

# Southey Care (Dorset) Limited

# Clarence House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Clarence House is a residential care home providing accommodation for persons who require personal care and support to up to 29 people. The building had been adapted and care was provided over two floors with stairs and a stair lift as access. There were 23 people living at the home at the time of inspection.

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

Clarence House had been through a period of change with a new provider, new management team and ongoing building adaptation and design improvements. This had led to some staff leaving and the registered manager stepping into roles such as housekeeper, cook and care assistant to cover. This meant the registered manager had been unable to maintain overall governance of the home, and the provider did not have robust systems in place to ensure they were meeting the health and social care regulations. This had led to shortfalls found during the inspection.

Staff were kind and caring and treated people with dignity and respect. The managers and staff knew people well. However, risks to people had not always been anticipated and managed safely, and medicines had not always been stored and managed safely. This had placed people at risk of harm. Systems to learn lessons when things went wrong had not always been effective.

The local safeguarding policy had not always been followed and incidents had not always been reported to the local safeguarding team. This meant external scrutiny had not always been possible to ensure people were safe.

Recruitment systems had not always been robust to ensure staff had been recruited safely into the service. We have made a recommendation about recruitment. The home was clean; however, only one member of staff was responsible for cleaning communal areas and all people's rooms. This meant there was a risk not all areas could be consistently cleaned to prevent the spread of infections. We have made a recommendation about infection control.

Staff had received training to support people safely however, some had not received specific training to support people with certain medical conditions. We have made a recommendation about staff training. Care plans did not always reflect the person and sometimes had more information contained within reviews rather than in the care plan. This had led to staff not always being aware of people's needs. We have made a recommendation about effective care planning.

We observed some people enjoying activities; however, others were not always able to. We have made a recommendation about a wider activities programme.

People's needs and choices had been assessed before they moved into the home. People told us they enjoyed the food and were supported when they required a special diet. The home worked with healthcare

professionals to provide care and support to people. The home was undergoing improvements to the layout and design. Old carpets were in the process of being replaced.

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.

People, relatives and staff told us the registered manager was supportive and always had time to listen and act on concerns they may have. The registered manager and provider told us they are committed to making improvements to the home and had begun working with external agencies to start improvements by the end of the inspection.

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

#### Rating at last inspection

This service was registered with us on 17 January 2022, and this is the first inspection. The last rating for the service under the previous provider was good, published on 12 July 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.

#### Enforcement and Recommendations

We have identified breaches in relation to the safe care and treatment of people using the service, the governance of the service and safeguarding people from abuse. 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### 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 caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# Clarence 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.

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 was carried out by 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

Clarence 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. Clarence 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.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service and 9 relatives about their experience of the care provided. We spoke with members of staff including the nominated individual, registered manager, deputy manager, housekeepers, kitchen staff, activities staff and care workers. We spoke with 3 health and social care professionals.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 11 people's care records and medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

- Medicines had not always been managed safely. Where people had been prescribed high risk anticoagulant (blood thinning) medicines, risks to their health, safety and welfare had not always been assessed. Staff had not been provided with instructions to reduce the risk of any potential harm to the person.
- Staff had not always administered medicines as prescribed. A medicine prescribed to be administered when required if the person was feeling upset and unsettled, had been administered regularly to assist the person to go to sleep. Staff had not been provided with guidance to know when to administer the medicine and what actions they should take before administering the medicine to ensure it was the least restrictive option. This had placed the person at risk of unnecessary restraint. We discussed our concerns with the registered manager, who reviewed the medicine with the person's GP.
- Records to show applications of creams did not have information on where or how they needed to be applied. Staff had not signed to confirm creams had been applied as prescribed.
- Medicines had not always been stored safely. Fridge temperatures had not been consistently checked and staff told us they did not check the temperature of the medicine room to ensure medicines were stored according to the manufacturer's recommendations. On one day of the inspection, the room temperature was 25 degrees Celsius. Certain medicines within the room stated "not to be stored over 25 degrees" this meant medicines were at risk of not being effective.
- Staff had not always recorded the open dates of medicines and topical creams. For example, one person's eye drops had been opened and were in use however did not have an open date recorded. The eye drops had been prescribed in November 2022 and the manufacturer's warning stated, "Discard any remaining solution after 28 days of opening." This meant people risked having out of date medicines administered and this had placed them at risk of harm.

People had been placed at risk of harm from medicines that were not managed properly and safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training to administer medicines and senior staff routinely reviewed and checked their competencies.

### Assessing risk, safety monitoring and management

- People were not always protected from avoidable harm. Risks to people's health, safety and welfare had not always been assessed and when they had been, risk assessments did not always contain information to direct staff on how to manage those risks. This had placed people at risk of harm.
- A person with a diagnosis of diabetes did not have assessments or guidance that identified any potential

risks of harm and instructed staff how to support the person to reduce the likelihood of them becoming unwell.

- People identified at high or very high risk of developing pressure sores had no guidance instructing staff how to reduce their risk of acquiring this type of injury. People who needed it had not always been assisted to reposition and their pressure-relieving equipment was not checked to make sure it was working effectively. This had led to equipment being used incorrectly, placing people at risk of harm.
- The cause of unexplained marks including bruises had not always been explored. For example, one person had round red marks on their hands and arm. When we reported this to the registered manager, they were not aware of the marks. Body maps had not been completed to demonstrate the marks had previously been identified and investigated.

Whilst we found no evidence of harm, people had been placed at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reported our concerns to the local authority safeguarding team. The provider and registered manager immediately began making improvements.
- The provider told us staff had access to positioning instruction sheets and had been provided moving and handling training.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had not always followed local safeguarding policy and procedures and had failed to notify the local safeguarding team of incidents where people had been placed at risk of harm.
- The home had a lessons learned process in place however it had not always been effective. For example, the home previously identified they had failed to notify of a safeguarding incident. The lessons learned process was followed yet we found three notifiable incidents had not been reported to the local authority.

Whilst we found no evidence of harm, failing to notify these incidents had meant external scrutiny was not possible to ensure all practical steps had been taken to mitigate risks of harm to people using the service. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they felt safe living at Clarence House. A person said, "Yes I feel safe, the staff are really nice."
- Staff had completed safeguarding training and knew how to recognise signs and symptoms of abuse and who to report their concerns to, both inside and outside the home.

Staffing and recruitment

- Staff had been recruited safely into the service. However, some checks had not always been fully completed. For example, staff had not always been asked to complete health questionnaires regarding their fitness to work.

We recommend the provider consults Regulation 19 schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to help them ensure the right people are recruited safely into the service.

- Appropriate Disclosure and Barring Service (DBS) checks had been made. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



- We observed enough staff to meet people's needs. However, relatives and staff told us there some days they were rushed. Comments from relatives included, "don't know if there are enough staff, feel they should check on [person] more", "seem to be enough staff" and, "Staffing numbers can be variable, [person] says they have to wait sometimes for staff to come."
- The home did not use agency and told us they focused on their own recruitment of staff to meet people's needs.

#### Preventing and controlling infection

- The provider's infection prevention and control policy was not up to date. The infection control and COVID-19 policies had been created in 2021 and had not been reviewed. The policies did not contain current government guidance and staff had not been provided the most up to date information to prevent the spread of infections. The provider told us they had identified this and had planned for policies to be reviewed and updated.
- The home was clean; however, at the time of our inspection only 1 member of staff was responsible for cleaning people's rooms and all the communal areas. The registered manager told us they had assisted where possible to ensure the home was clean. This placed the home at risk of not being cleaned to the standard expected to prevent the spread of infection. The registered manager and provider agreed this was not sustainable, said they were expecting another member of staff to be returning shortly to fill these hours and would also look at further recruitment if needed.
- Staff had plentiful access to PPE. Some staff wore masks; however, they did not always do so effectively. We observed masks often worn under their nose or chin.

We recommend the provider refer to best practice and the latest government guidance to ensure people are safe from the spread of infections.

- We were assured that the provider was preventing visitors from catching and spreading infections
- We were assured that the provider was admitting people safely to the service.
- 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.
- At the time of our inspection there were no visiting restrictions which was in line with current government guidance.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff supported people to eat and drink; however, the system in place to ensure people drank enough fluids had not always been effective. Staff were not always provided with guidance to ensure people drank enough and had not always checked to ensure people had met their daily fluid target. This meant staff could not be sure people had had enough to drink, placing them at risk of dehydration.

Whilst we found no evidence of harm, people had been placed at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns to the local safeguarding team and discussed them with the registered manager and provider. We received assurances that systems would be reviewed and made robust to ensure people were not at risk of dehydration.
- We observed meals to be nutritious and well presented. People with special diets including set consistency diets had been catered for. Kitchen staff knew people's likes, dislikes and nutritional information and were updated in regular meetings or when things changed.
- People and relatives gave mixed feedback regarding the food. A person told us, "The food is not too bad, I asked for curry last week and it came with mash! But I ate all the chicken in sauce. We don't get asked what we would like to see in future menus. I can ask for something else if I don't like what's on the menu though."

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

- Staff told us they felt the handover system was not always effective. For example, if a member of staff had been away for a week, for their first shift back they were only told what happened the shift before. One staff member said, "We only really get told what has happened in the past day/evening at handover and so important information doesn't always get passed on."
- Staff contacted healthcare professionals appropriately when people needed medical attention. Healthcare professionals told us staff followed instructions given to them to improve the lives of people using the service.
- The home had supported people to attend dentist appointments when needed. People had access to professionals who visited the home, including a hairdresser and a chiropodist.

Staff support: induction, training, skills and experience

- Staff had not always received specific training to support people with certain medical conditions who

lived in the home. Staff told us they would not always know how to support the person, and this had placed people at risk of not having their needs met.

We recommend the provider refers to best practice guidance to ensure training is designed around the care and support needs of people who use the service.

- Staff told us they felt supported by the registered manager. Staff had received regular supervisions and had found these useful to discuss their job performance and development.
- Staff had completed a full induction including mandatory training aligned with 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.
- People and relatives felt staff had the right skills to meet their care needs. One relative told us, "Well trained every single one of them, a new [staff] started recently and has got to know [person] already."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- The home had not always followed best practice guidance including delivery of care and medicines management and this had led to breaches in the Health and Social Care regulations at this inspection.
- People had a full assessment of needs before they moved into the home to ensure they were moving into the right environment and to ensure the home could meet their needs.
- At the time of our inspection the home was undergoing improvements. This included a change to carpets, which in some areas were badly stained. Some areas of the home needed redecorating due to water marks on the wall. The provider showed us their plans to improve the layout and decoration of the home.
- People were supported to orientate themselves with large contrasting signage and could access a garden area if they wanted to do so.

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.

- The registered manager and staff told us about the key aspects of the MCA and understood the process to follow when capacity to make certain decisions had to be established.
- Consent had been sought from all people using the service. Where consent could not be provided, mental capacity assessments and best interest decisions had been completed or consent had been sought from the person holding legal power of attorney for health and welfare.
- Records showed us that DoLS applications had been made as appropriate. Once authorised, any conditions were known by staff and had been met.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were not always supported to express their views. For example, the home did not hold resident meetings or provide other ways to seek people's feedback.
- Care plans had been put in place and reviewed. However, they did not reflect that people had been asked to express their views or make decisions about their care.
- We observed staff speaking with people and offering them choice for example, what they would like to eat and what they would like to wear for the day.

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

- Staff knew people well and knew how to support people if they were feeling upset. We observed staff supporting a person who was showing signs of distress. Staff were kind, patient and understanding and supported the person to feel settled.
- People told us the staff were kind and caring. We received comments such as, "staff are nice and speak to you when they can", "staff are kind" and, "I get on with the staff."
- Relatives told us the staff were nice and knew their loved one. A relative said, "Yes, staff are kind and caring and know [person] well, [staff] help when [person] is agitated with 1 to 1 support, all staff are respectful."
- Staff protected people's privacy and dignity, for example, providing personal care behind closed doors and encouraging people to do things for themselves when they could to promote independence. A relative told us, "[Person] is always treated with dignity and respect, I would not want them anywhere else. I sit and relax at home knowing [person] is well looked after and safe."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans did not always contain enough information. Care plans did not always reflect the person or had important information recorded in separate reviews that had not been added to the care plan. For example, one person's review stated the person displayed a particular sign of being tired and when they did this, they required more support from staff; this was not reflected in the care plan.
- Staff had not always been provided with the guidance they needed, and people had been placed at risk of not having their needs met. A staff member said, "Staff are supposed to read them [care plans], but they are difficult to read and not all the information is in there." .
- Care plans had not always been created and reviewed with people and those closest to them. A relative told us, "No, I haven't seen a care plan and haven't been asked about reviews." This put people at risk of not having their care needs identified and met.
- Daily notes did not always contain enough information to demonstrate people's care plans had been followed. For example, some days had been missed or only had one entry for the day and night.
- The registered manager told us they were in the process of transferring people's care plans onto a new electronic system which would ensure people's needs were identified and met.

We recommend the provider refers to best practice guidance to ensure care plans are developed with people and those closest to them to ensure people's needs are identified and met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were at risk of a lack of stimulation, which could impact on their health and well-being. There was only 1 member of staff to provide activities to all the people living in the home. This meant there were some days where no activities staff were working.
- People did not always have access to social activities. Some people took part in activities they enjoyed, but others were unable to access these as they stayed in their rooms, and this had placed them at risk of isolation. People in their rooms had not received additional 1:1 time to promote social engagement.
- People sat in bright communal areas with loud television and/or music playing. We asked one person if they enjoyed watching the TV and they said, "No, it's too loud" and went back to their room.
- Relatives told us they were concerned people did not have much stimulation. Comments from relatives included, "more activities would be good, it can look a dead place", "not sure about activities. [Person] loves to draw, staff know that, but I have not seen any evidence of [person] being encouraged to" and, "I'm not aware of the activities on offer, they could be improved. Occasionally there's an entertainer, [person] says 'nothing ever happens', 'no trips out.' We think [person] gets bored."

We recommend the provider refers to good practice guidance to ensure people are provided enough stimulation to promote a good sense of well-being.

- We discussed our concerns with the provider. The provider told us they were passionate about supporting people living with dementia and would consider how they can be assured people are supported to live as fulfilled lives as possible to promote their well-being.
- The home sourced entertainment externally. During our inspection we observed people sat in communal areas enjoying a range of different singers.
- The provider told us, electrical virtual assistant devices were available for people in their rooms, which enabled the radio to be on, music preferences played and audible stories to be read. During our inspection we observed music playing.

#### End of life care and support

- At the time of our inspection no person required end of life care. End of life wishes had not always been recorded in people's care plans and when details were available, these did not always include how a person wished to be cared for when they required end of life care.
- The registered manager had identified this and had requested details from family members including funeral arrangements and if the person had any religious or cultural preferences. The registered manager told us they would put systems in place to ensure information was gathered about how people wished for their care to be delivered as they approached the end of their life.
- The service had received compliments from families who had had a loved one supported at the end of their life. One compliment said, "Many thanks for all that you have done for [person] and indeed us as a family."

#### 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.

- Staff had assessed people's communication needs and supported people to with their communication aids where appropriate. We observed people wearing hearing aids and glasses to aid their communication.

#### Improving care quality in response to complaints or concerns

- The home and not received any concerns or complaints at the time of our inspection. A complaints procedure was displayed around the home for people and visitors to see should they wished to raise concerns.

# Is the service well-led?

## Our findings

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance systems established by the provider were neither robust nor effective. This had led to the provider not being aware of the shortfalls we found during the inspection. It had placed people at risk of not having their needs met and of harm.
- The registered manager's auditing systems and processes were either not in place or were not effective at identifying the areas of improvement we found throughout this inspection.
- The registered manager told us they had worked to cover staff shortages in housekeeping, kitchen, and the delivery of hands-on care. This had led to a lack of overall governance of the service.
- A robust system and process was not in place to analyse accidents, incidents, safeguarding concerns and complaints for any themes and trends to be identified. This meant quality performance had not always been assessed, potential risks to people not always identified and lessons not always learned to drive improvements. This had led to widespread shortfalls and poor outcomes for some people using the service.
- The quality of the service had not been assessed, themes and trends not recognised, and areas of improvement not identified. For example, people, and their loved ones', views had not been sought and recorded through surveys or meetings.

Whilst we found no evidence of harm, people had been placed at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our inspection the provider and registered manager have met with the local authority. They have sent CQC an action plan with actions they intend to complete to drive improvements in the home.

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

- The registered manager told us they had inherited a culture of poor documentation and a high use of agency staff. They had worked to improve the culture, including the recruitment of regular staff, and felt there had been some improvements. There had been some upset within the staffing team due to the new changes and the registered manager told us it was a work in progress to bring the whole team together.
- The registered manager was proud of their staffing team and felt everyone worked hard to meet the needs of the people living in the home. However, recognised they still had a way to go to make improvements and ensure they achieved positive outcomes for people, including meeting everyone's individual needs.
- People and relatives told us the registered manager had an open-door policy. They felt they were listened to when they raised concerns; however, they did not always feel things improved. A relative said, "Managers are very approachable and friendly, they say the right things, but things do not always get done."

- Staff told us they could speak openly with the registered manager and felt supported. Comments from staff included, "[registered manager] is never afraid to get stuck in, if I ask for help, I will receive it", "Really appreciate [registered manager], she gives good service to all residents and cares about all the staff" and, "I like [registered manager]. She is easy to talk to and listens."

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 was open and honest. When things went wrong the registered manager informed people and their families. For example, following our inspection the registered manager sent a communication to all people and family members to let them know CQC had found some areas of improvements.
- The registered manager understood their legal responsibilities and had made appropriate notifications to CQC when needed.

Working in partnership with others

- The home worked in partnership with the local authority, safeguarding team and other professionals to meet the needs of people living at the home. The registered manager told us they felt they had a good working relationship with the local multi-disciplinary team to ensure people received the support they needed.
- The registered manager said, "We actively seek to work in partnership with others, remaining transparent and welcoming constructive feedback to improve outcomes for people using the service."



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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The local safeguarding procedure had not always been followed and reportable safeguarding incidents had not always been notified to the local safeguarding team.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people had not always been assessed and the provider had not done all that is reasonably practicable to reduce the risks of harm.

**The enforcement action we took:**

We have issued a warning notice

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 establish robust systems to protect people from abuse and improper treatment.

**The enforcement action we took:**

We have issued a warning notice