

Sanctuary Care Limited

The Manse Residential Care Home

Inspection report

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29 November 2023

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12 January 2024

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

The Manse Residential Care Home is a care home providing accommodation and personal care to up to 33 people. The service provides support to older people, people with disabilities and people living with dementia. At the time of our inspection there were 32 people using the service.

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

Risks to people were not always sufficiently assessed and plans to mitigate and manage risks were not always sufficiently detailed, instructive and up to date. Medicines management was not always safe and did not always follow guidelines. There was not always a sufficient number of suitably qualified staff deployed to meet all people's needs in a timely and safe manner at all times. People's privacy and dignity were not always respected. People's care and support was not always designed and planned in a person-centred way. Maintenance checks and repairs were not always carried out appropriately and in a timely manner. The quality assurance systems and processes were not always effective and the provider had not identified the issues we found during our inspection. We found no evidence anyone had been harmed. However, these issues had put some people at risk of potential harm.

There were systems and processes in place to safeguard people from abuse and improper treatment and people and their relatives felt the service was safe. The recruitment of new staff followed safer recruitment procedures. Infection prevention and control was effective.

People were supported to eat and drink enough and participate in activities and exercise. People and their relatives were included in making decisions about their care and involved in the development of the service. Staff were friendly, caring, kind and supportive and managers were approachable.

The provider, managers and staff worked in partnership with other agencies and organisations to provide people with their care and support.

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.

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

Rating at last inspection

The last rating for this service was good (published 15 December 2017).

Why we inspected

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

We undertook a focused inspection to look at the key questions of safe and well-led.

We inspected and found there were potential concerns with the other key questions, so we widened the scope of the inspection to become a fully comprehensive inspection which included the key questions of safe, effective, caring, responsive and well-led.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to person-centred care, dignity and respect, safe care and treatment, premises and equipment, good governance, and staffing. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Manse Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 1 inspector, 1 regulatory co-ordinator and 1 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 Manse Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Manse Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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

The inspection was unannounced.

Inspection activity started on 31 October 2023 and ended on 1 December 2023. We visited the service on 31 October 2023 and 1 November 2023 and 29 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service, 5 relatives of people who used the service and 1 friend of a person who used the service. We also spoke with 9 staff, including the registered manager, the deputy manager, regional managers, a regional director, and care staff. We reviewed a range of records. This included 17 people's care records and 3 staff records. A variety of records relating to the management of the service were also reviewed.

Following our visit to the service, we reviewed more records relating to the management of the service.

Is the service safe?

Our findings

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

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed and safety monitoring and management were not always sufficient.
- One person had no risk assessment or care plan for their epilepsy, one person had no risk assessment for urinary infections and one person had no risk assessment for distressed behaviour. Their care plans did not include sufficiently detailed, specific and personalised instructions for staff to monitor and mitigate these risks.
- One person's catheter care required staff to monitor their fluid intake and output daily. At the time of our inspection there was no fluid chart in place for this person, staff had not always recorded their fluid intake and had not recorded their fluid output. One person's skin integrity care required staff to support them to stand up regularly. At the time of our inspection there were no instructions in place for staff to do this and staff had not supported the person to stand up regularly.
- This meant staff did not have sufficient information to always manage risks to people safely. We found no evidence anyone had been harmed; however, the lack of robust risk assessments and care plans had put some people at risk of potential harm.

The provider's failure to assess, monitor and mitigate all risks to people was a breach of Regulation 12 of The Health and Social Care Act 2014.

Using medicines safely

- Medicines management was not always safe.
- One person had not always received their prescribed medicines. A medicines administration chart had not always been set up for people's topical creams. People's records did not always contain information about when a medicine had been stopped by the prescriber.
- There were no instructions in place for staff about how to give some people their 'when required' medicines safely. The instructions for staff that were in place for some people's 'when required' medicines were insufficient. They did not include information for staff about possible side effects, the signs of an adverse reaction and when to escalate an adverse reaction to a doctor.
- The running total of stock for some medicines was not always correct and there was not always an explanation for this. This meant the provider was less likely to be able to identify whether a person had received their medicines correctly.
- The provider's daily medicines checks and monthly medicines audits had not identified the medicines

administration issues we found during our inspection. We found no evidence anyone had been harmed; however, the lack of robust medicines management had put some people at risk of potential harm.

The provider's failure to manage medicines safely was further evidence of a breach of Regulation 12 of The Health and Social Care Act 2014.

Staffing and recruitment

- The provider did not always deploy enough staff to meet all people's needs and health and safety requirements at all times.
- During our inspection we witnessed an incident involving a person on the top floor of the building during the night shift. The person needed immediate assistance and was unable to use a call bell due to their needs. They were left without staff support until we informed the registered manager. This was because 3 staff were deployed on the night shift and this meant it was not possible to have a member of staff on all 4 floors of the building to see when people required assistance and always provide people with timely support.
- The provider was unable to provide us with evidence showing 3 staff on the night shift were able to evacuate all people safely in a timely manner in the event of a fire.
- The provider assessed and reviewed people's dependency levels and used the information to inform staffing levels. However, some people's dependency information had not been kept up to date and did not accurately reflect their needs. This meant the provider's calculations to decide staffing levels were not always robust.
- The provider was unable to provide us with evidence the staffing levels had been regularly reviewed in line with people's changing needs.
- Feedback from people, their relatives and staff was mixed. Some people and their relatives felt there were enough staff and some said they thought the service could do with more staff at times. Staff told us the staffing levels were manageable as long as people's needs were not too complex but more staff were needed when people's health deteriorated and their level of need became higher.
- One person's relative told us, "There is enough staff to meet [his/her] needs" and another person's relative said, "There is always staff around and they get to know you well." One person's relative told us, "Only a couple of times we haven't been able to get out, maybe they could do with a few more staff" and another person's relative said, "The staffing varies, sometimes there's not enough about".

The provider's failure to deploy a sufficient number of staff at all times was a breach of Regulation 18 of The Health and Social Care Act 2014.

- The provider's recruitment processes followed procedures for safer recruitment. New staff underwent several checks, including a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider had not always sufficiently identified learning and acted in a timely manner to reduce the possibility of the same things going wrong again.
- Accidents and incidents were reported and recorded, and the provider carried out monthly accidents and incidents audits. However, the provider's audits did not always include sufficiently clear, detailed and personalised information and actions for staff about how to prevent the same accidents and incidents reoccurring. Some actions resulting from these audits had not been carried out in a timely manner.
- This meant the provider had not always shared sufficient learning with staff and ensured timely action when things went wrong. We found no evidence anyone had been harmed; however, not effectively

operating processes to identify and share learning had put some people at risk of potential harm.

The provider's failure to effectively operate systems and processes to learn lessons when things went wrong was a breach of Regulation 17 of The Health and Social Care Act 2014.

Visiting in care homes

- The registered manager had tried to dissuade people's relatives from visiting at mealtimes. They had contacted them to say it was not the best time to visit because it could be disruptive. We raised this issue with the registered manager, and they said they would inform people's relatives they could visit at any time. This was in line with current guidance for visiting in care homes.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse and improper treatment.
- Staff received safeguarding training and knew how to recognise and report abuse.
- Incidents had been reported correctly, in line with legislation, and the provider's safeguarding policy and procedures were up to date.
- People and their relatives said they thought the service was safe. The 6 people we spoke with told us they felt safe living there. One person's relative said, "We don't have to worry about [him/her] at all, we know that [he/she] is safe." Another person's relative told us, "[He/she] is much safer here".

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not always comply with health and safety requirements.
- The Health and Safety Executive guidance 'Health and Safety in Care Homes' describes the risks associated with hot surfaces and the measures providers should take to mitigate these risks. CQC has published learning from safety incidents resources to inform providers of these risks and what actions they should take.
- During our inspection we identified a number of radiators without radiator covers in people's bedrooms and communal areas. Several people living in the service had limited mobility and lacked mental capacity. This meant if they had a fall near or on an uncovered hot radiator, they might not be able to get up or call for help and could get burned.
- We raised this issue with the registered manager and a regional manager during the first 2 days of our inspection. When we returned 4 weeks later for the last day of our on-site inspection, the radiator covers were still missing. The registered manager and the regional manager told us the radiators had been surveyed and they were waiting for a date from the provider for when the work to fit radiator covers would begin.

The provider's failure to ensure all the radiators were suitable for use in a care home was a breach of Regulation 15 of The Health and Social Care Act 2014.

- During our inspection we identified faulty fire safety mechanisms on 2 people's bedroom doors had not been repaired. We raised the issue with the registered manager and a regional manager at the time of our inspection. Both doors were fixed during our inspection, however, the repairs did not take place in a timely manner. 1 door was not fire safe for 2 weeks and the other door was not fire safe for over a month.
- People were able to personalise their bedrooms and they had the equipment required to provide their care and support. The service was able to obtain specialist equipment to meet people's individual needs if necessary.
- The building was well decorated and kept tidy.

Staff support: induction, training, skills and experience

- Staff received training and support. However, staff training was not always up to date.
- Several members of staff had some overdue training, including some long overdue training.

- Since 1 July 2022, all registered health and social care providers have been required to provide training for their staff in learning disability and autism. However, at the time of our inspection no members of staff had completed learning disability and autism training.
- Staff received supervision, however, some staff had not received supervision as frequently as they were supposed to according to the provider's supervision policy.

The provider's failure to deploy suitably qualified staff at all times was further evidence of a breach of Regulation 18 of The Health and Social Care Act 2014.

- Staff received induction training, had annual appraisals, attended staff meetings and held shift handover meetings.

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

- People's needs and choices were assessed.
- However, their assessments did not always include information about all their needs and preferences.
- Some people's assessments did not include information regarding their sexual orientation and sexual needs. This meant some people's needs and preferences were not fully assessed and their care and support was not always designed and planned in a sufficiently personalised way to meet their needs.

The provider's failure to fully assess, design and plan all people's care and support in a person-centred way was a breach of Regulation 9 of The Health and Social Care Act 2014.

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

- People were supported to eat and drink enough and maintain a balanced diet.
- People had nutrition assessments in place where appropriate and their dietary needs and preferences were recorded.
- Staff had information and knowledge about special diets for people who had swallowing difficulties or were at risk of choking.
- There was a varied menu in place and people had a choice of meals. Staff regularly cooked recipes from different cultures and shared them with people and each other.

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

- Staff worked with other organisations and professionals to ensure people received the right care and support in a timely manner.
- The GP visited weekly to check on people.
- People were supported to participate in activities, including various forms of exercise. They were referred to the doctor and healthcare services when they required medical treatment or support.

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being 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.

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

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

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were not always respected and maintained.
- During our inspection we observed 2 incidents involving people in which their privacy and dignity were not respected and maintained.
- 1 person was left in an unhygienic and undignified situation for a concerning length of time during the night shift. Staff were unaware of the situation and did not support the person until we informed the registered manager of the situation.
- 1 person was sat on their bed in a state of semi-undress with their bedroom door open. We raised the issue with a member of staff, and they asked the person if they wanted their bedroom door left open. The member of staff then told us the person wanted their bedroom door closed and apologised to us for the door being left open.
- The carpets in 2 people's bedrooms smelled of urine on an ongoing basis. This issue was known to the service and the provider. However, the action that had been taken to address the issue was not sufficient or effective and the people's carpets continued to smell of urine. This was unpleasant for the 2 people and did not respect and promote their privacy and dignity when they had visitors.
- The language used by the registered manager when describing the needs of the person left in an unhygienic and undignified situation was inappropriate and did not respect and promote the person's dignity. The language used in some people's care records was inappropriate and did not respect and promote their dignity.

The provider's failure to ensure people's privacy and dignity were respected and maintained was a breach of Regulation 10 of The Health and Social Care Act 2014.

- During our inspection, a regional manager began changing the inappropriate language in some people's care records to make it respectful and suitable.

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

- People were well treated during their interactions with staff, and their diversity was respected.
- Staff interactions with service users were friendly, caring, kind and supportive.
- One person said the staff were good and another person told us they got on well with staff. A person's relative said, "The staff seem to know the residents well, anything they are unsure of, they look up". Another person's relative told us, ""I know who the manager is, they are visible, approachable, and accessible. And so

are the other staff".

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care.
- Staff knew people well and knew how to support them to express their thoughts and feelings.
- People and their relatives were included in planning and reviewing their care and making decisions about their care and support, including any changes.

Is the service responsive?

Our findings

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

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

This meant people's needs were not always met.

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

- People's care was not always designed and planned in person-centred way.
- Reviews of some people's assessments and care plans did not always include and reflect their needs and risks at that time. Their assessments and care plans had not always been updated when their needs had changed. One person's care plan had not been updated when they developed an infection and were at a higher risk of falls due to the infection. One person had no risk assessments and no care plan in place at the time of our inspection.
- This meant some people's care and support had not always been designed and planned in a personalised way to meet their needs. We found no evidence anyone had been harmed, however, it had put some people at risk of potential harm.

The provider's failure to fully assess, design and plan all people's care and support in a person-centred way was further evidence of a breach of Regulation 9 of The Health and Social Care Act 2014.

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.

- The provider followed the principles of the AIS.
- People's communication needs and preferences were recorded, and staff knew people's individual ways of communicating well.
- People and their relatives were given information in ways they could understand.

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 and stay active.
- People spent time with family and friends, participated in activities, went out into the community, and went on day trips.
- There was an activities programme in place. Activities were delivered by an activities co-ordinator and

other staff joined in to support people. People had choice about what activities they did.

- A person's relative said, "They [the service] have a lovely garden, and they [people] are always picking stuff that they grow". Another person's relative told us, "If I am down when I visit, they notice and sit me down and give me a cup of tea and we have a chat".

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place and complaints were dealt with appropriately and in a timely manner, in line with the provider's policy.
- Complaints, investigations, and outcomes were recorded.
- People and their relatives knew how to make a complaint and felt comfortable to do so.

End of life care and support

- There was a system and process in place to provide people with end-of-life care.
- People and their relatives could discuss their end-of-life care support and make their wishes known and people had end of life care plans in place.
- Staff received end of life care training and worked with palliative care services to provide people with end-of-life care and support.
- At one stage the local authority had wanted to move a person to a hospice, but the service agreed to continue to support the person. The provider decorated the person's room in their favourite football team's colours and football team bedding. The person's relative told us, "That was a nice touch".

Is the service well-led?

Our findings

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

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems and processes were not always effective. Their checks and audits had not identified the issues we found during our inspection in relation to health and safety; people's assessments and care plans; medicines management; accident and incident audits and staffing levels and staff training.
- The provider had not identified the issues we found regarding people's privacy and dignity. They had not identified the issues we found regarding the design and planning of personalised and person-centred care. They had not identified the issues we found regarding keeping accurate, complete, and up to date records.
- The systems and processes in place for maintenance checks and repair work were not always effective and maintenance and repair work was not always carried out in a timely manner. The provider had not identified that some health and safety checks for fire safety and water temperatures had not always been carried out appropriately. Repair work to fix the faulty fire safety mechanisms on 2 people's bedroom doors was not carried out within an appropriate time frame.
- The systems and processes in place had failed to address known issues with the call monitoring system. The systems in place had failed to address known issues sufficiently or effectively regarding the ongoing smell of urine coming from 2 people's bedroom carpets and the processes for this had not been carried out in a timely manner.

The provider's failure to effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate risks to people's health, safety and welfare was further evidence of a breach of Regulation 17 of The Health and Social Care Act 2014.

- Managers and staff understood their roles.
- Staff had job descriptions and the provider had a statement of purpose and a set of values, which were given to staff. This helped to inform staff of their duties and what was expected of them.
- CQC was notified of incidents in line with regulatory requirements.

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

- Although people's care and support had not always been designed and planned in a person-centred way,

the culture of the service was open and inclusive. The registered manager told us relationships between staff, and the team culture, were improving. The care provided achieved good outcomes for people most of the time. Managers were approachable and caring, and staff were kind and friendly.

- The provider supplied their services with cocktail equipment and recipes so people could have alcoholic and non-alcoholic drinks. This was something new that was started by this service.
- The provider had staff reward schemes in place to recognise staff effort and performance. A member of staff from this service had won the provider's award for the whole of the southeast area.
- There was a staff council, and each service had its own staff representative who could use the council to raise issues with the provider. There was also a head office phone line staff could use to raise issues with the provider. This promoted an open culture.
- People we spoke with said they were happy living there. One person's relative told us, "Staff make us feel very welcome and they are friendly" and another person's relative said, "Staff are always inviting us to activities". One other person's relative told us, "Staff are always smiling; I have not seen anyone upset or hear them raise their voices towards residents" and another person's relative said, "[Mum/Dad] has had difficulties and staff have worked with them well and we have seen a great transformation in them".

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

- The provider, managers and staff understood their duty of candour.
- They communicated openly and honestly with people, their relatives, and other professionals when something went wrong.

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

- The provider engaged people, their relatives, and staff in the development of the service.
- They used questionnaires to obtain feedback and suggestions about the service from people, their relatives, and staff. People were given daily feedback forms to complete to share their views about the meals provided.
- People and their relatives were included in the decision making and planning of their care and support.
- Managers had an 'open door' policy, which meant people, their relatives and staff could approach them or contact them at any time to discuss anything they wanted.

Continuous learning and improving care

- There were systems and processes in place to support learning to improve the service.
- The provider regularly shared guidance and practice updates with the service. There was regular contact with the local authority about changes to guidance and practice and this was shared with the provider's other services.
- There were monthly managers meetings, which included guest speakers from the provider's other departments. These meetings included discussions about changes to policy, new policies, and new incentives. Area and regional managers spoke with people to check whether information and learning shared with the service had been implemented in the home.
- Some staff did the NVQ (National Vocational Qualification) in health and social care. This is a work-based qualification that teaches staff the knowledge, understanding and practical skills required to be a care worker in an adult care setting.
- The service was able to improve the provider's learning and policies. The service had challenged the provider's policy for 'homely remedy' Aspirin. Homely remedies are medicines that are purchased over the counter and do not need to be prescribed. They are kept as stock in a care home to give people access to medicines that would commonly be available in any household. This had led to the provider rewriting the policy for homely remedy Aspirin to include who was authorising it, how much of it to hold on site and what

dosage to use, for example.

Working in partnership with others

- Managers and staff worked in partnership with other services, agencies and organisations to provide people's care and support.
- They worked with healthcare services and professionals; local authorities; hospice services; local faith groups; local schools and nurseries and voluntary sector projects.
- The service was the first care home in the area to do the 'Communication and Interaction Skills for Dementia' staff training provided by the local ICS (Integrated Care System).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to fully assess, design and plan all people's care and support in a person-centred way.
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider failed to ensure people's privacy and dignity were respected and maintained.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess, monitor and mitigate all risks to people and manage medicines safely.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to deploy sufficient numbers of suitably qualified staff to meet people's needs and health and safety requirements at all times.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure all the radiators were suitable for use in a care home.

The enforcement action we took:

We issued the provider and the registered manager with 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 failed to effectively operate systems and processes to assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate all risks to people's health, safety and welfare.

The enforcement action we took:

We issued the provider and the registered manger with a warning notice.