

Bondcare (London) Limited

# The Hawthorns Care Centre

## Inspection report

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Date of inspection visit:  
05 December 2022  
06 December 2022  
16 December 2022

Date of publication:  
19 January 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Hawthorns Care Centre is a nursing home which provides accommodation for 73 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection they were providing care for 66 people. The service accommodates people in one adapted building over three floors.

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

We found that medicines were not always managed safely throughout the service. Some aspects of health and safety and environmental risks in the home were not always managed effectively.

The leadership and governance of the home required improvement to ensure audits were effective in promoting improvement and identifying risks. Quality assurance measures in place were not always robust, some issues identified on inspection were not appropriately identified. The registered manager has acted upon feedback from this inspection and was putting plans in place to address the issues identified.

Staff did not always receive training or training updates relevant to their role. This included training in; end of life care, oral health and person-centred care. Some staff did not have training for specific conditions.

Care plans were personalised and contained information about people's history, and personal preferences. People's risk assessments and care plans were reviewed monthly, however some areas of the care plans contained inconsistent or missing information which was not always identified during the audit process.

Activities in the home were limited, particularly for people who were less able to participate in group activities. Further work was required to reduce the risk of people experiencing social isolation through personalised activities.

People and their relatives said that staff were caring and kind. We observed staff were patient and compassionate towards people.

### Mental Capacity Act

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.

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 the service under the previous provider was Good, published on 23 October 2017.

### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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 The Hawthorns Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, need for consent and good governance at this inspection. We have made recommendations in training and activities.

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.

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

## 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 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 Hawthorns Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by two inspectors, one medicines inspector and two Experts 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 Hawthorns Care Centre 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 Hawthorns Care Centre is a care home with 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.

Inspection activity started on 5 December 2022 and ended on 21 December 2022. We visited the service on 5, 6 and 16 December 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 information gathered as part of monitoring activity that took place on 27 October 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

#### During the inspection

We reviewed the home environment, made observations of mealtimes, medicines administration and staff interactions with people.

We spoke with the registered manager, general managers, and 8 members of staff, including the deputy manager, maintenance staff, chef, activities staff and care staff. We spoke with 7 people using the service, and 10 people's relatives.

We reviewed a range of documents, these included 10 people's care plans and risk assessments, 14 medicines records including associated care plans and 3 topical administration processes. We reviewed policies and procedures, training records, audits, recruitment files and other records in relation to the running 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.

### Using medicines safely

- We looked at the use of medicines at the home and found medicines were not always managed safely by the provider. Medicines were stored securely within the 3 treatment rooms. However, in 1 treatment room medicines were not disposed of in a timely manner.
- Records for 3 medicines fridges provided assurance that medicines were maintained within their recommended temperature range. However, 1 fridge was not assured for several reasons including the fridge being overloaded, this can lead to inadequate airflow and staff were only recording the current temperature, instead of recording the minimum, maximum and current temperature.
- In-use expiry dates or date opened, were added by staff to liquid medicines, creams and ointments. However, medicines that were in-use at room temperature following storage in a fridge did not always have the in-use expiry dates or date removed from fridge added, Shelf-life may be reduced on opening these items once removed from the fridge.
- A medicine administered at the service required additional safety precautions when administered by staff. This was highlighted on the dispensing labels. However, people's care plans lacked this information.
- People's medicines administration records (MAR) were updated by staff to reflect changes following reviews by GP and hospital staff. However, the service did not always have written confirmation of these changes.
- Patch monitoring charts were used to record the application, daily checks and removal of patches. However, we identified several gaps in the records we reviewed therefore; we could not be assured the person had received their medicine in line with their prescription.

Failure to manage medicines safely is a breach of regulation 12(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each persons' MAR summary sheet contained details of any allergies or "no known drug allergy" and how they preferred to take their medicines.
- Individualised additional information was available to staff to support them to administer variable dose and when required medicines to people. Information was available for staff to apply creams as part of personal care. The recording of the application of these medicines was recorded within the electronic care records.

### Assessing risk, safety monitoring and management

- Risks relating to people's health needs were not always carried out by staff. For example, a person who required repositioning every 2 hours throughout the day and every 4 hours at night was not being

repositioned as instructed by the Tissue Viability Nurses. This put the person's skin integrity at increased risk. An action plan of exercises, as assessed by the physiotherapist, for staff to complete with people daily was not being completed.

- There was evidence showing that 30-minute safety checks of a person were not being carried out in line with their assessed needs. Risks relating to bedrails and sensor mats were not always in place for people who had them.
- Fire drills were carried out; however, these consisted of staff meeting at the fire panel, there was no evidence that staff had received simulated fire drills.
- Risks related to the premises were not always safely managed. For example, the hairdressing salon was found unlocked and easily accessible to residents, there were no window restrictors on either window, there were chemicals inside. We brought this to the attention of the registered manager on day 1 and the general manager on day 2. When we arrived on the third day of the inspection, window restrictors had been put in place however the door remained unlocked.
- On the first day of our inspection, we found examples of environmental risks not being safely managed. These included; kitchenettes, 3 sluice rooms and several other storage areas that should be locked were not. This put people at risk of avoidable harm. We brought this to the attention of the registered manager on day 1 and the general manager on day 2. When we arrived on the third day of the inspection, not all the issues had been addressed.
- On the first day of inspection, we found prescribed thick and easy powders and build up drinks in unlocked cupboards and easily accessible to residents. We brought this to the attention of the registered manager on day 1 and the general manager on day 2. When we arrived on the third day of the inspection, not all the issues had been addressed.
- A freezer was found within a kitchenette which contained uncovered and undated food, the freezer was in a dirty condition. Food found in a fridge was covered but not dated. This put people at greater risk of food poisoning from unclean or out of date food.

Failure to manage and mitigate risks to people's health needs and risks to premises, is a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the end of day 3 of our inspection the provider had put measures in place to ensure daily checks of storerooms and areas that needed to be secured were implemented.

- Risk Assessments and care plans relating to falls, nutrition, and moving and handling were in place.
- Equipment was maintained appropriately, and risks related to water safety were appropriately managed.

Systems and processes to safeguard people from the risk of abuse

- We received mixed feedback from relatives regarding if they felt their relatives was safe at the service. Feedback included, "Yes, on all but one occasion, when we visited and found [relative] in their wheelchair abandoned in the corridor and unresponsive", "Very doubtful, a lot of the time the carers don't seem to be aware of [relative] needs." and "Yes, there is always someone around to see that [relative] is alright."
- Feedback from people regarding if they felt safe included, "It is nice here. I feel safe because of the staff and I feel secure.", "They treat me well. I feel safe and happy here." and "It is brilliant. I love living here. I feel safe because of the people and staff are friendly."
- Appropriate safeguarding policies and procedures were in place to help promote people's safety.
- The registered manager had a good understanding of safeguarding procedures. They had taken appropriate action to safeguard people when concerns were raised about their safety or wellbeing.

Staffing and recruitment

- During day 1 and 2 of our inspection there were enough staff in place to meet people's needs, however during day 3 of our inspection there was no management team in, and the home appeared less organised. Feedback from people about the staffing levels at the service included, "I don't think there are enough [staff] at night or at weekends, they do have a high turnover of staff and have a lot of agency people working here." and "There are enough staff except at weekends when they are short staffed."
- Feedback from relatives when asked if there were enough staff at the service included, "I wouldn't say so, you have to wait ages for someone to come and let you out at the end of a visit.", "No, the staff are lovely but there aren't enough." and "No, there definitely aren't, they are rushed and it is worse at weekends." The registered manager was able to give us assurances that there were enough staff to meet people's needs. However, they confirmed staff have mentioned the home is less organised at the weekends and are constantly recruiting.
- The provider followed appropriate recruitment processes to ensure suitable staff were employed. This included checks to determine candidates' character, experience, conduct in previous employment and Disclosure and Barring Service (DBS) checks: DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- The home appeared clean, however there were areas that needed to be cleaned especially the bathrooms on each floor.
- 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 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

- Visiting arrangements at the home were in line with current guidance.
- Feedback included, "A lovely greeting always", and "They are welcoming when they come to let you in".
- During our inspection we saw visitors arriving and visiting their relatives in the home.

#### Learning lessons when things go wrong

- The provider had systems in place to capture and analyse incidents.
- There was evidence of lessons learnt through supervision and staff meeting after incidents occurred. There was information on walls and in lifts about key areas such as falls prevention, which helps reinforce good staff practice.

# 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 provider did not always ensure that decision specific mental capacity assessments and best interest decisions were carried out in relation to bed rails. We did not find that bed rails were used to restrain people, however the provider was not following the principles of the MCA.
- We found other examples where the provider was not following the principles of the MCA when supporting people to make specific decisions. For example, there was no mental capacity assessment or best interest decision regarding a person who required frequent personal safety checks. In other examples, there were no mental capacity assessments or best interest decisions evidenced for people who required sensor alarms to reduce the risk around falls.
- Some consent forms within care records, such as for photographs to be taken or for sharing of information, were not signed by the person or a person acting on their behalf with legal authority to do so. There was no indication of whether the person had given verbal consent, or if they had capacity to consent.

Failure to obtain consent from the relevant person for care or treatment decisions is a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Training was provided for staff using an e-learning company. The provider's training records showed gaps and evidence showed 'Not Applicable' for some training which was relevant to their role. This included

training in; end of life care, oral health and person-centred care.

- Staff did not have training in positive behaviour and non-restrictive practice, including supporting people with agitation or anxiety before use of medicines. Staff did not have training in specific conditions for people they support. This included training in; epilepsy, catheter care and Parkinson's disease. This meant people could be cared for by staff without the knowledge and skills to fulfil the requirements of their role.
- Feedback from people when asked if they thought staff had enough training included, "Some [staff] are, and some [staff] are not. A new carer came in but didn't know how to drain my catheter, I had to show them. This has only happened once." and "Some [staff] are not as well trained as they should be."

We recommend the provider review and implement the training required for all staff to ensure they have the knowledge and skills to fulfil the requirements of their role.

- There was regular supervision of staff by the management team.

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

- The registered manager made assessments of people's needs prior to their admission, this was done using a trusted assessor. This also included using information from people, relatives and professionals to help develop appropriate care plans.
- The provider utilised a range of nationally recognised tools to ensure people's needs were assessed robustly. For example, the use of the Malnutrition Universal Screening Tool (MUST) to monitor people's risk of malnutrition. There was evidence of people being weighed regularly.
- Care plans were regularly by senior staff and audited by the registered manager.

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

- Records showed other health professionals had been consulted when risks associated with nutritional needs were identified. This include the speech and language therapists (SALT) and GPs.
- The cook was aware of and catered for people's dietary needs, including diabetic, pureed, and softened diets.
- There was mixed feedback regarding the food from people including, "The food is pretty good. We get a menu to choose what we want the day before. They give us the choice of 2 things." and "The food is ok. It's hot but generally boring. No great selection but we do get the choice of 2 things."
- Feedback from relatives included, "[Relative] could do with losing weight and the food is very average, cheap ingredients, dehydrated mash, but there is enough and the drinks are plentiful." and "[Staff] have a bit of a habit of giving out menus and [relative] selects what they fancy and what arrives is something quite different, [relative] finds this very disappointing." and, "There is always lots to drink."

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

- People had access to regular healthcare services such as GPs, dentists, chiropodists and were supported to attend regular appointments in relation to their health conditions. People confirmed this and comments included, "The dentist is coming in today to visit me. It is my private dentist that I organised." And, "The chiropodist comes in."
- Feedback from relatives when asked if staff make sure other services are organised for your relative included, "Yes, physio and speech therapy and chiropodist." and, "Yes, they arrange everything."

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

- There was enough space for people and the building was accessible for people with different mobility needs. There were clear pictorial signs on the lounge, dining room and toilet doors to help people navigate

these areas.

- Bedroom doors were personalised with memorabilia that was easily recognisable by the person whom the bedroom belonged to. People were able to personalise their rooms as they wished. We saw rooms were individual to people's tastes and contained items personal to them.

# 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 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 felt supported and relatives felt their relatives were treated with kindness and compassion. We observed kind and caring interactions between staff and people. A person said, "They [staff] are caring and loving with the attention they give me." Relatives' feedback included, "They seem to love [relative] and they love them [staff] too." and, "They [staff] treat [relative] very well but they are too rushed."
- We observed staff interactions with people which showed people were treated with kindness, compassion, dignity and respect. Feedback from people included, "I would recommend this place to anyone. If my children need care, I would, make sure they come here." and "Yes, they treat me with dignity and respect and always explain what they are doing and why."

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

- Some people told us they were involved in their care planning, whilst 1 person said, "I'm involved only when I raise it."
- Relatives told us they were involved in their relatives assessments and their care. Feedback from relatives included, "The care plan is very detailed.", "Everything was taken into account when [relative] first arrived." and "I don't remember all that was discussed but it was thorough."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. For example, we observed staff consistently knocking on doors before entering people's rooms. One person told us, "They treat me well, with dignity and respect."
- Relatives confirmed people's privacy and dignity was respected. One relative told us, "Doors and curtains closed before giving personal care, always calling [relative] by their name and generally being respectful." and "All [relative's] care is given in a way that [relative] would not be embarrassed."

# 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 required improvement. This meant people's needs were not always met.

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

- People were not always supported to follow or engage in meaningful activities, especially people who spent time in bed as there appeared to be limited interaction. There were limited opportunities for reminiscing, occupation or activities to support people in feeling valued.
- From our observations, care staff were very task focused and did not appear to see activities as their priority or responsibility. This led to varying experiences depending on the person's abilities to be able to engage in communal activities and those who may not get the option due to their health conditions.
- Feedback from relatives regarding activities was mixed, comments included, "There is no mental stimulation and everyone else on that floor seems to be in bed all the time." and "[Relative] likes the activities."
- Christmas cracker making activities were taking place in the communal areas during our inspection along with colouring activities. Christmas music was playing in the background.
- Activities staff were very passionate about their role and discussed changes that they would like to introduce.

We recommend the provider review and implement a better system to monitor and ensure that people living with dementia or who have limited health conditions receive personalised activities.

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

- Care plans were personalised and contained information about people's history, and personal preferences. Care plans were reviewed monthly, however some areas of the care plans contained inconsistent information or missing information which was not always identified during the audit process.
- People's cultural, religious and social support needs were assessed and supported.

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 registered manager understood the accessible information standard and told us they would make adjustments to meet people's communication needs. For example, communication with a resident who

could speak English but whose first language was French struggled with understanding because of staff wearing masks, this prompted the service to risk assess and make adjustments so the resident could communicate better with staff.

- The registered manager had also created a useful folder with basic French phrases in it which could aid communication for people whose first language is French.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and outcomes documented.
- Complaints were responded to in line with the service complaints policy. We saw complaints were resolved promptly.
- Feedback from people and relatives were positive that concerns would be listened to.

End of life care and support

- Where people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders, these were easily located in the event of a medical emergency.
- People's wishes and care for the end of their lives had been considered. Some care plans were detailed whilst others were basic, however they covered the essential information.
- People's cultural needs were referenced in their end of life care plans.

# 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

- At this inspection, we found non-compliance with 3 regulations and made recommendations in 2 areas. The provider had failed to ensure good governance, safe care and treatment and need for consent. We have made recommendations in training and activities. The provider's governance systems had not identified these issues and therefore we were not assured about their effectiveness.
- Audit processes were not always robust and did not provide an effective system to oversee the quality and safety of the service. For example; some audits were incomplete and there was no record of action being taken when issues were found, the sign off process from the registered manager and provider was incomplete.
- Quality assurance measures in place were not always robust, some issues identified on inspection were not appropriately identified during the audit process. For example; care plan audits did not always pick up on the information that was missing such as MCA's.

The failure to implement effective systems to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us the registered manager was approachable, professional and dedicated to their role. Feedback included, "He is a good lad. He comes round and has a chat." and "The registered manager comes round every day and knocks on my door and we have a natter."
- We received mixed feedback from relatives which included, "He [registered manager] has been absolutely wonderful, so very helpful and encouraging", "Not really, I wanted some help with forms and he said I had to do it myself." and "No, he just reiterates that he hasn't got the staff."
- The registered manager and general managers were open and transparent in their approach. They were open to receiving feedback during the inspection about the issues highlighted. By the end of the inspection they had taken some steps to make improvements.
- Observations carried out during inspection clearly showed staff cared for people and had the right approach.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to the duty of candour. There were policies in place to ensure the provider was honest and transparent with people if there were incidents, mistakes or if things went wrong.

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

- Relatives told us they were kept informed if anything happened. Feedback from relatives included, "They ring me at all times. There was an unwitnessed fall, which they informed me about and that they had called in the GP and what he said." and "They rung me a few days ago and told me [relative] had pain in their leg and they had given Paracetamol, which eased it."
- Regular staff meetings took place and were well attended. These were an opportunity to discuss changes within the service and to identify areas for improvement.

Continuous learning and improving care

- The service had worked with external stakeholders recently to make improvements.
- It was evident that improvements had been made but there were still areas where the service needed to develop more robust systems to identify breaches and inconsistencies.

Working in partnership with others

- The registered manager contacted professionals promptly to meet people's changing needs. This helped to ensure people received the right support and professional input to promote their safety, health and wellbeing.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent  The failure to obtain consent from the relevant person for care or treatment decisions was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The failure to safely manage medicines and mitigate risks to people's health and safety was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Failure to ensure systems were in place to monitor and mitigate risks to people, and maintain accurate and complete records is a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014