

Chantry Retirement Homes Limited

The Old Rectory

Inspection report

Church Street
Tenbury Wells
Worcestershire
WR15 8BP

Tel: 01584810249

Date of inspection visit:
06 March 2023

Date of publication:
12 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Old Rectory is a residential care home providing personal care to up to 28 people in one adapted building across three floors. The service provides support to older people who may have a physical disability and/or live with dementia. At the time of our inspection there were 17 people using the service.

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

Potential risks to people's health and wellbeing had been identified and were managed safely, however records of when mitigation was put in place after an incident required further improvement. There were sufficient numbers of staff on duty to keep people safe and meet their needs, however more staff with medicines training were required. People's medicines were managed and stored in a safe way; improvements were required in the administration checks of controlled drugs. Safe practice was carried out to reduce the risk of infection.

Staff had the training and support to be able to keep people safe in line with best practice, however staff felt there were other aspects of training which would be beneficial to help support people with their dementia care needs.

People and relatives told us the service had improved since our last inspection. Staff told us there had been improvements which were working better, however staff felt that more engagement and opportunities to empower them with the knowledge and skills to care for people was needed.

The audits and checks required broadening to ensure the service was constantly striving to drive improvement.

People told us they felt safe and were supported by staff. Relatives felt their family member was safe and cared for in the right way. Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risk associated with people's care.

People's care needs had been assessed and reviews took place with the person and, where appropriate, their relative. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. 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 did support this practice.

People told us staff were kind and treated them well. Relatives felt the staff cared for their family member in a caring and supportive way. Staff treated people as individuals and respected the choices they made. Staff treated people with care and respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported to maintain contact with people who were important to them. People engaged in activities that were individualised to them. People had access to information about how to raise a complaint. People's end of life care needs was met in line with their preferences in a respectful and dignified way.

People, relatives and staff felt the registered manager was visible within the home and listened to people's and staff's views about the way the service was run. The nominated individual (NI) visited the home and carried out checks on the service provision.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 29 September 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 23 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this 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.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Rectory on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to Regulation 17 good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Old Rectory

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

This inspection was carried out by 1 Inspector 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

The Old Rectory 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. The Old Rectory 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. 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 used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at The Old Rectory and 2 relatives. We spoke with 8 staff including the kitchen staff, care staff, deputy manager and the registered manager. We reviewed 3 records in relation to people's care, including the medication records. We also reviewed a range of records held by the service including, staff training and rota's, recruitment records, audits and checks. After the site visit, we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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 12. However, further improvement was required.

- People's associated risks were assessed and monitored to ensure people received support which kept them safe. However, we found some records did not contain up to date information when people's care needs had changed. Staff were able to tell us what changes had been made in response to these changes to mitigate the risks.
- At this inspection we found that where 1 person had experienced 2 falls within a few weeks, additional measures had been put in place to protect the person, however from the records, it was not clear if these were put in place after the first or second fall. Without clear information, the provider could not always be sure staff were mitigating known risk in a timely way.
- At the last inspection, people who required a textured modified diet, were given food that was unsuitable, which posed a risk of potential choking. At this inspection, all staff were consistently knowledgeable about people's individual dietary needs, and we saw people being provided with modified foods at mealtimes. However, we continued to find that daily records of what people had eaten was not accurate, as did not demonstrate people were eating the specialised diet.
- Further improvements were needed to the care plans and the availability of the daily care records, as some care plans were not up to date and daily records lacked important details for example, a person's dietary and fluid intake. Staff told us they did not always have time to complete people's fluid charts or would forget to go to the office to complete them.
- Improvements had been made since our last inspection. For example, a new call bell system had been installed and staff practiced evacuation procedures regularly, so they knew how to respond to an emergency.
- Previously window restrictors were not compliant with the Health and Safety Executive Standard to ensure they were fit for purpose and reduced the potential risk of people falling from open windows. At this inspection the provider had installed window restrictors.

Learning lessons when things go wrong

- Some improvements had been made following our last inspection. However, further improvement was still

needed in maintaining records to demonstrate people consistently received safe care.

- Further improvement was needed when recording incidents, as staff did not always include important information to help identify patterns and trends to prevent reoccurrence.

Using medicines safely

- Safe administration of controlled drugs was not followed in line with best practice. A staff member with medicine training is required to observe and record that they have witnessed the controlled drug being administered to the person. On this inspection we saw the witness was signing the controlled drug register without observing it had been administered. Staff advised they were not aware of this procedure, and believed they were signing to witness the quantity of the remaining controlled drug. We did not find any discrepancies with controlled drugs and people told us they received their medicines. However, the provider could not be assured controlled drugs were being administered in accordance with NICE guidelines.
- Systems were not robust in ensuring modifying medicines was safe to do so. For example, where a person's doctor had prescribed half the dose of a medication patch, staff had cut the patch in half; however, the medicines information leaflet confirmed the patch should not be cut in half. Without robust systems in place to ensure professional advice was sought prior to modifying medicines, the provider could not be assured people were always receiving their medicine safely.
- Improvements had been made since our last inspection. For example, people told us, and we observed staff staying with people until they had taken their medicines. Also, records demonstrated that daily checks were in place and were being monitored for the application of patches to administer medicines through the skin.

Staffing and recruitment

At our last inspection the provider's employment checks were not always robust to ensure safe recruitment of new staff. This was a breach of regulation 19 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.

- At this inspection we found there was not always a consistent level of skill mix of staff on duty.
- Previously rotas showed days, particularly weekends, where there were only 2 care staff working in the morning and afternoon when 3 were needed. At this inspection we saw there was consistent staffing levels. However, we found there was not always a good skill mix of staff. For example, there was not always a staff member working a shift who could administer medicines as and when required. While we saw a senior staff member would come in to work for 1 hour to complete the medicine round, the provider could not always be assured that should a person require medicine at another time, they could receive this promptly.
- Staff continued to give us mixed views on staffing levels. While some staff felt there were enough to keep people safe, others continued to raise concerns for the late shift, as sometimes there were only 2 care staff working, and people would be unattended in communal areas. The registered manager continued to tell us that catering staff supported for late shifts in the communal areas when there were 2 carers working, catering staff confirmed this.
- At the last inspection people gave mixed views on staffing levels. At this inspection all people told us, there were enough staff on duty to meet their needs and keep them safe. One person said, "[Staff] always come when I call them, the night staff are great, they always come and there are not as many of them."
- Staff were being recruited safely. The provider sought references and completed DBS checks. 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.

Preventing and controlling infection

- Improvements had been made to the cleanliness and environment of the home to promote good infection control.
- We were not assured that the provider's infection prevention and control policy was up to date. The registered manager should regularly review their policy to ensure they remain up to date with government guidance and recommendations. For example, references to maintaining a two-meter distance was still being recommended, however we did not see this in practice.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. At the last inspection armchairs in communal areas were seen to be worn, dirty and stained; bins for disposing of gloves and face masks were disposed of in unlidded bins, meaning that it would be difficult to reduce the risk of spread of infection. At this inspection armchairs had been replaced and bins were now lidded.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

At the last inspection the provider was not following government guidance in line with allowing visitors into the home. At this inspection visitors told us they were able to see their family member/friend when the person wished them to. We saw visitors had access to communal areas so they could spend time with the person they were visiting.

Systems and processes to safeguard people from the risk of abuse

- Improvements had been made to the systems and process to safeguarding people from the risk of abuse.
- At the last inspection unexplained bruising had not been escalated and explored by the registered manager to determine whether there was a safeguarding concern. At this inspection the registered manager reviewed incidents of unexplained bruising and took appropriate action.
- All people we spoke with continued to feel safe by the staff who supported them. Relatives also felt their family members were kept safe by the staff who supported them
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support was not always consistent.

Staff support: induction, training, skills and experience

- Training had improved since our last inspection to ensure staff had the knowledge required to support people safely. For example, fire safety, first aid and supporting people with a modified diet. However, further improvements were required.
- The registered manager recruited staff who had the skills and experiences to care for people who lived at the Old Rectory, however we found more staff were required to be trained in medicines awareness and administration to ensure consistently safe practice was followed.
- The registered manager had identified staff required further training in person-centred care and supporting people living with dementia. This training had been booked as face-to-face training, but then cancelled by the provider as they felt this training could be done online. Staff confirmed they were told to complete this training online instead, however all staff we spoke with felt it would be beneficial to have face to face training, so it could be interactive and tailored to the service.

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

- At the last inspection we saw some bedrooms people were living in were in a poor state. At this inspection improvements to the environment had begun.
- There were plans in place to renovate all bedrooms and communal bathrooms, as we saw some of these continued to have rucked and worn carpets and light fixings that did not work. One person we spoke with raised with us that their bed was not that comfy. One person said, "The bed could be comfier, the metal sticks into my legs when I sit on the edge."
- Improvements had been made to communal areas, some communal toilets and some bedrooms. These had new flooring, new vanity units and decoration. There was a maintenance person renovating a bedroom at a time, which was being completed to a good standard.
- Dirty, stained and broken armchairs had been replaced in the communal lounges, and these rooms appeared to be homely and welcoming.

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

- At the last inspection there were inconsistencies around people's assessed and planned needs line with best practice. At this inspection we saw people's needs were assessed and care was provided in line with best practice.
- People's care needs continued to be assessed prior to them moving into the home to ensure they reflected the person's health and wellbeing and how they wished to be supported.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's

assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

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

- People told us they were given a choice of meals to eat during the day. People confirmed they had plenty to eat and were offered food they enjoyed.
- Staff understood people's dietary preferences and understood how to meet these. Where people required assistance to eat, this was done at the person's own pace and in a respectful way.
- Staff monitored people's weight to ensure this remained stable and people remained well. Where people required support with weight management, this was monitored and where necessary discussed with the person's doctor.
- We observed people were provided with drinks throughout the day, with a variety of different options.

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

- Healthcare professionals visited the service where necessary, or as part of routine rounds. We saw care records which demonstrated people had appointments when they required them.
- Records showed people were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.
- Staff were aware of people's upcoming health appointments, and ensured people were ready and prepared to attend these appointments on time.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us staff asked for their consent before undertaking any personal care and respected their wishes and listened to them. We heard staff seeking consent prior to supporting people.
- Records demonstrated external professionals had been contacted in a timely way, and a multi-disciplinary approach had been taken to ensure the least restrictive practice was provided.
- We saw people were able to move freely around the home.
- Where the registered manager had deemed people were being deprived of their liberty, applications had been sent to the local authority for authorisation.
- The registered manager met their legal requirement to notify the CQC where a person had been legally deprived of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them in a kind and caring way. One person said, "Yes, they are all very nice and kind, I can't fault them"
- Staff were kind and caring towards people. Staff respected people's choices and decisions they made about their support. Relatives felt their family members were cared for by staff in a respectful way. One relative said, "You need a lot of patience to look after elderly people, and they've got it here."
- One staff member we spoke with told us how they had worked in different care settings previously and said, "It may be a little old fashioned here, but people get the best care. The kindest care here. People are well looked after."

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

- At the last inspection staff told us there was a weekly bath rota for people, so each person had a bath or a shower once a week. At this inspection we saw this rota was still in place, with a timed schedule for when people were to be supported with their personal care. Some staff told us it was more of a guide, and they supported people in line with their preferences.
- People felt involved in their care. People told us they would tell staff their preferences and this was acted upon and respected.
- Relatives felt listened to when they held discussions with staff about their family members wishes around their care.

Respecting and promoting people's privacy, dignity and independence

- Improvements had been made to maintain people's dignity. We saw people being supported to maintain their dignity when they were transferred with the use of a hoist. At the last inspection some people raised concerns with the laundering of their clothing. At this inspection people did not raise concerns with how their clothes were laundered and returned to them.
- People were supported to remain as independent as possible, for example, with aspects of personal care.
- We observed staff were respectful towards people when speaking with them and worked with the person at their own pace.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Staff knew people well and communication within the team was good. Staff were consistent with people's care needs and any changes within this.
- People were involved with how their care was delivered. While some staff had raised concerns about the routine that was in place, people felt the staff supported them in line with their preferences.
- Staff knew people well and recognised when they were 'not themselves' so that prompt action could be taken to support them.

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.

- Care plans detailed the support people needed to access written or verbal information. For example, whether a person wore spectacles or hearing aids. We saw people had been provided with the aids they needed.

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

- People were supported to maintain relationships which were important to them. Improvements had also been made following our last inspection in supporting people to take part in activities and social events that were relevant to them.
- An activities co-ordinator had been employed since our last inspection. We saw they spent time with people on a one-to-one basis. The activities co-ordinator told us people responded better in this way, rather than whole home activities.
- We saw there was better stimulation, triggers for memory or conversation that were available to people. We saw people take part in jigsaws, knitting and reading.
- People who were more independent continued to spend their day according to their preferences. Some people preferred to spend their time in their own rooms, while some preferred to spend time in the communal areas.
- Since our last inspection, the provider had re-opened the home to visitors. Visitors were able to come when the person wished and was able to spend time in the communal areas of the home. One visitor told

us, "The visiting arrangements are now more straightforward." While another visitor told us they enjoyed mealtimes with their family member.

Improving care quality in response to complaints or concerns

- People and their relatives were content with the service provision. No concerns or complaints had been raised since our last inspection.
- People and their relatives knew who the registered manager was and felt they could raise any concerns with them and action would be taken.
- The provider had a complaints policy in place, should a person who has used the service require this.

End of life care and support

- Improvements in obtaining people's personal preferences for end of life care had been sought.
- Where people's health had declined, the staff worked with healthcare professionals to ensure they had the support in place for when they required this.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant 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

At our last inspection the provider had failed to have robust governance systems in place. This was a breach of regulation 17 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.

- Quality assurance arrangements were not broad in their range to ensure they captured current and potential concerns to really push forward areas for improvement. For example, identifying gaps in staff knowledge of best practice, poor record keeping and skill mix of staff.
- The provider had not maintained accurate and complete care records. For example, incident records did not give a detailed account of events that had taken place and did not accurately record when mitigation had been put in place. Daily notes continued to not always accurately reflect the support people received.
- The providers systems for evaluating and improving systems needed strengthening. At this inspection we found medicines processes was not always in line with best practice and national guidelines. This had not been identified through the providers checks and audits.
- The provider could not always be assured there was a sufficient skill mix of staff on duty to support people with their medicines when people may require these or when checks of administration of controlled drugs were required.
- The policies and procedures for management of Covid-19 was out of date. Records held were written in July 2022, and practices within this were not consistently being followed.
- Improvements were needed to promote a more engaging culture with people and staff and the leaders of the service, so that person-centred care, dignity and respect could be upheld. Staff showed us a daily routine that was in place, which gave times for when people should be supported with personal care, along with a weekly bath rota. While some staff saw this is a guide, some staff followed this routine. A staff member said, "It can be stressful at times as everyone has to be in the dining room for breakfast by 10:30am." The registered manager told us routines were in place to support the running of the home, but also that staff were to respect people's choices. While we did not find evidence to suggest that people had been negatively impacted through this practice, improvements were needed to promote person-centred care.

Systems needed to be more established to assess, monitor and mitigate risks to the health, safety and

welfare of people using the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider confirmed they would be transferring to an electronic system for record keeping, which they felt would better help staff to complete daily records in a timelier way.
- At the last inspection care and recruitment records were not always accurate, up-to-date or complete. At this inspection good improvements had been made with recruitment files.
- All people and relatives we spoke with felt the service met their needs and could not think of anything to improve. One person said, "Not really, if I need anything I can just ask and it will be done"

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they could approach the registered manager to raise any queries they may have, however they did not have regular staff meetings to discuss topics which were important to them.
- More opportunities were needed for staff to discuss best practice in a learning and supportive environment. Staff did not always feel empowered, as engaging in learning opportunities which staff felt would be invaluable in providing good outcomes for people were taken away from them.
- People were happy with the care and support received. People were supported to have their views listened to through one-to-one conversations and resident meetings. Relatives told us and we saw that individual meetings with people's relatives were taking place. There were not always formal reviews of people's care needs; however, relatives, where appropriate, were provided with key updates.
- All those we spoke with knew who the registered manager was and felt able to speak with them if they needed to raise any concerns or queries.
- The registered manager and their staff team worked with people, relatives and health and social care professionals to provide good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities for reporting events and incidents that were legally required to the CQC.
- The provider was displaying their previous ratings from the last CQC inspection within the home.

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 17 HSCA RA Regulations 2014 Good governance Systems needed to be more established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.