

St. Elmo Care Ltd

St Elmo Care Home

Inspection report

St. Elmo
Gorley Road
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Tel: 01425472922

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Elmo Care Home is a residential care home providing personal care to up to 23 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 21 people using the service.

St Elmo Care Home is an adapted building with accommodation over 2 floors. A passenger lift provides access to the upper floor and there are communal areas where people gather for meals and activities.

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

Accidents and incidents had not always been appropriately responded to and lessons learned had not been shared with staff to help prevent similar incidents from happening again. Medicines were not always safely managed. People and their relatives were confident the service was safe, and risks had been assessed and mitigated as far as possible. The premises were clean, and we had no concerns with regard to infection prevention and control.

The provider was not fully aware of their responsibilities under the Mental Capacity Act 2005. 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.

People's needs had been assessed and care plans devised to meet needs. Meals were appetising and people had been referred to Speech and Language Therapy for assessment should they have swallowing difficulties. The lunchtime experience for people could be improved. The provider sought referrals to health and social care professionals as needed. The provider was undertaking a full refurbishment of the premises and was decorating all rooms and communal areas.

Staff were caring towards people and knew them well, but we had some concerns relating to how people's privacy and dignity was respected.

Care plans were person centred and the provider had met the Accessible Information Standard. The provider had been unable to recruit an activities staff member and while there were sufficient hours of care staff to cover this role, staff were reluctant to do so. This was a missed opportunity to engage people and provide them with fulfilling lives. There was no one receiving end of life care when we inspected however the registered manager was proud of their practice in this area.

We found a number of events had not been notified to CQC including an injury and a safeguarding concern. Audits had not picked this up and did not analyse information well, we were not assured the registered manager had full oversight of the service. Issues in the staff team were impacting on well-being and could potentially affect service delivery. The registered manager was struggling to address these concerns. The

provider sought feedback from relatives on a regular basis and the registered manager was available should anyone need to speak with them. Working relationships were maintained with relevant health and social care professionals.

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

Rating at last inspection and update

The last rating for this service under the previous provider was good (published 4 September 2019).

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.

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

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 St Elmo on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines, safe care and treatment, governance and failure to notify CQC of significant events at this inspection. We also made a recommendation around consent.

Please see the action we have told the provider to take at the end of this report.

Follow up

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 ●

St Elmo 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.

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 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A second Expert by Experience contacted relatives of people living at St Elmo Care Home, by phone, following our inspection.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We 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 reviewed information we already held about the service. We used all this information to plan our inspection.

During the inspection

We spoke with the nominated individual, the registered manager, deputy manager, head of care, head of housekeeping, 2 care staff, 5 people and 10 relatives. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 4 people's care records, 3 recruitment records and a number of records relating to the management of the service.

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.

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 requires improvement. The rating for this key question has remained 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.

Learning lessons when things go wrong

- Accidents and incidents had been recorded however we found there to be limited information about what actions had been taken and therefore were not assured sufficient actions had been taken by staff to ensure people were safe and well. For example, a person fell and told staff their shoulder was painful. No injuries had been recorded but a note mentioned they were confused and scared. No information had been added to indicate whether medical advice had been sought or pain relief administered.
- A second person had slipped through their hoist sling on to their head. No apparent injuries were recorded; however, we were concerned there was no record of medical attention being sought. There was also no record to show the matter had been reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, (RIDDOR) 2013. Under these regulations both injuries to people and dangerous occurrences, such as falling through a hoist sling must be reported.
- Lessons learned from accidents and incidents should be shared with the staff team as part of minimising future incidents. We saw staff meeting minutes and while there was an update about some people, there was no learning shared with regard to falls management.
- There was no log of safeguarding incidents which would be beneficial when auditing to see if there were trends.

We were not assured that learning was taken from accidents and incidents to prevent reoccurrence. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always safely managed.
 - As and when required medicines did not always have a sufficiently detailed protocol to advise staff when they should consider administering them. We saw medicines such as paracetamol had protocols but other, prescription only, medicines including lorazepam and diazepam had no protocols to guide usage. Between our first and second day on site, the registered manager updated the protocols to include the required information.
 - We found the temperature in the medicines room was above 25° Celsius on frequent occasions including on the day of our inspection when it was 28° Celsius. Most medicines require storage below 25° Celsius, some state store below 30° Celsius. The impact on people was minimal as most medicines would be stored for 4 weeks or less due to the ordering and usage cycle. The provider had a plan to move the medicines store to a different area of the service where they will be able to maintain a lower temperature.
 - We saw a person having their drink thickened using a prescribed food and fluid thickener. This was on a trolley with a range of drinks. We saw staff use the same thickener to prepare a second persons drink. As

food and fluid thickener is prescribed, it must only be given to the person for whom it was prescribed. We spoke with the registered manager who looked into this and found there had not been sufficient thickener ordered for the second person and they currently had none. They immediately rectified this.

- We saw for a period of approximately 10 minutes, the drinks trolley was left unattended in the dining area of the service. The thickener product remained on the trolley. Products of this nature pose a serious risk to people should they ingest them in their granular form, they may swell and prevent breathing.

While the provider had made positive changes to medicines management, these needed to embed into practice. Therefore the lack of as and when protocols, misuse of prescribed thickener and consistently too warm storage was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe use of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had participated in regular training about safeguarding. We asked staff about how they would respond to a safeguarding concern, 1 staff member told us, "This would depend on the incident but would address with staff and escalate to the registered manager and alert the safeguarding team." A second staff member said, "Every incident of abuse or neglect needs to be reported and recorded and a referral to the safeguarding team made. We monitor residents and do our best."
- Relatives felt their family members were safe. One relative told us, "He is definitely safe here. Any problems, I would speak to the registered manager." A second relative said, "There is no cause to think that they are not safe. If there are any problems, I have got the owner's number and can also contact the head office." A third relative said, "They feel safe because they get on well with the carers. If I had any concerns, I would speak to one of the managers."
- People also told us they felt safe. One person said, "The staff make me feel safe and I like my room."
- In the event of safeguarding concerns, the registered manager alerted the local authority safeguarding team, investigated the concerns and informed CQC.

Assessing risk, safety monitoring and management

- Numerous risk assessments had been completed to ensure safe provision of care. The environment, equipment and people's needs had all been considered and control measures added to ensure safety. For example, there was a detailed risk assessment on the use of paraffin-based emollients and how to reduce the risk of harm through heat and fire.
- Risks to people had also been assessed. Well known assessment tools for skin integrity and falls had also been completed for people.
- Checks were completed on the premises including regular testing of the fire alarm system, servicing of equipment such as hoists and beds and maintenance and servicing of fixtures such as the passenger lift. All services had been completed as scheduled and maintenance took place, when possible, in a timely way.

Preventing and controlling infection

- The premises were clean. New flooring had been installed in the communal areas including the reception area, dining area and lounge. The new flooring was a washable type cushion vinyl and would be easier to clean and reduce the possibility of malodours.
- There were housekeepers employed to maintain cleanliness. When a housekeeper was asked to show us to a room, they collected their cleaning products and carried them rather than leave them unattended.
- We did note some malodours in specific areas of the premises that remained throughout the day. We will share more details with the provider so they can address our concerns.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider continued to ask relatives and other visitors to book a time to visit rather than arriving unannounced. The premises had limited areas for visits but had recently built a cabin in the garden to use for visits and people could have visits in their bedrooms.
- In limiting the number of visitors, the registered manager could ensure there were not too many people in the premises and there was sufficient space to maintain a reasonable social distance. The registered manager assured us relatives had been agreeable to booking and there were few occasions visiting had to be postponed due to numbers.

Staffing and recruitment

- Staff were safely recruited, and all of the required checks had been completed.
- Sufficient staff were deployed to support people's needs however at times; several staff would be seated in the dining area completing care records rather than spending quality time with people.
- Staffing hours were more than 11 hours above the calculated dependency level at the time of our inspection.

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.

- We were not assured the provider was fully aware of their responsibilities under the MCA. For example, there were no MCA assessments or best interest decisions for people relevant to medicines. We asked the registered manager why this was, and they told us currently no one was refusing medicines or receiving covert medicines and staff told people they were giving them medicines before doing so, so this was not needed. Not everyone had capacity to consent to taking medicines and this should be reflected in care records.
- We observed medicines being administered and saw 1 person refused their medicines. Staff continued to offer the medicines telling the person the GP wanted them to take the medicine, then to 'do it for [sisters name]'. This encouraged the person to take their medicines. From our observations it would be unlikely the person had capacity to decide to refuse their medicines, therefore both an MCA assessment and best interest decision should be in place with a care plan to ensure staff administered medicines in line with the decision.
- We saw monthly reports sent by the registered manager to the nominated individual stating, in all supplied reports 'MCA completed, where applicable, when unable to give verbal consent'. MCA should be considered when people, particularly those living with advanced dementia, are asked to make choices if there is an indication they lack capacity. Giving verbal consent does not necessarily mean people are making informed decisions, an MCA assessment would assess this.

- We saw a person had an MCA assessment and best interest decision for both continence and personal care. It had been clearly set out as to how capacity was assessed and decisions reached, noting who had been consulted. The information was included in care plans which had a focus on choice and independence. There had been no MCA consideration for any other aspects of their care such as medicines administration or use of sensor mats.

We recommend the provider reviews their procedures concerning the MCA.

- Following our inspection, MCA assessments were completed for people at St Elmo however this needs to be embedded into regular practice.

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

- People's needs had been assessed and plans devised to meet care and well-being requirements. Plans indicated staff knew people well and had taken some time to get to know their histories.
- People had plans for communication, eating and drinking, washing and dressing and medicines.
- Care plans were person centred and included information on what a good or bad day may look like and historical medical information that may still be relevant. For example, a person had experienced eye trauma due to cataracts resulting in a small pupil in 1 eye. Without this being on record, the person could be referred for investigation by the GP for example.

Staff support: induction, training, skills and experience

- Staff had been trained in a range of areas including safeguarding, moving and handling, infection control and dementia. These were included in the provider's mandatory training and refreshed on a regular basis.
- Staff new to care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- When we inspected, 19 staff, including the management team, had either an NVQ or diploma in health and social care at level 2 or above.
- Staff participated in supervision approximately every 3 months, the registered manager told us these were a little behind schedule. Staff found these meetings to be supportive and informative.

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

- People's nutritional needs were met and appetising meals were provided along with drinks and snacks through the day.
- People were referred to speech and language therapy, (SaLT) for safe swallow assessments if they showed signs of struggling at mealtimes.

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

- The provider worked with local GP surgeries and other healthcare providers to ensure people's healthcare needs were met.
- Staff monitored people's health and well-being and referred to healthcare professionals when required.

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

- The premises had been adapted to be as accessible as possible. The stairs were not suited to anyone with less than very good mobility to use and were gated top and bottom for safety.
- There was ongoing improvement to the environment including redecoration and the registered manager had ensured colours chosen would reflect light well and ensure the service was bright and airy as this would be beneficial to people living with dementia. Bedrooms were decorated as they were vacated.

- There were informative displays such as a board showing who was working each day, a second board in the dining room had a menu on.
- The registered manager had an office in the centre of the home meaning they were accessible to people and staff.

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

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

- People and their relatives told us staff were kind to them and respectful. One relative told us, "Yes, privacy is respected. Absolutely. When attending to her they make sure that the door is shut so that no one, including us, can come in."
- Other feedback included, "The staff are very caring and kind. They are respectful when they are helping me. They look after me very well." and, "The staff are always cheerful. They are caring, kind and respect my dignity. They are marvellous and helpful. They always stop and have a chat with me and if I need anything, they will talk it through with me."
- People could choose to remain in their rooms or access the lounge with other people. We saw a person accessing the garden, they repeatedly went outside to walk but had not been supported to put on a coat. We spoke with the registered manager who told us they would not allow staff to put their coat on so they wrapped them up in blankets when they came inside.
- We were concerned to be offered a person's bedroom to work in during our inspection. The person was in communal areas of the service and would not be returning to their room until later in the day. We refused this as the room was the person's private place and should not be used for any other purpose. We saw delivered items being stacked in their room before being put away.
- Meals for people with the specific dietary need of having food pureed were described as 'feeds'. The term 'feeds' is not a person-centred term and could be changed to modified diets for example.

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

- The Expert by Experience spoke with 5 people and a relative on the day of our inspection. Of these, 2 people and the relative had been involved in care planning.
- People were supported with day-to-day choices such as choosing meals or what to wear. Staff knew people well and should people be unable to make such choices, staff were aware what they may like to eat or drink.

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.

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

- The provider ran some activity sessions however had no activities staff member when we inspected. They had tried to recruit to the role but had not been successful.
- Some activities sessions were led by external entertainers and people had enjoyed them.
- The nominated individual was keen to have care staff running activities. There were approximately 11 hours over the required amount of care staff on duty according to their dependency tool. This meant there was a staff member available to organise and run activities each day. Some staff were reluctant to run activities meaning people were, at times, not engaged or supported to lead fulfilling lives.
- We saw 1 person on both days of our inspection seated in the lounge area asleep for the entire morning until lunch was served. This was undignified for the person as they were quite noisy and were disruptive to others in the room trying to have a conversation. Staff did not intervene and offer to assist the person back to their room where they might be more comfortable.
- There were 3 dining tables available at lunchtime and a number of people chose to remain in their armchairs. This meant it was harder to provide a socially stimulating mealtime, people focussed on eating and not the conversation or change of scenery sitting up to a dining table may provide.
- Staff did not interact with people fully during lunchtime and even when supporting people to eat did not converse with them.
- Each person's care record contained a form describing how best to communicate with them, both verbally and through written communications. For example, 1 person needed information to be shared verbally and not in writing due to their dementia.
- One person who had significant hearing loss struggling to understand what staff members were saying to them. There was no attempt to use a whiteboard to write on or pictures to enhance communication.

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

- Care plans contained person-centred information such as how people liked their drinks, what their jobs had been and who was in their family. This enabled staff to support decisions and to have relevant conversations with people.
- Care plans were reviewed regularly to ensure they remained current and relevant and additional learning about people was added as needed.
- Relevant information from health care professionals including, for example, SaLT had been included in people's food and drink plans to ensure meals of the right texture were provided. Relevant information was also shared with catering staff to ensure people were supported as needed.

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.

Improving care quality in response to complaints or concerns

- The provider investigated complaints and concerns and progressed them as required. These were monitored on a monthly audit submitted to the nominated individual.
- People and relatives were satisfied with the care being provided but told us they would approach the registered manager should they have any concerns.

End of life care and support

- When we visited there was no-one receiving end of life care. The registered manager was very proud of the end of life care provided at St Elmo. The provider had previously had a nationally recognised accreditation which, due to the pandemic had lapsed however they continued to utilise the skills and resources of the framework to enhance their practice.
- Care records held a 1 page form of details such as funeral plans, which undertaker, who should be informed and as the person approached the end of life they, and their family members if involved, would complete a more detailed plan of how they wanted their end of life supported.

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; Continuous learning and improving care

- CQC had received notifications about significant events in the service however we saw some records of incidents that had not been notified that should have been. These included a person having an unwitnessed fall causing a skin tear that would not stop bleeding resulting in an overnight hospital stay.
- A second incident involved a person being found on the floor as a result of a push from another person. Another record mentioned a safeguarding alert made but no CQC notification completed. There were no additional details about the incident available.

Failure to notify CQC about significant events was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits had been completed by the registered manager each month and a report sent to the nominated individual. Audits covered a wide range of aspects of the service however were not detailed and lacked analysis. For example, the care plan audit was more of a tick sheet of items to be included, it did not have details such as if the care plan was fully completed or due for review.
- Relatives told us they received questionnaires to complete about the service.

The insufficient oversight of service provision was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

- The registered manager was supported by a deputy manager and head of care and the nominated individual attended the service each week providing additional support.
- The registered manager was experienced in their role and had worked for many years at St Elmo so was familiar with the service, staff and people. There were changes planned to the service including identifying and purchasing an electronic care record and refurbishment

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

- When we inspected St Elmo there were some issues within the staff team that had begun to impact on people's well-being and threatened to impact on service provision. Staff disclosed some concerns about practice and other staff expressed frustration at a lack of a cohesive team and reluctance to change.
- We spoke with the nominated individual who expressed their concerns about the current situation in the service. They had plans in place to put in external support to ensure the service was operating effectively

and was compliant with regulations. As we have inspected, the support had been postponed until we shared our findings.

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 and acted on their responsibility to be open and honest should anything go wrong. For example, a person had an unwitnessed fall and, though the provider had risk assessed and mitigated risks through use of sensors and crash mats, an apology was issued and relevant parties were informed of the incident and injuries.

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

- The provider had not held any relative's meetings since the start of the COVID-19 pandemic however had maintained communication with them.
- Quality assurance questionnaires were issued to relatives each year and the results reviewed and any required actions taken.
- The registered manager had an open-door approach and welcomed staff, people and relatives to their office for an informal chat should they need one.
- At care plan reviews, each person, or their relative, spoke with a senior staff member to check they were happy with their current care plan. The plan was updated where necessary.

Working in partnership with others

- The registered manager had worked with healthcare professionals to develop a useful tool for providers to support actions they may need to take should someone experience an acute deterioration in their mental health. The pathway gave information about who to contact at different times of the day.
- The provider maintained relationships with local GP practices, district nurses, commissioners and other health and social care professionals.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not informed CQC of all significant events.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure medicines were safely managed. The provider had not ensured that learning was shared following accidents and incidents therefore not fully mitigating risks of harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems had not identified shortfalls in the service found at inspection.