

Far Fillimore Care Homes Ltd

# Nightingale Court

## Inspection report

11-14 Comberton Road  
Kidderminster  
Worcestershire  
DY10 1UA

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Nightingale Court is a residential care home providing personal care to up to 63 people. At the time of our inspection there were 31 people using the service.

Nightingale Court accommodates 43 people in one adapted building across three floors.

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

Aspects of the home's environment posed a potential risk of harm to people. Environmental shortfalls had not been identified by the provider in order to mitigate potential risk of harm. Staff were not fully competent of what procedures they would follow in the event of a fire and how to safely evacuate people. The manager put immediate steps in place to ensure staff's knowledge in this area improved.

People's medicines were mostly managed in a safe way; however, improvements were needed to ensure medication that was given in disguise in food or fluid was administered in a safe way. Medication was stored and disposed of in a safe way.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider systems were not consistently applied or robust to identify shortfalls in a timely way. We found areas that required improvement. In addition to this, the providers systems had not identified that notifiable events must be reported to the CQC had not been consistently submitted in 2021.

People told us they felt safe and supported by the staff who worked in the home. 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 manager understood their safeguarding responsibilities and how to protect people from abuse.

Potential risks to people's individual health and wellbeing had been identified and were managed safely. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risks associated with people's care.

There were sufficient staff on duty to keep people safe and meet their needs.

Safe practice was carried out to reduce the risk of infection.

People's care needs had been assessed and reviews took place with the person and, where appropriate, their relative. Staff had the training and support to be able to care for people in line with best practice. 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 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 their hobbies and interests. The manager told us their plans to improve activities for people who lived with dementia. People had access to information about how to raise a complaint. People's end of life care needs were met in line with their preferences in a respectful and dignified way.

The provider had supported the new manager by employing a previous registered manager of the home, to provide checks and support to the new manager. All people, relatives and staff felt the service was well run. The manager was visible within the home and listened to people's and staff's views about the way the service was run. The manager had put checks into place to monitor the quality of the service provision.

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 and update

The last rating for this service was good (published 17 January 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and care and treatment of people who lived in the home. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this full report.

Following our findings on inspection, the manager took prompt action to rectify shortfalls and put plans in place to improve the service.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nightingale Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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** ●

# Nightingale Court

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection team consisted of one 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

Nightingale Court 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. Nightingale Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was not 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. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well-led section of the full inspection report for further details. We used all this information to plan our inspection.

### During the inspection

We spoke with eight people and three relatives. We spoke with eight staff including the laundry staff, kitchen staff, care staff, senior care staff, the deputy manager, the facilities manager and the home manager. 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 also reviewed five 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, complaints and compliments, 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Some staff were unaware of the procedure to evacuate people from the home safely in an emergency situation. The manager took subsequent actions to address this including organising fire training for staff in July 2022.
- There were some areas of the home that may not be safe in the event of a fire. We raised this with the manager who contacted the providers external fire agency who conducts checks of the home, to ensure the environment was to a safe standard and to address any identified shortfalls.
- 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. Following our inspection, the manager sent us an update that this was being actioned so that windows were safe.
- In addition to this, the manager told us the top floor of the home had been closed however we found that people had access to this top floor via the lift, and some rooms had been left unlocked. This meant people could be at risk of harm should they enter an empty room on a floor where staff were not always present. We raised this with the manager, who confirmed that all doors were locked by the end of our inspection.

Risks to people within the environment had not been identified so that mitigation could take place. This placed people at risk of potential harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's individual health and social risks had been assessed and care plans had been developed with the person, and/or their family involved. The risk assessments we reviewed were up to date and reflected people's current care and support needs.
- People we spoke with told us staff understood their care and support needs. The interactions we saw between people and the staff showed they understood their individual needs and how to support them.
- Relatives felt staff understood their family members individual risks, and how to meet these. We saw from care records that relatives were involved where appropriate.
- Daily handovers helped to ensure consistent and timely care was delivered to people.
- People's care needs were reviewed monthly or sooner where necessary to identify any changing needs. We saw these records held good detail about the person's needs.

### Staffing and recruitment

- The provider carried out recruitment checks before employing staff to work in the home. However, we found some improvement was required in relation to obtaining appropriate personal identification prior to

employment for new staff. The facilities manager confirmed they would action this immediately with the staff. We did not find any evidence this had put people at risk of harm.

- People we spoke with felt there was enough staff to meet their needs and keep them safe. One person said, "The staffing is pretty stable, they all know me." Our observations showed staff were attentive to people's needs. Relatives and staff told us there were sufficient numbers of staff on duty to keep people safe, with a good skill mix of staff.
- Where there were staff vacancies these shifts were covered by existing staff or regular agency to help provide consistent care to people.
- The manager reviewed staffing levels by reviewing people's dependency needs through reviewing care plans, speaking to staff and undertaking observations to help determine the staffing levels required to meet people's needs and keep them safe.

#### Using medicines safely

- Where people received medication provided in disguise, such as in food or fluids, the medicine had not been checked by a pharmacist to ensure the administration was safe. We did not find evidence that people had been harmed or had not had their medication as a result of this. We raised this with the manager who made arrangements for the pharmacist to review this following our visit.
- People told us they received their medication. One person said, "Oh yes, I get some tablets every day, [staff] brings them to me." People received their medicines as prescribed, staff checked if people needed medicine prescribed 'as required' such as pain relief, to ensure people were comfortable.
- The provider was following safe protocols for the receipt, storage and disposal of medicines.

#### Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us they continued to feel safe by the staff who supported them. One person said, "I feel safe here." While relatives told us how they felt staff kept their family member safe.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The manager understood their responsibilities regarding the action to take to protect people from harm. Where whistle blowing concerns had been raised to the CQC, the manager had investigated these and had taken appropriate action to ensure people were safe from harm.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was 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.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider facilitated visitors in line with government guidance.

#### Learning lessons when things go wrong

- The management team completed daily checks to ensure staff were providing care and support in line



with best practice. The manager worked alongside care staff, which helped them to identify improvements.

- We saw improvements had resulted through these checks and audits. The number of people who had pressure sores or sore skin had decreased, as the oversight and staff practice had been reviewed.

# 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.

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 manager advised there were people who they felt were being deprived of their liberty but applications for authorisation had not been submitted to the local authority. They had also identified that where some authorisations had expired, applications to renew the authorisations had not been submitted. This meant people were potentially being deprived of their liberty without the appropriate authorisation in place.
- In addition to this, where some people had a DoLS authorisation in place, the provider had not met their legal requirement to notify the CQC where a person had been legally deprived of their liberty.
- We raised these areas of concern with the nominated individual, who advised they would support the manager in addressing these areas.
- Records showed that where it had been deemed that people lacked capacity to make specific decisions, best interest meetings had been held where appropriate.
- We saw people were able to move freely around the home and the garden areas as they wished. However, some people told us they wished to go outside the home and the grounds, but staff had told them it was not safe for them to go alone.

Systems had not been established to ensure the service was applying for authorisations of a DoLS where it was deemed this was required. This placed people at risk of being deprived of their liberty. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where a person had actively attempted to leave the home, which would place them at risk of harm, appropriate action had been taken. The person's social worker had been contacted, the family involved, and a DoLS authorisation had been submitted and granted.
- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them. We heard staff seeking consent prior to supporting people.

#### Staff support: induction, training, skills and experience

- The CQC had received concerns prior to the inspection around allegations of staff carrying out unsafe practice when assisting people to move and transfer. The manager had investigated and identified improvements were needed and had put in place additional training and spot checks.
- People and relatives told us staff were confident in their approach and had the knowledge and abilities to meet people's individual needs.
- Staff completed mandatory training that was appropriate for the people they cared for. New staff felt they had sufficient time working alongside existing staff before they begun working alone.
- There was a good skill mix of staff on duty at the time of our inspection and we saw the team worked well together to provide care and support to people.

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

- The manager told us they were working with the provider to improve the environment, design and decoration to meet people's individual needs. Staff felt the home was not 'dementia friendly' like it had been in previous years.
- We could see there was ongoing work to paint the home in colours that promoted people's independence, such as brightly painted handrails, so people could see these better.
- There was a 'tuck shop' so people could buy confectionary and toiletry items if they wished. The facilities manager showed us additional rooms, such as a sensory room, but recognised these areas needed additional work, to make them a nicer environment for people.
- The manager had plans for other areas of the home, such as making the lounges more homely. They told us they were supported by the provider to do this.

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

- People's care needs had been assessed and planned in line with best practice. For example, where a person needed support with maintaining their skin integrity, this was provided inline with the district nurses guidance.
- 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. One person said, "I like the pudding, it's very nice."
- 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. People's individual dietary needs were shared with the kitchen staff so their meals could be adapted to suit their needs.
- We saw people were provided with drinks throughout the day, with a variety of different options.

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

- 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.
- We saw people were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.
- Relatives confirmed if their family member was unwell, a doctor was promptly called, and where appropriate, they were kept up to date with the wellbeing of their family member.
- Staff were aware of people's upcoming health appointments, and so ensured people were ready and prepared to attend these appointments on time.

# 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. The rating for this key question has remained 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 told us, "When I was unwell, they looked after me really well."
- Relatives told us they felt staff treated their family members well.
- Staff were kind and caring towards people. Staff chatted to people and spent time with them to see how they were. Staff understood people's personal preferences and respected people's choice for how they wished to spend their day.

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

- People were able to speak with staff about their care and felt listened to and involved with these decisions and were supported to carry these out. One person said, "[Staff] really care and I feel listened to."
- Relatives were involved and felt their views were listened to and respected. One relative told us, "Yes, they involve me, say for example [the person] needs a haircut...we discuss it."
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with told us they were treated in a dignified and respectful way. One person said, "Yes, they are kind and treat me with respect." While another person said, "I have my own private space that they respect."
- People we spoke with shared examples of how they were supported to remain as independent as possible. One person told us, "I am a very independent assertive person, there are some things that I can't do, and I do need the support."
- We saw staff were respectful towards people at all times and worked with the person at their own pace and respected their decision making.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent. We saw staff respected people's privacy and knocked on doors and waited for a reply before entering.

# 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 outstanding. 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

- People's care needs were assessed prior to them moving into the home. Thereafter, their care needs were reviewed regularly and any changes in care were identified promptly through assessments and monitoring.
- People, and where appropriate their relative, confirmed they were involved in the care planning process to ensure people's care needs were met. People told us staff respected their wishes, such as when they would like to get up in the morning and when they would like to go to bed.
- Staff knew people well and recognised when they were 'not themselves' so that prompt action could be taken to support them.
- Staff told us, and we saw, there was a good level of information about people's care needs and preferences.
- Where people's needs had changed, these were reviewed in a timely way, and external healthcare professionals were contacted so that appropriate support, for example, advice or specialist equipment, could be sought.

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.

- There were some tools and aids to promote and support better communication for people, however improvements were required in this area. The manager told us they were continuing to develop communication aids to promote better communication for people with a disability or sensory loss as felt that these had been lost over time.

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 spent 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. One person told us, "I read a lot and get the newspaper delivered, I enjoy reading." While another person told us, "I like to get my nails painted, yes, we have lots of fun."
- We saw people were given a choice as to whether they joined in the planned activities. Those who did join in appeared to enjoy these, such as joining in with singalongs.

- People told us their family and friends were welcome to visit at any time. Relatives confirmed they were always welcomed into the home by staff.
- People were supported with activities they enjoyed. For example, we saw people enjoying singing, spending time in the garden and reading. It was recognised that some activities to support people living with dementia were not being used in the home as we had seen in previous inspections, such as rummage boxes, dolls, and different items of interest. The manager told us they were working with the provider and staff to build a new collection of items of interest that people could begin using again.

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

- Where complaints had been received these had been responded to in line with the providers complaint policy and procedure. The manager had used these opportunities to drive improvement by sharing lessons learnt with their staff group.
- People and relatives, we spoke with told us they knew how to raise a complaint if they needed to but were very happy with the service provided. Where one relative had raised a concern, they told us staff actioned this immediately.

#### End of life care and support

- Care records confirmed discussions had been held with people, and where appropriate their relatives, about people's end of life care so they could be supported in accordance with their wishes.
- We read many compliments from relatives where their family members had passed away, expressing their thanks for the support, care and attention during this time.

# 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; 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 providers systems were not consistently effective in identifying and driving improvements in relation to the home environment. For example, there were aspects within the home that required improvement, such as ensuring window restrictors were up to code, a bathroom that had been condemned and the top floor was closed to people who lived there, as the manager had deemed this area as not being safe.
- Following the concerns raised to the provider by the CQC prior to this inspection, the provider had recruited a previous manager who had worked at Nightingale Court for many years previously. The manager told us they were visiting the home regularly and supporting them to drive improvements. We could see that the new management team had worked hard in addressing the concerns raised through information of concern shared by the CQC; and had worked to rectify these as promptly as possible.
- The provider had not had a registered manager in post since January 2022. The new manager told us they would be applying for their registration with the CQC as soon as possible.
- The provider understood their responsibilities for reporting events and incidents that were legally required to the CQC. However, their systems and processes had failed to identify that notifiable incidents, such as deaths and DoLS authorisations had not been submitted in 2021. The new manager was open and honest about this. We raised this with the nominated individual (NI), who became the NI in January 2022.
- There is a requirement on providers to complete the Provider Information Return (PIR) when requested to do so. The PIR request was sent to the provider on 6 October 2021. No completed PIR was returned to the Care Quality Commission.

The providers governance systems were not always robust in identifying shortfalls in a timely manner. This placed people at risk of receiving a poor service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager understood their responsibilities to be open and transparent with people, where events had happened in the home, we saw this was communicated with the appropriate people and external agencies.
- Staff were clear about their roles, and the values upheld by the provider.
- The legal requirement to display the CQC ratings of the last inspection in the home was met.

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

- People and their relatives were happy with the care and support received. One relative said, "[Staff] seem to have genuine interest. [Staff] are always attentive to what is happening around them.", while compliment cards expressed relatives gratitude to the staff at Nightingale Court.
- Staff felt well supported and valued by the manager telling us, "[Manager's name] is very supportive, they're always asking me if I'm okay." While another staff member said, "The team have become close knit. [Manager's name] is doing an amazing job".
- The manager was proud of their team and felt that they had worked well together to achieve positive experiences for people.
- There was a positive culture within the home. There was a good approach to teamwork within the home. The management team had good oversight of the care and support people needed. Staff told us they worked with the management team to help meet people's needs. Staff told us they worked well together in a joined-up approach. Communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- People and relatives felt they could approach the manager if they needed to. We saw people and relatives popping into the manager's office to have a chat with them.
- While the manager encouraged staff and relatives to discuss any matters with them. They had also arranged meetings for staff and relatives, where messages could be shared, and any aspects of the service provision could be raised.

Continuous learning and improving care

- The manager was continually looking at ways to improve the service and kept up to date with best practice through training and updates.
- The manager monitored performance of staff through supervisions, spot checks of staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- Checks of care records and medicines took place to ensure the records reflected people's care.

Working in partnership with others

- The manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.
- The manager worked in partnership with external agencies to ensure people received a holistic 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 12 HSCA RA Regulations 2014 Safe care and treatment  Environmental risks had not been identified and managed to protect people from potential avoidable harm.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were potentially deprived of their liberty, as requests for authorisations had not always been completed where it was felt a deprivation was taking place.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems and processes had not identified areas of risk in relation to the environment. The provider's systems for risk management failed to identify that reportable incidents had not been escalated to relevant agencies in a timely manner as required.