ensure this was maintained.

Systems and processes to safeguard people from the risk of abuse
● People we spoke with told us they felt safe with the staff that cared for them.
● Staff had been trained in safeguarding and understood how to identify signs of potential abuse and knew how to report safeguarding concerns.
● Information was displayed in the service about safeguarding and how concerns could be reported.

Requires Improvement

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 working with other agencies to provide consistent, effective, timely care
● Whilst the service had regular contact with the local community matron, other visiting health professionals with responsibility for people's skin integrity care had not always been contacted when staff first noticed indications of developing pressure sores.
● Requests for health professionals to complete reviews of fall prevention measures were not always evident.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessment processes relevant to people's needs, such as for risks from pressure areas, malnutrition, falls and mobility were in place. However, not all of these were accurate or up to date.
● Assessments considered any equality characteristics people had and how these could be met. For example, whether people had any sight or hearing difficulties and how they affected people's care needs.

Staff support: induction, training, skills and experience
● Staff completed training in areas relevant to people's health and care needs and the provider completed checks on their competency. However no dates had been recorded on the training matrix for first-aid training. The provider told us only five staff had completed the two-day first aid training and two staff had completed the half-day training. They said 13 staff had been assigned this training to complete. The provider told us they required a first-aid trained member of staff on each shift and would review staff training records to see if other staff had completed this training.
● Staff who were new to care when they started working at Landemere Residential Care Home told us they completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. This helped support new staff to work effectively in care.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed their meals. One person said, "The food is very, very good, we can have biscuits and cake and drinks anytime."
● We observed people were helped to clean their hands before they ate and were offered choices of drinks. Plated up examples of the meal choices on offer were shown to people to help them decide what they would like to eat. Where people wanted a different choice, this was accommodated. Staff supported people when they needed help with their meals.

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

● Adaptions to help people living with dementia orientate to their environment were in place. For example, recognisable signage and the use of specific colours for toilet doors. The provider had plans to develop this further with people involved in choosing colours for their own bedroom doors and décor. However, some clocks around the service did not always show the correct time. This could be disorientating to people.

● People's rooms had been decorated and personalised to meet their preferences. One relative told us how the maintenance team had set up the television in their family member's bedroom.

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

● People had oral health assessments in place and a date had been arranged for people to see the dentist.

● People told us they had access to healthcare services. One person said, "I have seen the doctor, he came on the TV screen and asked me if I was happy with my tablets."

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.

● Where people did not have the mental capacity to make decisions about their care, we saw mental capacity assessments and best interest decision making had been followed. However, we found this was not in place for one person where other care records showed they did not have the mental capacity for some decisions. We made the provider aware so they could review, and they confirmed this was in progress.

● A system was in place to monitor when DoLS had been applied for and if any conditions had been applied. Any expiry dates for DoLS were kept under review and DoLS applications were reapplied for in a timely manner. This helped ensure people received care in line with any appropriate legal authorisations.

Requires Improvement

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 changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's private and confidential information had not always been kept securely. Care plans and people's care records were left un-secured in communal areas. This compromised their privacy.
- Care staff took steps to respect people's privacy in their bedrooms. Care staff knocked on people's bedroom doors before entering and people were asked about what care they needed before this was provided.
- People told us they got on well with the care staff. One person told us, "All the staff are more like mates, they know me really well." Another person told us, "The staff are nice and kind."
- People's equality and diversity needs were reflected in their care plans. For example, whether people had any particular needs in relation to their faith.

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

- Most, but not all people told us they felt involved in decisions about their care. Where one person raised a concern with us about their involvement over living at the service, we raised this with the district manager who took action to review this.
- Records showed people were involved in developing new menu choices and developing activities.

Requires Improvement

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

● People did not always receive personalised care to meet their needs and preferences. We spoke with some people who were anxious and upset. One person's emotional care plan said when they were anxious and worried staff were to engage them with activities. We did not see staff try to use any activities with this person.

●The person told us some medicine had previously helped them and we informed the manager who confirmed they would arrange an urgent medicines review with the GP. We were concerned this had not been considered previously by the service as daily notes had recorded this person as being unsettled and they were anxious on both days of our inspection.

● People told us they would like more showers. One person said, I have a shower Friday and Monday; ideally I would like three showers a week." Another person said the times staff asked them for a shower were not always suitable.

● People were not always provided with personalised care. People living at Landemere Residential Care Home had a range of needs. Some, but not all people were living with dementia. Whilst some dementia resources were available, such as items people could hold and explore, these were not used by everyone living with dementia. Some people living with dementia spent time alone after evening dinner, some who were anxious, and some people walked with purpose. We did not see what personalised planning had been considered to enhance their experience. We discussed this with the registered manager who told us they would review and involve a dementia specialist to look at people's evening experiences.

● Some people were dressed in nightclothes in the early evening. It was not clearly recorded by staff that this was their choice.

● One person who had returned home from hospital in the evening requested some eggs however, staff told them these were not available. Other choices were offered and accepted by the person. Kitchen staff told us eggs were available and so it was not clear why the care staff had not been able to meet this person's choice on this occasion.

The provider had failed to ensure people received care that was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

● The registered manager told us there was not a rota in place for people's showers, people were offered a minimum of two showers a week and they could have more. However, this did not demonstrate people had showers when they wanted one and at the frequency they preferred. The registered manager told us they would review people's shower frequency preferences with them.

Improving care quality in response to complaints or concerns

● Whilst information on how to complain was displayed and a record of complaints received was in place, we were not assured all complaints were managed responsively. For example, we found a person's complaint had been discussed in a staff meeting and this was not recorded in the complaints log. Another complaint had also been discussed about staff using phones. Again, this was not recorded in the complaint's records. We were unable to therefore see how these had been investigated, whether people had received feedback on the outcome and whether the quality of care had been improved.
● A complaints policy was in place and information was displayed on how people could raise concerns.

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 assessed. This identified one person used prompt cards to aid them with their communication. These were available in the person's bedroom.
● If people required other aids, such as glasses or any hearing aid this had been identified. One person told us their hearing aid was not working. We reported this to the registered manager who took action to look into this for them.

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 told us they saw their families and we saw relatives could visit people freely.
● People could choose where they wanted to sit, and we saw people happily sharing conversations together.
● On the day of our inspection, people enjoyed 'gardening club' activities. We saw this produced some lovely conversations and memories for people throughout the day. We saw people were supported with other activities such as chair exercises, coffee mornings, bingo, pint and pie evenings and the start-up of a choir. These activities helped to reduce social isolation, helped people follow their interests and hobbies and build relationships together.

End of life care and support

● No-one was receiving end of life care at the time of our inspection. The provider had end of life care plan templates available for when people wished to discuss this, however we did not see any of these completed. The provider told us these were introduced at appropriate times. The provider confirmed people could discuss their advance care plan wishes at any time.

Requires Improvement

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.

Continuous learning and improving care
● Prior to our inspection, we had shared some information with the registered manager that we had received and that raised concerns about the service. The information was about staff not being available at certain times and people dressed ready for bed in the early evening. At out inspection, we observed the same concerns. There was no record of the information we had shared with the registered manager being entered as a complaint and investigated to show continuous learning and improvements to care. The information had not been used for continuous learning or to improve the service.
● The provider's action plan identified people's falls were not always updated in people's care plans in March 2022 and set an action for this to be improved. We found this had not been improved on our inspection as people's care plans still did not record the falls they had experienced.
●The provider's action plans identified what should be done to reduce falls. However, the percentage of falls that occurred in a person's own room had not been significantly reduced since the start of the year, it had remained at around 75%. The action plan identified that call bells were not always answered quickly due to the layout of the building and that in the morning staff were busy providing care and unable to answer call bells. There was no further exploration as to whether this issue of staff deployment contributed to falls in people's own rooms. This meant an opportunity to continuously learn and improve care had not been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Records did not accurately capture risks that we had observed to people. The registered manager told us staff had not accurately recorded the time of people's showers and care. Records of post falls observations were not clear whether observations had been completed or not. Records containing personal confidential and private information were not kept securely.
● The provider's action plan stated a complaints file needed to be put into place. In response, it was recorded that all complaints had been logged, and lessons learnt recorded. We found complaints that had not been included in the complaints log. The actions taken were not effective as not all complaints had been captured and trends could not be identified.
● The systems and processes to ensure oversight of risks and quality was not effective and risks were not reduced. Quality performance assessments had not identified shortfalls in care records, complaints management, pressure sore management, people's quality of care experience in the evening or risks in the environment. Full details of staff first-aid training were not reflected on the staff training matrix to help ensure the provider has oversight.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Not all people had experienced good care outcomes, for example in the management and prevention of pressure areas and not all people received person-centred care.

The provider had failed to operate systems and process to assess, monitor and mitigate risk and assess, monitor and improve care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

● The provider had involved people in the development of the home and changes to the design and décor. The provider did ask people for feedback and did act on their comments to try and improve their experience. For example, in choices of décor and the development of activities.
● The provider had taken steps to promote areas of care, such as staff acting as champions for infection prevention and control and activities.

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 provider had a duty of candour policy in place. This helped to ensure that any investigations undertaken would be in line with the duty of candour and help to ensure the provider met its legal responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People, families and staff were engaged and involved in the service. Meetings were held to capture their views and feedback on a range of ideas and issues.
● Information on what actions the provider had taken in response to people's feedback was on display.
● The service did promote openness and inclusivity and respected people's equality and diversity. For example, information on people's rights was displayed.
● The service worked well with families and friends involved in people's care. For example, relatives told us they felt welcome when they visited.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people received care that was appropriate, met their needs and reflected their preferences.

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 assess risks and monitor and manage people's safety adequately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure people received safe care by deploying sufficient staff to meet their needs.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate systems and process to assess, monitor and mitigate risk and assess, monitor and improve care.

The enforcement action we took:

We issued a Warning Notice.