Amber Care (East Anglia) Ltd

Clann House Residential Home

Inspection report

Clann House
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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?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Clann House is a residential care home providing personal care and accommodation for up to 34 predominantly older people. At the time of the inspection 24 people were living at the service. Accommodation is spread over two floors. Clann House is an older style property on the outskirts of Lanivet village.

People's experience of using this service and what we found
Although there had been some improvements to the service since our previous inspection there were still areas of concern which could impact on people's experiences. Everyone had care plans in place, but these were not consistent in quality. Some were brief and lacked detail on how people needed and preferred to be supported. Others were not up to date and did not include information provided by other agencies.

Staff were not always proactively supporting people. Some people living at Clann House were routinely refusing support to bathe or shower. There was a lack of guidance for staff on the action they could take to persuade people when they were reluctant to accept support in this area. One person's oral health care records stated 'no toothbrush' for eight consecutive days.

Monitoring records were in place to highlight when specific aspects of people's well-being, such as their weight, indicated they were at risk of deteriorating health. These were generally completed but there was not always evidence action was taken in response to concerns highlighted by the records.

Because of their health condition some people could exhibit distressed behaviours and were often unpredictable. Not all staff had received training in supporting people when they were agitated or were confident supporting people at these times. We have made a recommendation about this in the report.

Generally untoward incidents were reported to the local authority and CQC in line with local processes and legal requirements. However, we did identify occasions when this had not been completed.

An activity co-ordinator had spoken with people to find out what their interests were. This meant they were able to provide activities and pastimes which were meaningful and enjoyable for people. Links with the local community had improved and this aspect of the service was being further developed.

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.

A new manager had been appointed since our last inspection and was in the process of applying for registration. They told us they recognised there were improvements which still needed to be carried out but

they were committed to progressing the service.

Staff told us they felt well supported and changes made had been an improvement. The service had taken on new staff and recruitment was continuing. When necessary agency staff were used to cover gaps in the rota.

The provider, nominated individual and managers from the providers other services had visited Clann House regularly since the previous inspection. They continued to support the new manager and were available for advice when required. Necessary resources were made available.

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 (report published 22 October 2019) and there were multiple breaches of regulation. This was the third consecutive inspection the service had been rated less than good.

Following the inspection, the service was placed in 'special measures' and we took enforcement action. 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.
After the last inspection the provider continued to submit monthly action plans to show what they would do and by when to improve. This was a condition of registration imposed following an inspection in November 2018 when the service was found to be in breach of regulation and rated as requires improvement.

At this inspection not enough improvement had been made and the provider was still in breach of regulations.
The last rating for this service was inadequate (published 22 October 2019). The service has now improved to requires improvement. This service has been rated requires improvement or inadequate for the last four consecutive inspections. The service is no longer 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.

Enforcement
We have identified breaches in relation to the identification and management of risk including risk of abuse, providing care in line with people's needs and preferences and the governance and oversight of the service.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement

Is the service effective?

The service was effective.

Requires Improvement

Is the service caring?

The service was not always caring.

Requires Improvement

Is the service responsive?

The service was not always responsive.

Requires Improvement

Is the service well-led?

The service was not always well-led.

Requires Improvement

Clann House Residential Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by two inspectors and a specialist advisor. The specialist advisor had nursing experience.

Service and service type
Clann House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We took into account information provided to us in monthly action plans submitted by the service. We had feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the manager. We also spoke with two visiting professionals. 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.

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

After the inspection
We spoke with three relatives who regularly visit the service.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found people were not protected from the risk of abuse. Allegations of abuse had not been raised externally or thoroughly investigated. This 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13

● Systems to ensure concerns were thoroughly investigated were not robust. The manager had reported some incidents to the local authority. However, we identified occasions when incidents had not been escalated appropriately. Following the inspection, the manager completed safeguarding referrals in line with local processes.
● One person had sustained an injury on, or around the 3 February 2020. No incident form had been completed. Although a body map had been completed, this was on a sheet marked 9/12/2019 The person concerned gave conflicting accounts as to how they had sustained the injury. We discussed this with the manager who told us the action they were taking to protect the person from further harm.

The systems in place were not robust enough to demonstrate allegations, or evidence, of potential abuse were properly investigated in a timely fashion. This placed people at risk of harm and was a continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were aware of the different types of abuse and how to raise a concern. Training was provided and regularly refreshed.
● Relatives told us they were confident their family members were safe.

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

At our last inspection we found systems to identify and manage risk were not robust. Action was not taken when monitoring records showed people's health was deteriorating, some risk assessments had not been

completed to mitigate known risk and there was a lack of guidance for staff on how to protect people from foreseeable harm. Systems to protect people from the risk of infection were not effectively embedded. There were no cleaning schedules in place for commodes and some bathrooms did not have hand gel or toilet roll. The provider had failed to learn from untoward events. Accidents and incidents were not consistently recorded, and safeguarding issues were not effectively investigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

● Monitoring records were kept when people had been identified as at risk, for example, from weight loss or constipation. There was no evidence action was taken as a result of concerns highlighted by the records.
● One person was receiving barrier nursing to protect others from the risk of infection. Systems in place were not sufficiently robust. Although visitors to the room were required to wear protective clothing there was no bin in the room to dispose of them. Staff and visitors were required to walk to a nearby bathroom which increased the risk of cross infection.
● At our previous inspection we found there were no clear processes in place to ensure commodes were regularly thoroughly cleaned. At this inspection we found these systems had still not been established. The manager told us they had employed a domestic who would have responsibility for this task in the future.
● Accident records were completed following falls, although we identified an exception where one person had experienced unwitnessed falls on 1 and 2 February 2020 and neither event had been recorded on an accident form. Following the inspection the provider informed us this had been investigated and staff involved had insisted they had completed the relevant forms, but these could not be located.

Systems were either not in place or were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● A recent inspection by the fire service had found the provider was failing to comply with regulations. The provider was taking action to ensure all shortcomings were addressed. For example, fire doors were being replaced and the alarm system updated. Staff were booked to receive training in the use of evacuation equipment.
● Personal Emergency Evacuation Plans outlined the support individuals would need to leave the building in an emergency.
● Equipment and utilities were checked by external contractors to make sure they were safe to use.

● There were gloves and aprons available for staff to use when providing personal care. Hand gel was available in corridors, the entrance foyer and bathrooms.
● The environment was clean and smelled fresh. Cleaning schedules were in place and audits carried out.
● Since the previous inspection report the provider had been more proactive in supporting the service. A new manager had been appointed and they had been supported to make changes to improve the service.

Using medicines safely

At our last inspection we found the management of medicines was not robust. People did not always receive medicines as prescribed, administration records of medicines to be used 'as required' were not consistently kept, records of medicines requiring stricter control did not tally with stock held, action was not taken when monitoring records showed the temperature of a fridge used for storing medicines was not

within a safe range and staff responsible for administering medicines did not have their competency assessed. This contributed to the breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Improvements had been made to the way medicines were managed. There were arrangements for the safe ordering, storage and disposal of medicines, including those that require stricter controls by law and those that required storing at low temperatures.
● Medicine Administration Records (MAR) were completed correctly to indicate people had received their medicines as prescribed.
● Staff responsible for administering medicines had received training and had their competency assessed. We noted competency check records were not always fully completed. We discussed this with the manager who said they would ensure this was investigated and addressed.
● When medicines to be used 'as required' were administered staff recorded details of what had been given.

Staffing and recruitment
● At our last inspection we found staffing levels were not sufficient to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● Staffing levels had been increased to help ensure staff were able to meet people's needs. Any gaps in the rota were covered by agency staff.
● The week preceding the inspection we identified some evenings when the service had been short staffed. The manager told us they had recruited new staff and were awaiting pre-employment checks to be completed.
● Staff told us the increase in staffing had impacted positively on how care was delivered. One commented; "There aren't as many incidents as there used to be."

At our last inspection we found recruitment systems were not robust. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

● Pre-employment checks were completed before new employees started work. This included criminal background checks and following up references. Application forms required candidates to complete an employment history record.

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

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

At our last inspection we found assessments did not consider people's holistic needs. This contributed to the breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvements had been made and the provider remained in breach of regulation 9.

● Some care plans had been updated to include information about their preferences. However, others required updating to accurately reflect people's needs. For example, one care plan stated the person liked a shower twice a week. Staff told us, due to the persons health condition, they were unable to take showers at the time of the inspection.

● Improvements had been made to systems for assessing people's needs in respect of their interests. The activity co-ordinator had spoken with people to identify and record their interests and any hobbies.
● Nationally recognised evidence-based tools were used to assess people's risks. For example, for skin integrity and nutritional needs.

Staff support: induction, training, skills and experience
● Staff were not always confident supporting people when they were agitated or distressed. Not all staff had received training in breakaway techniques or how to support people safely when they were posing a risk to themselves or others.

We recommend the provider seek advice and guidance about the provision of training for supporting people when they are distressed.

● Following the inspection we were told further training in this area had been booked for March 2020.

● Staff received training identified as relevant to the service. Refresher training had been organised to help ensure staff were up to date with any changes in best practice guidance.
● New staff spent a period of time shadowing more experienced staff before working independently.
● Staff received regular supervisions and told us they were well supported. One commented; "We have

supervisions quite often. You can put your point across and they do listen."

Supporting people to eat and drink enough to maintain a balanced diet
● Throughout the inspection we observed people were offered drinks and staff checked these were within reach. Snacks such as cakes, biscuits and yoghurts were also provided between meals.
● People told us they enjoyed the food and were always offered a choice. One commented; "Pudding was beautiful, bread pudding…mmm!" A relative told us; "The food is magnificent!"
● Some people needed support and encouragement to eat their meals. Staff were unrushed and gentle in their approach.
● The kitchen was well stocked with fresh produce.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to attend health appointments. Referrals to other healthcare professionals were made appropriately.
● A visiting healthcare professional told us they had no concerns about how people were supported, and staff followed any advice given.
● We observed, and daily records showed, people were more active than at our previous inspection. People had opportunities to go out and there were plans to develop the gardens to enable people to have greater access to outdoor spaces.

Adapting service, design, decoration to meet people's needs
● Accommodation was arranged over two floors. There was a working lift to enable people with mobility problems to access the upstairs area.
● Shared bathrooms were large and suitable for people who needed mobility aids.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

At our last inspection we found the principles of the MCA had not been followed. This contributed to the breach of regulation 13 (Safe Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the application of the MCA and DoLS. However due to concerns outlined in the Safe section of this report the provider remained in breach of regulation 13.

● Some people were subject to DoLS authorisations. Mental capacity assessments had been competed appropriately. Action was being taken to ensure conditions attached to authorisations were adhered to.
● When people were unable to make specific decisions independently best interest processes were followed involving relatives or representatives.
● Records were kept highlighting when DoLS authorisations were due to expire.

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

At our last inspection we found people were not supported in line with their needs and preferences, people were not consistently treated with respect and dignity. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

● Staff were not always pro-active when supporting people with personal care. Records showed people frequently refused baths and showers. There was no guidance for staff on the actions they could take to persuade people who may have been resistant to care to have a bath or shower.
● Oral health care records were in place for most people. In one person's records it was written 'no toothbrush' for a period of eight days. We brought this to the attention of the manager who said they would arrange to have a stock of basic toiletries in the service.
● One person was asleep in the lounge area and their clothing had hitched up revealing their continence pad. Although there were two members of staff in the immediate vicinity neither had noticed this and we had to bring it to their attention. Fifteen minutes later was saw the clothing had ridden up again.

We found no evidence that people had been harmed however, people were not consistently cared for in a way which met their needs and reflected their preferences. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff knew people well and spoke positively about them. They demonstrated an understanding and empathy of people's situation.
● Some people liked to be involved in basic household tasks and this was encouraged. One person had been provided with a lightweight vacuum cleaner and we observed them cleaning up after a meal. They joked with us; "Someone's got to do it" and were clearly happy to be involved.
● Other people independently folded napkins and removed tablecloths following lunch. This demonstrated a sense of ownership of the routine.
● People had been provided with call bell pendants to enable them to request staff support at any time.

● Care was less task based than at our previous inspection. Staff told us they had more time to spend talking with people. A relative commented; "Staff are lovely, [my relative] has little jokes with them."

Supporting people to express their views and be involved in making decisions about their care
● Systems to involve people in decisions regarding their care had improved. A residents meeting was planned for the week following the inspection.
● We heard staff asking people where they wanted to be and checking they were comfortable and occupied.

Requires Improvement

Is the service responsive?

Our findings

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

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

At our last inspection we found the provider had failed to ensure records were accurate and up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Care plans did not consistently contain accurate or up to date information to reflect people's needs and preferences. Although some care plans had been updated there were still areas for improvement.
- External professionals had worked with one person and developed a care plan outlining the support they required with personal care when they were distressed. This information had not been included with other care plans meaning staff may not have been aware of the advice.
- Some information was brief and lacked detail. For example, one care plan advised staff to use 'distraction techniques' if the person became agitated. There was no information about what distraction might work.
- Other care plans were not updated to reflect current needs. One person's care plan stated they enjoyed showers twice a week. Staff told us they were no longer able to have showers due to their health condition.

We found no evidence that people had been harmed however, records did not provide accurate and up-to-date information about people's needs. This placed people at risk of inconsistent and inappropriate care. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Handovers took place between shifts. These helped ensure staff were aware when people's needs changed.

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

- At our previous inspection we found there was limited information in care plans about people's

communication needs. What information there was had not been flagged to inform other professionals. There had been no improvements in this area.
● A white board was situated close to the kitchen to use to display the lunch menu. On both days of the inspection the menu shown was not correct.

We recommend the provider familiarises themselves with the requirements of the Accessible Information Standard.

● Staff used pictures to support people to choose what they wanted to eat for lunch.

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

At our last inspection we found people's preferences were not considered when planning care. Activities were limited and not designed to meet individual's interests. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made to activity provision. However due to concerns outlined in the Caring section of this report the provider remained in breach of regulation 9.

● At this inspection we found people had access to a greater range of meaningful activities. A full-time activities co-ordinator had been employed. They had spoken with individuals to find out what they enjoyed doing and if they had any hobbies or interests.
● Over the two days of the inspection we observed people taking part in a baking session, playing bingo and flower arranging.
● A mini bus was available and a new one was being purchased to enable more people to access local amenities. Both vehicles could accommodate wheelchairs to give people equal access opportunities.
● Staff supported people to visit the local pub and memory café. People enjoyed us they enjoyed going out on trips. One person commented; "I like a Guinness."
● A relative told us they had met with the manager to discuss their family members life history and interests.

Improving care quality in response to complaints or concerns
● There was a complaints policy in place and any concerns were followed up. The manager spoke with people and their relatives to help ensure any issues were dealt with.

End of life care and support
● At our previous inspection we found staff had not received training in end of life care, there were no records to indicate people's wishes for this stage of their life had been considered. We made a recommendation about this.
● There were plans in place to develop staff skills in this area.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found there was a lack of oversight of the service and visions and values were not embedded; audits and quality systems were ineffective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Although the service had developed and improved since our previous inspection there remained areas for improvement. The new manager had been in post since December 2019, they told us; "It will take time."
- Monthly action plans were submitted to CQC in line with imposed conditions. These considered how the service was ensuring concerns were raised to external agencies, reporting and recording of incidents, infection control processes, health monitoring forms and care plan audits. Despite the additional oversight of these areas we continued to have concerns as outlined in this report.
- For example, the action plan received in January 2020 stated audits looking at the content and quality of care plans was completed on 11 December 2019. However, we identified some care plans where the content was not up to date or accurate. Quality of care plans was inconsistent with some lacking detail.

At our last inspection we identified the service had failed to inform CQC of significant incidents. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager had mostly made notifications as required. We found one incident which had not been not notified to CQC. The manager took immediate action to rectify this.
- The ratings from the previous inspection were displayed in the service and on the providers website.
- There was no registered manager in place. The manager had submitted a Registered Manager application

to the Commission.
● The manager told us the provider was committed to improving the service and was willing to finance any necessary costs. For example, they had agreed to purchase a second mini-bus, so more people were able to access the community.
● A new deputy manager had been recruited shortly before the inspection. Senior care staff had responsibility for overseeing the shift and administering medicines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The manager told us; "I am interested in giving people a life, not just providing a service."
● Staffing levels had increased, and this was identified as having had a positive effect across the service. The manager commented; "Most of the issues [at the previous inspection] were about not having enough staff." A member of staff said; "We didn't have the time to do the extra bits."
● Staff were positive about the changes. One commented; "The manager is better, loads better. We have new paperwork and we know what we are supposed to be doing. It's all got better."
● People and relatives told us staff were open and welcoming. A relative commented; "The staff are a nice lot, I can't fault it really."

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
● Following an incident at the service the manager was making efforts to contact relevant people to ascertain their well-being and update them on action taken.

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

At our last inspection we found the provider had failed to introduce systems to assess, monitor and improve people's experience of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Arrangements for gathering people's views of the service had improved.
● Meetings had been held with relatives to keep them updated about developments at Clann House. Relatives told us they were kept up to date about any developments and were positive about the new manager. Comments included; "He seems very professional, but nicely so" and "He is wonderful, you can talk to the man."
● A residents meeting was scheduled for the week following the inspection.
● Staff told us the manager was always available to talk to. One commented; "He always asks how you are. I sometimes work nights and I've seen him here on that shift as well."

Continuous learning and improving care; Working in partnership with others
● Following the previous inspection, the provider had worked with other agencies to improve service delivery. Feedback was positive and one professional stated; "I had no major concerns."
● The new manager had linked up with other managers in the area to help ensure they were aware of local processes and up to date with any changes in the sector.
● Following the previous inspection new admissions to the service had been suspended. The suspension had been lifted the day before the inspection. The manager told us they admissions would be staggered to help ensure people's needs could be met over time.

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 9 HSCA RA Regulations 2014 Person-centred care People were not supported according to their needs and preferences.

The enforcement action we took:

Leave positive conditions in place

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not doing all that was reasonably practicable to mitigate identified risks.

The enforcement action we took:

Leave positive conditions in place

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 Systems to protect people from the risk of abuse were not established or operated effectively.

The enforcement action we took:

Leave positive conditions in place

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to ensure compliance with the regulations.

The enforcement action we took:

Leave positive conditions in place