

St. Matthews Limited

Kingsthorpe Grange

Inspection report

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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

Kingsthorpe Grange is a nursing home providing personal and nursing care for up to 51 people. The service provides support to people living with dementia and other mental health conditions. At the time of our inspection there were 50 people using the service.

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

Not all risks to people had been assessed to ensure any potential risks to people were mitigated. Systems and processes in place to monitor the quality and safety of the service required further development to identify and address the concerns found during the inspection.

We found concerns in relation to the management of medicines. For example, people who were on time sensitive medicines such as for Parkinson's disease did not always receive them at the same time each day. People's medicines were administered by trained and competent staff and medicines were ordered, stored and disposed of safely.

People's relatives told us that their loved one did not always wear their own clothes and people's clothing provided by the relatives often went missing. People were at risk of feeling cold or uncomfortable whilst in bed as they did not have suitable bedding made available to them at all times.

There was limited signage to support people to orientate themselves around communal areas, clocks in people's rooms were displaying the incorrect time of the day and people's names were not always on their bedroom doors.

Important information about people's life history, interests, likes and preferences was not always recorded in people's care files. This meant we could not be assured staff knew people well enough to provide personalised care.

People and their relatives told us staff treated them with kindness. Staff respected people's privacy and dignity when supporting people with personal care.

People and the relatives we spoke with during the inspection told us they felt safe and there was enough staff to meet people's needs and keep them safe. Staff received training on safeguarding and understood how to recognise and report abuse. Staff told us that they would report any concerns to the nurses or registered manager.

We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

People were supported to eat and drink enough to maintain a balanced diet. The provider ensured staff

received training to understand the individual needs of the people supported at the service.

People and their relatives had the opportunity to provide feedback on the care and support provided and staff told us they felt valued in their roles and received support from their colleagues and the registered manager.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 August 2022).

Why we inspected

The inspection was prompted in part due to concerns received from other professionals in relation to people's health and wellbeing. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. 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 Kingsthorpe Grange on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk management, medicines, and governance at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 ●

Kingsthorpe Grange

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 3 inspectors, a specialist nurse advisor 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

Kingsthorpe Grange 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. Kingsthorpe Grange 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

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

During the inspection

We spoke with 6 people and 12 relatives of people who used the service about their experience of the care provided. 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 spoke with 10 members of staff including the registered manager, care assistants, assistant practitioners and nurses. We reviewed care plans and records for 10 people. This included people's medicine records and daily care records. We also reviewed various records relating to the day to day management of the service, quality assurance and key policies and procedures.

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. At this inspection the rating 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.

Assessing risk, safety monitoring and management; Using medicines safely

- Not all risks to people had been assessed to ensure staff had the information they needed to understand the potential risks for people including the control measures and mitigation. For example, ligature and ligature points had not been assessed and considered as a potential risk to a person who was known to self-harm. This placed the person at risk of harm.
- People were not always protected from the risks associated with their health conditions. For example, diabetic care plans did not always provide staff with sufficient guidance and information to identify or to know what action to take should the person experience too high or too low blood sugar levels. This placed people at potential risk of harm.
- People who were on time sensitive medicines for conditions such as Parkinson's disease did not always receive them at the same time. This meant that there was a risk that people's symptoms were not being managed effectively.
- Where people suffered with anxiety and distressed behaviours, such as aggression, records showed staff administered 'as and when required' (PRN) medicines to support this. We were not assured staff explored other techniques to reduce people's stress and anxiety as records did not evidence this. People's care plans provided limited personalised detail to staff on the interventions and approaches they should use before administering medicines. This meant there was a risk of medicines being administered before least restrictive options had been attempted. A relative said, "I do have concerns with the level of medication [person's] on. It's like [person's] struggling to stay awake at times.
- Body maps were in place where people received their medicine in patch form. However, staff did not know how to access records of previous sites of patch applications. Therefore, the provider could not be assured that patches were rotated as per manufacturer recommendations. This meant that there was an increased risk of exposure to medicines and therefore side effects or skin irritation.
- Protocols for PRN medicines required further development to include guidance for staff as to whether people were able to request these medicines or how to assess people who could not. People were at potential risk of not receiving their medicines as required as staff did not have this information available to them.

The provider had failed to assess, monitor and mitigate risks to people and ensure the proper and safe management of medicines. This was a breach of regulation 12(1)(2) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines were administered by trained and competent staff and medicines were ordered, stored and disposed of safely.

- We looked at the records of people who were given their medicines disguised in food or drink without their knowledge (covert administration), This was carried out in their best interest under the Mental Capacity Act with signed agreement from their next of kin and doctor. There were clear instructions from the pharmacist on how to give these medicines safely which staff followed.
- During the inspection, the registered manager took action to address the concerns identified in relation to assessing and mitigating risks to people.

Learning lessons when things go wrong

- The registered manager had a system in place to review accidents and incidents each month, to ensure appropriate action was taken to reduce the chance of reoccurrence. However, this required further development as we were not assured all injuries to people were investigated to identify possible cause and any lessons learnt.
- We received mixed feedback from people's relatives in relation to the communication they received when a person had an accident or sustained an injury. Some relatives told us they were promptly informed when their loved one had suffered a fall within the home, whilst other relatives told us staff did not share information with them as to how their loved one had fallen or how injuries were sustained. A relative said, "I said to them [staff] what happened, had [person] been walking, or did they slip, it was never answered."
- During the inspection, the Regional Manager conducted investigations for injuries two people had sustained. The investigations identified areas for improvement in incident analysis and staff recording and communication. Actions were put in place following this to improve practice and ensure risks to people were mitigated.

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

- People and the relatives we spoke with during the inspection told us they felt safe at Kingsthorpe Grange.
- Where learning and analysis had been completed for safeguarding incidents, these were shared with staff via meetings and written communication to ensure staff had the information to learn from incidents and to mitigate the risk of them happening again. The provider also shared National Patient Safety Alerts with staff. National Patient Safety Alerts are notices from NHS England that share information about risks that can cause serious harm or death. They set out what health or care organisations need to do to reduce the risk.
- Staff received training on safeguarding and understood how to recognise and report abuse. Staff told us that they would report any concerns to the nurses or registered manager.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Where people were at increased risk of harm, such as high risk of falls, staffing levels were increased to mitigate risks to people.
- The registered manager conducted an audit of staff response time to people pressing their call bell for assistance to ensure staff attended to people promptly and identify any areas of improvement.
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

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 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

- There were no visiting restrictions in place at the time of inspection. People's friends and families were welcomed to visit the service.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The environment was not always suitable in supporting people with memory or cognitive impairments to orientate to place and time. For example, there was limited signage to support people to orientate themselves around communal areas and we found a number of clocks in people's rooms to be displaying the incorrect time of the day.
- People's names were not always included on bedroom doors and on some doors seen, two people's names were displayed. Personalisation of people's bedrooms doors had not been considered such as contrasting paint colours and the incorporation of personal photographs to support orientation. This is important for people living memory or cognitive impairments.
- People had access to a secure garden area, however relatives we spoke with felt staff did not always support people to access the garden regularly. One relative told us their loved one had lived at the home for 6 months and had not been supported by staff to access the garden for fresh air.

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

- People's needs were assessed by staff to ensure that the service was able to meet their individual needs prior to moving into the service.
- People's care plans and risk assessments were reviewed monthly by nursing staff to ensure people's current needs were reflected and updates made where required. Staff told us they had access to these. People's care plans lacked personalised information which we have reported on further in other areas of this report.

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

- The registered manager had introduced mealtime observations to help identify any areas of improvement to people's experience.
- Care plans for nutrition detailed people's individual dietary requirements. People at risk of dehydration had their fluid intake monitored by staff to ensure any concerns were actioned.
- People's weights were monitored regularly and where people had lost weight, appropriate action was taken such as fortified meals and drinks and referrals to the dietician for support and guidance.
- People's culture and religion were considered, and meals were provided on an individual basis to support this. Menus had been created in different languages to support people to choose their meals independently.

Staff support: induction, training, skills and experience

- Staff told us the training they received gave them the skills and confidence to perform in their roles. Ongoing training was provided to ensure staffs skills and knowledge remained up to date and relevant.
- The provider ensured staff received training to understand the individual needs of the people supported at the service. For example, training in diabetes, dementia, epilepsy and challenging behaviour. This was followed up by competency assessments to ensure staff understood their roles and responsibilities in these areas.
- Staff received an induction to the service which included enrolment onto 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.

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

- Nationally recognised tools were used to monitor people's health and any deterioration. For example, oxygen levels and blood pressure. Staff responded when people's health or well being deteriorated such as contacting the emergency services. However, on some occasions, records did not evidence staff took appropriate action which we have detailed further in the well-led section of this report.
- Staff met on a weekly basis alongside the registered manager to discuss any concerns with people's healthcare and take action where required. The local GP visited the home each week to support the staff in managing people's healthcare needs.
- Referrals were made to other professionals where specialist advice was required such as speech and language therapists, dieticians, and diabetic nurses.
- Staff ensured people's needs were detailed on an 'emergency grab sheet' to ensure the emergency services had the information they required to enable a timely transition to hospital, if required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's capacity to consent had been assessed for decisions relating to their care. This included decisions around support with medicines and personal care. Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed in consultation with people's relatives and/or representatives.
- The registered manager had a system in place to monitor people's DoLS applications, authorisations and conditions to ensure the service worked in line with the MCA.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection on 24 and 25 November 2021, people were not always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 10.

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

- People's relatives told us that their loved one did not always wear their own clothes and people's clothing provided by the relatives often went missing. A relative told us, "Staff who do laundry don't know who lives in each room. No one had a name on their door until a few days ago." Another relative told us of an occasion where their relative was wearing another person's underwear when they visited.
- Some relatives had took it upon themselves to take people's clothes home with them to wash and return. A relative told us, "I don't know what is expected of me as a relative. I have seen other relatives take peoples clothes home to wash."
- Inspectors found not everyone had appropriate bedding in place, such as no duvet and duvet covers being used as mattress sheets. People were at risk of feeling cold or uncomfortable whilst in bed as they did not have suitable bedding made available to them at all times. A relative told us, "I went in and [person] said they were cold, when I looked at their bed only a single sheet and blanket was there." Concerns relating to people's clothing and bedding was found at the inspection on 24 and 25 November 2021. We continued to find concerns at this inspection and relatives' feedback confirmed this.

People were not always treated with dignity and respect. This is a continued breach of Regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us staff treated them with kindness. One person told us, "It's very nice. They [staff] are very nice and polite." A relative said, "They [staff] are such good fun, they sit and chat to [person], nothing is too much trouble."
- People's equality and diversity was respected. Staff supported people to take part in celebrations of religion and culture that were important to them such as Diwali. There was a separate space available for people to use to practice religious prayers and meditations.

Respecting and promoting people's privacy, dignity and independence

- People's care plans detailed what people could do themselves and where they required staff support such as support with eating and personal care.
- Staff respected people's privacy and dignity when supporting people with personal care. We saw people's bedroom doors were shut when staff supported people to wash and change their clothing. A staff member told us, "If they [people] like female staff only, we will provide female staff. Then we will make sure they [people] are comfortable, ask permission first, make sure the doors and curtains are closed."
- The management team conducted observations of staff to ensure staff respected people's privacy and dignity. These observations including ensuring staff knocked on people's doors before entering, using people's preferred names, seeking consent and closing doors and windows to protect people's modesty when supporting with personal care.

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

- Where people had limited ability to express their views and make decisions about their care, staff supported them with as much choice and control as possible. For example, on one of the units, people were shown two plates of different meals and staff would observe people's reactions to preference to support their choice this could be via verbal or non-verbal gesture or pointing.
- People's care plans detailed where people were able to make a choice about their care and support. For example, whether a person was able to choose their items of clothing for the day. Records show staff respected people's decisions when declining care and support.
- People used advocacy services to support them to express their views. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

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

- People had care plans in place detailing the care and support they needed from staff, however these were not always personalised and required further development to include people's preferences. For example, some people's care records for support with oral care did not detail whether the person had their own teeth or dentures and how to support people with this task based on people's individual needs and preferences.

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.

- People's communication needs and methods were not always recorded in care plans to ensure staff had the information available to them to communicate with people effectively. For example, a relative told us, "[Person] is deaf and finds it difficult to understand the staff." This information was not recorded in the person's care plan and therefore, staff did not have the information to understand the person's communication needs and communicate with them effectively.
- Information was made available for people in other formats where required such as different languages or large print. We saw a food menu which had been translated to support a person to understand the food options available.

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

- During the inspection we saw staff supporting people to look at picture books, puzzles, colouring, nail painting and ball exercises. However, relatives we spoke with felt there was a lack of stimulation and activity for people. One relative said, "I don't think staff do much with anybody." Another relative said, "They [staff] are not particularly attentive, generally looking at stuff on their phone." Another relative told us, "[Person's] plonked in front of the TV. There is no atmosphere, no stimulation."
- Staff supported people to celebrate important social events such as Mother's Day, the Queen's jubilee and people's birthdays. Staff supported people to celebrate national days of celebration such as national cheese day and international popcorn day. We saw photos of people enjoying these celebrations with staff.
- The registered manager was in the process of involving people in the community by arranging regular visits from pupils at a local school for companionship.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place for people and relatives to access and raise any concerns formally. Where complaints or concerns had been reported to the registered manager in writing, we saw evidence this was responded to appropriately. One relative said, "I would email [the registered manager]. [The registered manager] replied straight away once."
- People and visitors had the opportunity to provide feedback directly to the registered manager by using an electronic tablet system in the entrance of the home. The registered manager ensured she checked any feedback received on a weekly basis to ensure these were addressed in a timely manner.
- There was a 'you said we did' notice board within the entrance of the home which showed some of the improvements that had been made following feedback. For example, feedback was received in relation to their being no hairdresser within the home. In response, a hairdresser was arranged to visit monthly.

End of life care and support

- People's care plans for end of life required further development to ensure these were personalised. The registered manager had identified the improvements required and was in the process of implementing a new care plan for staff to implement and use.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated, known as DNACPR (Do not attempt cardiopulmonary resuscitation).
- Staff had received training in end of life care. Nursing staff had received additional training and support from a local hospice in supporting people at the end of their life.

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 requires improvement. At this inspection the rating has remained 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

- The registered manager and provider had systems and processes in place to monitor the quality and safety of the service however, these required further development. The registered manager and regional manager were responsive to the feedback given by the inspectors and took action to address any concerns.
- Systems in place to check and assess the environment were ineffective and required further development to ensure people's safety. The registered manager conducted a daily walk around the building each day, however, potential risks to people found by the inspectors had not been identified or assessed by the provider or registered manager. This included cleaning products in communal areas, access to boiling water and access to rooms used for storage.
- Systems were not effective in monitoring care records to ensure staff supported people in a way that met their needs and kept them safe. For example, 7 people's air mattress settings for the relief of pressure to their skin were not set correctly according to their current weight. Records showed not all people at risk of developing pressure sore were supported to reposition their body whilst in bed at the required intervals. This had not been identified through the auditing and monitoring systems and placed people at risk of developing pressure sores.
- Staff did not always respond appropriately or use their clinical judgement when monitoring people's health. For example, one person's records showed a high blood pressure recording. Records showed there was a period of over 18 hours before staff checked these again, by which time the person needed hospital treatment. This had not been picked up through systems to monitor and audit the service to ensure improvements are identified and addressed and placed people at risk of health deterioration.
- Systems to review people's care plans and records to ensure staff had clear and current guidance on how to support people were ineffective in identifying areas for improvement. People's care plans required improvement to ensure they provided staff with the information they needed to understand and mitigate risks to people.

The provider had failed to operate effective systems to assess and monitor the quality and safety of the service to identify and address areas for improvement. There were ineffective governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This is a breach of Regulation 17(1) Good governance 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback from people's relatives in relation to communication from staff and the confidence they felt in raising any concerns with staff or the registered manager. One relative told us, "They [staff] put their head in [the room] and acknowledge us, ask how things are going." Another relative said, "I don't know the manager by name, but I've never needed to know. I haven't really been asked for any feedback."
- People, their relatives and staff had opportunities to provide feedback to the registered manager and the provider through meetings and surveys. The provider had arranged a forum for people and their families to attend and provide feedback on the care and support provided. Newsletters were sent out to families on a quarterly basis to provide an update on the service and what has been achieved in those months, such as activities and events.
- Staff we spoke with were positive about their experiences working at the service and felt supported in their roles. Staff were recognised for their work and achievements and were provided with a care and compassion award for this. One staff member said, "I'm really enjoying this job. I like to take on the responsibilities." Another staff member said, "All the staff and management are very supportive. Everyone supports each other, we work together as a team all the time."

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

- The registered manager understood their responsibilities regarding the duty of candour and we saw evidence of this being followed.

Working in partnership with others

- Staff worked with a range of other health and social care professionals such as general practitioners, dieticians and diabetic nurses.
- The provider worked with local hospitals to provide short term placements for people awaiting assessments for long term care.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not always treated with dignity and respect.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to assess, monitor and mitigate risks to people and ensure the proper and safe management of medicines.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to operate effective systems to assess and monitor the quality and safety of the service to identify and address areas for improvement. There were ineffective governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

The enforcement action we took:

Warning Notice