Mr Nial Joyce

Clifden House Dementia Care Centre

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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Clifden House Dementia Care Centre is a residential care home providing care and accommodation for up to 59 older people living with dementia or dementia type illness. There were 56 people living at the service on the day of our inspection. Clifden House is an adapted building in a residential area of Seaford. The home had a lift to assist people in accessing upper areas of the home. There was access to an outside area with seating.

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

We have made recommendations about the monitoring of infection control and dementia support at the service.

We found concerns relating to care documentation and quality assurance, management of risk, Mental Capacity Act 2005 (MCA) and staffing. There was an over reliance on verbal information being shared between staff. Staff were aware of people's care needs, however, people's care needs, and associated risks were not consistently recorded to include all relevant information about people's needs.

Care planning and documentation relating to people's care, support and associated risks needed to be improved to ensure people received the appropriate care to meet their needs. Care documentation was contradictory or had not been updated when changes had occurred. Nutritional needs were not always clearly documented. Some specific health care needs did not have appropriate guidance in place for staff to ensure that care was provided safely and consistently.

Decisions made on people's behalf were not accurately recorded to demonstrate the rationale for decisions made in a person's 'best interest' or who had been involved in the decision. No follow up reviews were taking place to ensure decisions were still safe and appropriate.

Staff completed mandatory training, however, there was no structured induction programme for new staff to ensure they received support during a probationary period prior to being assessed as competent to work unsupervised. Staff were not completing the Care Certificate. The Care Certificate ensures that staff new to care receive an introduction to the information, skills, knowledge and values to provide high quality, safe and appropriate care for people.

There was a quality assurance system in place, however, this had not identified the areas of concern we found during the inspection.

At this inspection, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Need for Consent, Good Governance and Staffing.

People told us they were happy living at Clifden House Dementia Care Centre. People's health was

monitored, and referrals made to other agencies if any issues were noted. The service worked collaboratively with other health care teams to provide consistent care for people.

A new electronic medication system had been introduced. Staff told us this had led to improvements with medication. Medicine procedures were in place to ensure people received their medicines as prescribed and medicines were given safely.

Staff knew people well and understood their needs and preferences. Staff were caring and engaging with people. People told us they found staff to be very kind and supportive. There was a weekly activity schedule which people told us they enjoyed. People were encouraged to participate in activities and supported to maintain relationships with friends and family.

There was an open culture which was inclusive and valued people and their individuality. Staff were aware of their roles and responsibilities and told us they enjoyed working at Clifden House Dementia Care Centre and felt supported by management. People had access to a complaints policy and told us they would be happy to raise a concern if they needed to.

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

Rating at last inspection
The last rating for this service was Good (published 11/07/2017)

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified three breaches of regulation.
You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will request an action plan from the provider to understand what they will do to improve. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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	**Requires Improvement**
Is the service effective? The service was not always effective	**Requires Improvement**
Is the service caring? The service was caring	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was not always well-led	**Requires Improvement**

Clifden House Dementia Care Centre

Detailed findings

Background to this 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 Care Act 2014.

Inspection team
The inspection team consisted of one inspector.

Service and service type
Clifden House Dementia Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This was an unannounced comprehensive inspection. The inspection was carried out on 4 and 5 February 2020.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection. We used all of this information to plan our inspection.

During the inspection
We observed the support that people received and spoke with people and staff to gain their feedback about Clifden House Dementia Care Centre.

We looked at a range of care records, including seven people's care plans and associated documentation. We reviewed daily records, looked at people's electronic medication records and observed medicines being given. We reviewed three staff recruitment files and records relating to the management of the home, procedures and quality assurance processes.

We spoke to five people and 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 to five people using the service and seven members of staff including the registered manager, team leaders, domestic and care staff, including one night staff member. We also spoke with an external trainer/assessor used by the home to provide training and support to staff.

After the inspection
We looked at training data provided by the registered manager and information from the provider.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all risks to people's safety and wellbeing were assessed and recorded. Risks to people was minimised as staff knew people well and information was shared verbally and during handover. People with specific health needs did not have risk assessments completed. For example, one person had a significant change to their skin integrity, no information regarding this issue or related risks had been recorded, and their skin integrity care plan stated they had no issues.
- Two people's care plans stated they were at risk of pressure damage and required regular turns. Staff were not consistently recording information to support that regular turns were taking place. Staff told us these were no longer required and had therefore not been documented. It was not clear when this change to the person's risk of pressure damage had been made.
- Care documentation did not include people's health and wellbeing needs and the steps required to mitigate these had not been completed. This meant staff did not have access to information they needed to understand how to support people safely. Assessing and monitoring risk was an area that needed to be improved.

Preventing and controlling infection

- Infection control measures needed to be improved. Furniture in communal areas, although cleaned regularly by housekeeping staff, was in disrepair and posed an infection control risk. Armchairs and seating had torn and frayed arms and seating cushions. These were items of furniture used by people on a daily basis. A footstool seen in the main lounge was stained and not suitable for use. We identified these concerns with the registered manager who told us action would be taken.
- Hoisting equipment was seen outside a person's bedroom. We saw that there were two slings hanging over the hoist, one of which was soiled. This sling needed to be washed to ensure infection control measures were maintained.
- On the first day of the inspection we found the sink located in the medicines room required cleaning. This sink was used to wash medicine pots and for staff to wash their hands. We asked staff who was responsible for cleaning this sink and were told it was all staff administering medicines. On the second day of inspection we found that this sink still had not been cleaned, we raised this with the registered manager during the inspection.

We recommend the provider seek support and guidance to ensure appropriate infection control measures are maintained.

Staffing and recruitment

● New staff were checked to make sure they were suitable to work at the service. This included obtaining references, checking identification and criminal records checks with the Disclosure and Barring Service (DBS). Answers to interview questions were recorded and any gaps in employment history on people's application forms, were discussed at interview.

●There were enough staff on duty to meet people's needs. Staff told us that at times it was very busy, but they were able to meet people's needs. Agency care staff were used to cover shifts when needed. The registered manager told us they tried to ensure that the same agency staff were used to provide consistency.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. Staff undertook training in how to recognise and report abuse. Staff were able to tell us how they would respond to any concerns and were confident that any concerns raised to the registered manager would be addressed appropriately.

●The registered manager had notified relevant persons including the local authority and CQC in line with local safeguarding policies and procedures when required.

● Accidents and incidents were recorded by the person who witnessed them. Although some follow up checks took place, for example after a fall or head injury, follow up actions were not always clearly recorded. The registered manager told us they would ensure this was recorded on the form in future. All accidents and incidents were reviewed by the registered manager. Analysis was completed to identify any trends or themes and to ensure learning taken forward.

●Referrals were made to other agencies, for example peoples GPs or emergency services.

Using medicines safely

●The service used an electronic medication system. Staff told us they found this system to be straight forward and effective. The electronic system highlighted when medications needed to be ordered and this was sent directly to the pharmacy. This meant that stock levels were always maintained. Medicines were ordered, stored, administered and monitored safely. There was a clear system of auditing in place.

●We observed medications being given and saw this was done safely. One person told us, "The girls bring me my medicines as I would never remember otherwise, they are very good."

●A report was produced which identified any trends where medications were repeatedly being refused or not required. This helped to ensure people's medications were well managed and regularly reviewed.

●The service ensured staff were trained and competent before allowing them to administer medication. Medication competency assessments were carried out to ensure skills and knowledge were maintained.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments needed to be improved. The service had worked with the local authority market support team to improve some areas of documentation in relation to MCA and people's capacity to make decisions had been assessed. Despite this, limited information was recorded to provide a rationale for specific decisions made. For example, care plans for people with bedrails and sensor mats stated that the decision had been made 'in the persons best interest'. However, records did not demonstrate who was involved in each decision, and no best interest records were recorded.
- Decisions that had been made in a person's best interest had not been reviewed to make sure decisions continued to be appropriate. For one person, a decision to remove furniture from their bedroom had been made in 2017. There was no evidence to demonstrate this decision had been reviewed since this time, to ensure it was still appropriate, or the least restrictive option. People with bedrails, or sensor mats in place to alert staff when they moved around their bedroom, did not have information recorded to demonstrate the rationale for the decision or whether other less restrictive options had been considered.
- For people in shared bedrooms, there was no rationale recording how the decision had been made. The registered manager told us one person's family had recently requested they be moved into a ground floor room. This meant they would be required to move into a shared room. Although this person's family had consented to this, there was no information recorded on behalf of the person who already slept in that room to ensure that the decision had also been made in their best interest.
- Lasting Power of Attorney (LPoA) information was not recorded accurately. One person had two named

persons recorded in their care documentation, however, the registered manager told us only one of these named persons was LPoA for this individual. This meant accurate information was not available for staff to ensure they were aware of who was legally entitled to make decisions on a person's behalf.

We found the principles of the MCA were not being followed and people were at risk of having their liberty restricted. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff asked for people's consent before providing care and support.
- DoLS applications had been made to the Local Authority when appropriate.
- Staff demonstrated an understanding of the legislation that supported MCA and DoLS and how this impacted on people using the service.

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

- People's care and support needs were assessed before they moved into Clifden House Dementia Care Centre. Care plans were reviewed by the registered manager; however, a number of concerns were identified during the inspection which had not been picked up during these reviews. This meant that people may be receiving inappropriate care. One person had been receiving care from the community nurses. There had been a significant change to their health care needs, however, this change was not documented in the care records. There was no guidance in place to ensure staff were aware of best practice to meet this person's needs and prevent further issues or risk of infection.
- There was limited guidance in place for staff to ensure they were able to support people based on their needs and choices, or to ensure support was provided in the least restrictive way based on their needs. For example, we were told by staff that most people living at the service had a dementia. However, there were no specific dementia care plans and information about the type of dementia people had, and how this affected their day to day life was minimal. Dementia care plans and specific individual guidance needed to be improved. We discussed this with the registered manager who told us information would be updated to ensure this was clearly available for staff.
- Staff engaged with people regularly to ensure they were comfortable and had everything they needed.

Staff support: induction, training, skills and experience

- Staff completed mandatory training, however, there was no structured induction in place for new staff to complete when they started work at the service. Staff had not completed the Care Certificate. The registered manager told us they had tried to implement this, but staff had not been keen to complete it. The registered manager told us new staff completed an 'in-house' induction supported by a mentor, this took the form of an induction checklist. We reviewed the induction checklist for the two most recent care employees and found that these had not been completed accurately and did not demonstrate a robust induction for new starters.
- Although the 'in house' induction checklist included over 50 care and documentation tasks which needed to be demonstrated to the new starter, observed by the mentor, and finally signed to indicate that the new starter was competent. The checklists had not been completed correctly and did not demonstrate how new starters had been assessed as competent. The registered manager told us they felt the mentor had not understood how the induction needed to be completed. The registered manager had not maintained oversight of the induction checklist or reviewed the new starters competencies prior to them working unsupervised. It was therefore unclear how the registered manager was confident that a new starter was providing care safely and effectively and was competent to carry out the role. This meant that safe systems for induction were not in place.

This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Staff completed mandatory training, received supervision and annual appraisals. Staff had access to further training and support provided by an external trainer and assessor.
●Staff told us they felt they received appropriate training to enable them to provide support for people.

Supporting people to eat and drink enough to maintain a balanced diet
●The home had designated kitchen staff providing cooked meals for people. People were also offered drinks and snacks throughout the day.
●Staff assessed people's nutritional needs and any risks related to their eating and drinking were monitored, this included people's weights.
●Our observations showed people who needed support from staff at mealtimes had this provided.
●Two plated meal options were shown to people to assist them in choosing their meal. One person told us, "The foods pretty good, there's normally something I like."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●Staff had good relationships with health professionals involved in people's care. This included the local authority, GPs and community nursing teams.
●People were supported to see their GP, community nurses and were referred to other healthcare professionals, such as Speech and Language Therapists (SALT) when needed.

Adapting service, design, decoration to meet people's needs
●Clifden House provided care to people who had dementia or cognitive impairment. Some signage was seen around the home to assist people and orientate them to their surroundings. People had photos or pictures outside their rooms. Bedroom doors had knockers and some door frames were coloured to aid recognition. Plates were available which had a delineated edge to them. We discussed with the registered manager further improvements which could be used to enhance the environment for people with a dementia and to support people's independence further. Including coloured toilet seats and plates which enhance and support a person with dementia to remain independent.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained as 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

- Staff treated people with kindness and offered support when needed.
- We saw examples of staff speaking to people in a kind and compassionate manner, for example, when a person became distressed or appeared anxious.
- People enjoyed conversations with staff and there was a clear affection between staff and people living at the home. People told us, "We have a chat, I am more than happy being here, I can sit with people and there's people to help me when I need it". One person was very proud of their room and had their own key which they kept on a lanyard around their neck 'to keep it safe'.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and promoted people's privacy and dignity when support with personal care was needed.
- People were asked their consent before care tasks took place. Conversations about people's care needs were done discreetly. For example, when people asked for assistance to go to the bathroom.
- People's personal preferences were respected including how they dressed and how they liked their rooms to be. Staff told us, "We know how people like things, and we try to make sure they are happy"
- The registered managers office was off the main hallway. We saw people were comfortable popping into the office throughout the inspection. One person liked to sit in the office for short periods throughout the day and chat to the registered manager and staff.
- Many people attended a resident's forum. This provided people with an opportunity to discuss the home and any improvements they would like to see and what they felt was done well. People also discussed ideas for future activities and to give feedback on events that had taken place.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. This was available for people and visitors to access.
- People told us they were happy to speak to staff or the registered manager if they had any concerns.
- Complaints received were acknowledged by letter or email. The registered manager told us that two of the on-going complaints were being responded to by the provider and they were not aware what stage the investigation was at. The registered manager told us they would ensure they received an update from the provider to ensure they had oversight of complaints which were ongoing.

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

- Staff communicated well. We observed a staff handover at the end of a shift. Relevant information was handed over to staff coming on duty to ensure they were aware of any changes to people's care needs, appointments or incidents that had occurred during the shift. For example, when a person was due to return from hospital or a person seemed unwell.
- People were offered choice throughout the day about how they spent their time. People were supported to walk around the home and access communal areas or return to their room when they wished. People who liked to spend time accessing different areas of the home were described as 'on a journey'. Staff documented where people had chosen to spend their time throughout the day.
- Staff and management supported people to maintain contact with people who were important to them. Relatives were encouraged to visit the home and people went out with relatives when possible.
- A programme of activities were provided, this included arts and crafts, games and organised events. There was also a weekly schedule of visiting entertainers and activity providers which included, music and exercise. There were a number of boxes in the main lounge which were used to store games, sensory and craft items.
- One lady was seen cradling a teddy bear and another was holding a 'twiddle muff', these are handheld items which are devised to be a variety of textures to provide interest and stimulation for a person with dementia. Staff told us, the person found this comforting.
- We saw staff tailored their approach to people when providing support and care. For example, some people liked staff to chat and conversation was animated, whilst others preferred a gentler, quieter approach.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Staff communicated well with people. People's communication needs were recorded in care plans, suitable adaptations were in place to support people's communication. For example, information had been recorded within care plans to inform staff if people needed assistance with reading information.

End of life care and support

●Provisions were in place for when people's health deteriorated. The registered manager told us, end of life care and support was provided when appropriate.

●When a person passed away at the home, staff dealt with this with professionalism and compassion.

●The service had previously received support from community nurses and other health professionals to support people receiving palliative or end of life care.

●People had Proactive Elderly Advanced Care Plans (PEACE) in place and Do Not Attempt Resuscitation (DNAR) forms if appropriate.

Requires Improvement

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained as 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.

At the last inspection we recommended the registered provider monitor care plan documentation to ensure it was continually reviewed and updated to ensure accuracy, and to ensure medication and specific guidance was in place. Although improvements had been made to medication documentation and some specific care plans, improvements had not been sufficient in all areas, and further improvements were needed to ensure the provider was meeting regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were significant shortfalls and people's records were not always completed and updated to ensure staff had the right guidance to support people safely. This inconsistent documentation increased the risk of staff not having access to sufficient information to be able to mitigate risks for people, should they be new, or supporting people they do not know as well. We found a number of areas of care documentation which had not been maintained to reflect people's current care and support needs. Care plans had not been completed for specific health needs or to reflect changes.
- Risk management was not robust as risk assessments were not always completed to enable staff to mitigate risks for people. Risks to people were not always updated following a change in care and support need.
- Care records contained conflicting information. This meant relevant care information was difficult to locate and not easily audited. Specific care plans had not been completed for all health needs. For example, there were no dementia care plans to make staff aware of what type of dementia people had been diagnosed with and how this affected the individual. Nutritional care plans did not all contain relevant information.
- MCA and LPoA information was not clearly documented in care files to ensure staff were aware of specifics, including who was legally entitled to make decisions on a person's behalf. Records regarding decisions made about people's care was not person centred and did not demonstrate how people were involved in their care choices and decisions.
- Auditing had not identified a number of inconsistencies in care recording, including conflicting information. For example, agency staff had been adding information to the electronic care system incorrectly, recording care needs in the wrong place, or not recording appropriate information to demonstrate how a person's care needs had been met or how the person had spent their day. Another person had information recorded regarding having a catheter which was no longer in place.
- There was an over reliance on staff sharing information verbally. Staff knew more about people's care

needs and how to support people than was documented in people's care files. For example, one person was known to form close bonds with other people living at the home. Staff told us that this person liked to spend a lot of time with a specific person and that sometimes staff needed to intervene when the other person needed some space. Although there was information in the care documentation regarding the person's tendency to form close bonds, the specifics about the person they like to spend time with and the possible impact this may have on the person were not clearly documented or actions for staff to follow.

●There were audits in place with the aim of ensuring good governance. These were completed by the registered manager and provider; However, these had not identified the issues found during the inspection. The registered manager had delegated some tasks to other senior care staff, however they had not maintained oversight, and this had led to shortfalls.

●Quality assurance systems needed to be improved to ensure the provider and registered manager had oversight of all care documentation, systems and processes used within the home. Including ensuring a robust induction was completed by all new staff. The provider's auditing had not identified that support for new starters had not been maintained.

Systems in place to review quality were not always effective. Accurate documentation of people's mental and physical health care needs and associated risks had not been maintained. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

●Background information about a person before they moved to Clifden House Dementia Care Centre had not been recorded. This meant that staff did not have access to relevant information about people's life history, employment and relevant past events which might aid communication and interactions with people with dementia or memory loss. Before the end of the inspection the registered manager identified a form which they would utilise to gain information about people and record this within their care documentation.

●Limited information was recorded regarding people's memory loss and dementia.

We recommend the provider seek support and guidance to ensure they remain up to date with current guidance and research relating to dementia to ensure they can provide appropriate care and support and maintain the environment to meet people's needs.

●Regular staff meetings took place. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the home.

●Visitors and relatives were encouraged to complete feedback forms which were used for online feedback about the service.

●Staff were aware of the importance of providing care in ways that supported people's choices, equality and diversity. Staff understood it was important to treat people as an individual and people were encouraged to express their individuality, personality and needs.

Working in partnership with others

● Staff at Clifden House Dementia Care Centre worked in partnership with other services and organisations such as, health professionals and GPs to access help and support when needed.

●Advice by health professionals was used to ensure the safety and wellbeing of people was maintained.

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

●The provider and registered manager were aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. There was a clear process in place which demonstrated how the service responded to incidents and concerns in line with their legal obligations.

●People told us staff were open and transparent. The registered manager was clear that accidents, incidents or concerns would be referred to the appropriate agencies when needed.

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 11 HSCA RA Regulations 2014 Need for consent Regulation 11(1)(3) When people lacked capacity, the provider had not ensured decisions made in a person best interest recorded the rationale and who had been involved in the decision. Decisions had not been reviewed to ensure they remained safe and appropriate.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2)(a)(b)(c). The provider had not ensured good governance had been maintained to ensure systems were assessed monitored and used to improve the quality and safety of the services provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18(2)(a) The provider had not ensured that they have an induction programme that prepares staff for their role.