

Elm House (UK) Ltd

Elm House Care Home

Inspection report

Lime Grove
Skelmersdale
WN8 8ET

Tel: 01695213110
Website: www.elmhousecaregroup.co.uk

Date of inspection visit:
01 July 2019
22 July 2019

Date of publication:
16 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elm house care home is a residential care home providing accommodation with personal care in one purpose built building for up to 34 older people, including those with physical disability and sensory impairment. On the first day of the inspection 17 people were living at the service and 16 on the second day.

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

Peoples medicines were not managed safely. Individual and environmental risk assessments required improvements to ensure they reflected individual risk and included measures to manage these safely. Systems to record and act on safeguarding concerns required improvement. All people told us they felt safe in the service and raised no concerns. Staff recruitment was ongoing to cover some vacant night shifts. Staffing levels were on the whole satisfactory; however no staffing analysis was undertaken.

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. Systems had not been established that ensured capacity assessments and best interest decision had been completed with people. Staff received training to support them in their role. Evidence that professionals were involved in people's health and care needs was seen. People were happy with the meals provided to them.

The feedback from all people was positive about the care they received. People were treated with dignity; respect and their individual needs were met. A policy was in place for equality and diversity; however this only related to the staff in the home and not in relation to people who used the service. People were seen being involved in decisions.

Care plans were in place, however more information about how to support people's individual needs was required. A range of activities were provided, we observed people enjoying an activity with a small animals' company. Family and visitors were encouraged to visit the home. A range of positive feedback had been received. Where complaints had been recorded we could see no evidence of the investigation or actions taken because of them.

We received positive feedback about the leadership and management of the service. The registered manager was looking at introducing champion roles to support improvements in the care people received. Meetings with people who used the service and staff were taking place, the records from these were brief. Feedback was received from surveys and questionnaires. Audits and quality monitoring were undertaken. These would benefit from a review of how the findings were recorded. A number of concerns were identified in relation to assessing and management of risk, the safe management of medicines, records and record keeping, safeguarding and good governance.

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

Rating at last inspection

This service was registered with us on 10/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

Following the first day of our inspection we asked the registered manager to take immediate actions to improve the standards of quality and safety. The registered manager provided confirmation of actions taken. We checked these on day two of our inspection.

We have identified breaches in relation to the assessment and management of risks, the safe management of medicines, safeguarding people from abuse, protecting people from unlawful restrictions, records and record keeping and good governance.

We have made recommendations about staffing levels, policies for equality and diversity and complaints.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Elm House 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 Care Act 2014.

Inspection team

The inspection team on day one consisted of two inspectors, one pharmacist inspector and one 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. On day two, two inspectors visited the service.

Service and service type

Elm house care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The first day of the inspection was unannounced, day two was announced.

What we did before the inspection

Prior to the inspection we looked at the information which we held about the service. This included any safeguarding investigations, complaints, concerns, feedback or notifications that the service is required to send to us by law. We also checked the Healthwatch enter and view report prior to the inspection.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 also received feedback from three professionals who visited the service. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with eight people who used the service, seven family members and four visiting professionals. We also spoke with nine staff members. These included three care staff, two housekeeping staff, two chefs, the deputy manager and registered manager who took overall responsibility for the service. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We undertook a tour of the building including some people's bedrooms, the communal areas and the kitchen. We undertook observations in the public areas of the service. We looked at several documents. These included, nine care files and associated records, medicines administration records, three staff files, training records, minutes from meetings and documents relating to the operation and oversight of the service.

Is the service safe?

Our findings

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

This is the first rating for the service. At this inspection this key question has been rated as requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely. Records of medicines within the home were not accurate and complete; therefore, we were not assured people were receiving their medicines as prescribed.
- Medicines were not always available to be administered to people; people went without their medicines on several occasions.
- Information to support staff with the administration of 'when required' medicines was not always available; therefore, there was a risk these medicines would not be safely administered. This was addressed following the first day of the inspection, however there was still insufficient detail to support staff to administer medicines safely.
- Topical preparations such as creams were not kept securely, assessment of the risks had not been completed. This was addressed following the first day of the inspection, topical preparations were stored securely.
- Some policies were not being adhered to. For example the self-administration and disposal of medicines policies; therefore, we were not assured medicines were managed safely
- The systems used to audit the medicines at the home were ineffective; the audits had not identified the issues found during the inspection.

This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment. Medicines were not managed safely.

Assessing risk, safety monitoring and management

- Risks were not managed safely. Incident and accident records had been completed; however, these were basic in their content and contained little evidence of the actions taken as a result of the incident. For example, one person had sustained a skin tear injury because of a fall. There was no record of the actions taken by the service. The management team discussed the actions taken as a result of the incidents and the care records we checked confirmed this.
- Regular audits of incidents and accidents were taking place however there was no evidence of any analysis of themes or trends that could reduce any future risks.
- Individual risk assessments had been completed for people who used the service. However, these were basic in their content and failed to provide appropriate information to guide staff on how to manage people's individual needs and reduce their risks. For example, one person's record identified a risk in relation to their mobility; however there was no record about how to manage this. Another person's record

identified a risk in relation to their nutritional needs; however there was no information in relation to the management of this risk.

- Following the first day of the inspection we asked the registered manager to take actions to ensure people's individual risks were identified and records guided staff on how to reduce any future risk. On the second day we saw some improvements had been made to individual risk assessments; however further improvements were required to ensure they provide appropriate guidance about how to manage these safely.
- Environmental risk assessments had been completed on a number of areas. However, these were basic and required more details in relation to the risk and how to manage these.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment. Risks to the health and safety of people who used the service were not appropriately assessed and managed.

- Fire risks assessments had been completed for the service and actions had been recorded as a result of these. However, not all of the actions had been signed as completed. We discussed this with the registered manager who took immediate action to confirm risks were being managed safely.
- Relevant servicing and environmental checks had been completed. Certificates confirmed equipment and supplies were safe in the service. During our walkaround of the service we saw some items stored that could have posed a safety risk to people, visitors and staff. The registered manager took immediate action to remove these.

Systems and processes to safeguard people from the risk of abuse

- A system had been developed to record allegations of abuse and, referrals had been made to the local authority safeguarding team. However, we discussed with the registered manager a concern in relation to one person where a referral to investigate these concerns was required. The registered manager confirmed this had not been undertaken. A referral was made to the local authority during our second day of the inspection.
- Information in relation to safeguarding allegations had been completed; however, records in relation to any investigations completed or the actions taken as a result of the investigation were basic or absent. Where recommendations had been made by the local authority these had not always been followed up in a timely manner to ensure improvements were made in the service.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safeguarding service user from abuse and improper treatment. Systems and processes were not established and operated effectively to investigate and act on allegations of abuse.

- Policies and guidance were available for staff on how to deal with allegations of abuse. Staff we spoke with confirmed the actions they would take if they suspected abuse had occurred.
- All of the people and relatives raised no concerns in relation to people's safety. Comments included, "I really do feel safe all the time here", "100% safe, I couldn't be in a better place" and "[Name of person] is better cared for here than at home and even he says he is safer here." Training records confirmed staff had received relevant training in safeguarding.

Staffing and recruitment

- On the whole sufficient numbers of staff were in place to support people's needs; however, duty rotas confirmed staff shortages on some night shifts. One staff member told us there were not enough staff on night duty. The registered manager told us there was an ongoing recruitment process and interviews were

planned. A staff dependency analysis was not being used that would demonstrate enough numbers of staff were in place to support people's needs. The registered manager confirmed they would source an appropriate assessment tool.

We recommend the provider ensures enough numbers of staff are in place to ensure people's needs are met.

- Feedback from people and relatives was that staff responded to requests for care and treatment in a timely manner. Where people commented that at times there was a staff shortage, but they felt this was down to multiple requests for support from people at the same time. Staff were seen providing timely support to people as they required it.
- Staff were recruited to the service safely, which ensured suitable staff delivered care to people. Relevant checks had been completed, such as proof of identity, completed application forms and references.

Learning lessons when things go wrong

- Systems had not been established which supported lessons learned. Evidence of audits and actions taken as a result of incidents, had not been completed, which would support that any lessons learned had been shared with the staff team.

Preventing and controlling infection

- Safe infection control practice were established in the service. All areas were noted to be clean and tidy. Staff had access to personal protective equipment such as gloves and aprons. These were seen being used during our inspection. Housekeeping was being undertaken regularly and we saw staff had appropriate cleaning equipment to undertake their role.

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.

This is the first rating for the service. At this inspection this key question has been rated as 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

- Systems had not been developed which ensured relevant capacity assessments and best interest decisions had been completed. One person's record had an authorised DoLS in place. Conditions had been applied to the authorisation that capacity assessments were recorded for their individual needs. We saw these had not been completed. This meant systems were not established that protected them from unlawful decisions.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safeguarding service users from abuse and improper treatment. People were not protected from unlawful restrictions.

- The staff team had received MCA training and policies and procedure had been developed with guidance to support staff understanding. People and relatives told us, and we observed staff engaging with people in discussions and choices about their care. Care plans had some information in relation to formal consent; however these did not always relate to the delivery of personal care. The registered manager told us they would review the records for consent for one person, which had been done prior to a DoLS approval.

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

- The service had developed systems to assess people's needs prior to their admission. This ensured people were suitable to live in the service and their needs could be met. New admission checklists confirmed all people had been introduced to various areas of the service including meals, choices, introduction to staff and other people living in the home.

Staff support: induction, training, skills and experience

- Staff received a wide range of training which ensured they had the knowledge and skills to deliver good care to people who used the service. Training records we looked, and the training matrix confirmed staff had completed a range of training suitable for their role. Staff we spoke with confirm that training was provided.
- All of the people, relatives and professionals we spoke with raised no concerns in relation to the skills of the staff team. Comments included, "We think the staff are fantastic, they never seem to stop helping", "The staff here seem really good at their jobs and they normally go about their business in a calm and assured manner" and "The carers [staff] work so hard to help us."
- Supervisions with staff were being undertaken. Staff confirmed regular and recent supervision was completed when they discussed their support and training needs with the management team.

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

- People's nutritional needs and requirements were supported. All people and relatives we spoke with confirmed they were happy with the meals provided to them. Comments included, "My [relative] thinks she is in a hotel when the 'waiters' [staff] come around at meal times", "I am a funny eater, but they always make sure I get enough to eat" and "The food is really good and you could never go hungry here."
- We observed positive interactions between people and staff during meal times. Where support was required with meals this was provided.
- We checked the kitchen and saw plenty of supplies of food. The staff told us there was no restrictions on budgets for meals in the service. Choices of meals were offered to people. Regular cleaning and food temperature checks were undertaken.

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

- The service worked with other agencies to provide consistent and timely care which supported people's access to health care services. We observed several professionals visiting the service during our inspection. All told us staff worked closely with them and good links had been established. We saw that where relevant referrals had been made to professionals which supported the needs of people. Hospital passports had been developed which contained information about people's needs in the event of an emergency requiring hospital admission.

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

- The service had been developed to meet the needs of people living there. A full refurbishment had been undertaken prior to the service opening. All areas were bright with some signage to guide people around the service. People's bedrooms had been individualised to their liking and people were offered their own telephone line that supported good communication links between family and friends.
- The service was located in a residential area of Skelmersdale, car parking was provided and a garden was available to people, if they wished to sit outside.

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.

This is the first rating for the service. At this inspection this key question has been rated 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

- People received good care and their individual diverse needs were met. The atmosphere in the service was relaxed. We observed kind and caring interactions between staff and people. People were spoken to with kindness and compassion. People told us, "They really look after us here, I have absolutely no concerns", "The simple fact is that my [relatives] could no longer look after each other and I am convinced that they really couldn't find a better home" and "The level of care here is fantastic and my [relative] enjoys his independence within the home."
- Records contained information about people's likes, needs and choices. However, these were basic and would benefit from more information to guide staff on people's individual needs.
- Policies and procedures were in place to guide staff about equality and diversity; however, we noted this related to the staff team and not people who used the service.

We recommend the provider seeks nationally recognised guidance to ensure policies and procedures are in place to support equality and diversity.

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

- The service ensured people were supported to express their views and involved in decisions about their care. All people and relatives confirmed they were involved in discussions and made decisions in relation to their care. People said, "The team clearly seem able to understand and respond to individual requirements" and "This is a really nice environment where carers always seem to try to motivate and engage with residents [people who used the service]."
- Care records had information to guide staff about how to support people's personal care needs as well as what makes people happy or sad.
- Information about advocacy services was on display and we saw evidence that advocates had been used to support people with important decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's, privacy, dignity and independence was maintained. People told us their care was provided in privacy and staff knocked on doors waiting to be invited in. comments included, "The staff are very good with people and I have been impressed with their efforts to protect privacy and dignity." During the inspection we saw staff speaking to people about their needs quietly and people were supported

to bedrooms or bathrooms when they received care or support.

- Confidential information was stored safely in the office when not in use. Policies have been developed to include information relating the services General Data Protection Regulation (GDPR) responsibilities. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.
- The service users' guide included information about the rights of people who used the service and what they should expect living in the home.

Is the service responsive?

Our findings

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

This is the first rating for the service. At this inspection this key question has been rated as 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

- Care records required improvements to ensure they reflected the care needs of people who used the service. Care plans and risk assessments were basic in their content and did not provide enough information to guide staff on people's care needs. For example, one person's record indicated support with their mobility was required. However, there was insufficient detail about how to support them safely. Where two people's needs had changed their care plans had not been updated to reflect their current needs.
- Daily records were seen in relation to food and fluid input. We saw these had not always been completed in full and where one person had a risk of malnutrition there was no record of their dietary intake that supported ongoing monitoring of their condition.
- Following the first day of the inspection we asked the registered manager to take actions to address the shortfalls in people's care files. The management team told us a process of reviews of care records was in place. We checked one record that had been reviewed. Whilst improvements were noted in their content further improvements were required to ensure the record included strategies to prevent any future risks.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance. Detailed records had not been developed which contained the information required to meet people's needs effectively.

- All people who used the service we spoke with were aware of their care plans. They told us their family members were involved in them. Where changes to care plans had taken place people said, "The [registered manager] is so reliable and she always updates me on changes to my care plan."

Improving care quality in response to complaints or concerns

- Systems were in place for complaints. Policies and guidance was available about how complaints or concerns would be dealt with. A complaints folder was in place which contained details of any complaints received. A response letter to one complaint was seen; however, there was no evidence about any investigation, actions or lessons learned from the complaint other than a record sent by the service to the local authority.

We recommend the provider seeks nationally recognised guidance to ensure complaints are investigated, recorded and acted upon appropriately.

- People and relatives told us they had no concerns, but knew how to raise them if required. Comments included, "This place is spot on, I don't want to go anywhere else" and "From day one we have had no concerns and long may it continue." Where minor concerns had been raised people told us they had been dealt with appropriately by the service. A variety of thank you cards were seen.

End of life care and support

- End of life care and support systems had been developed in the service. Staff had received training in end of life care and an up to date policy was in place to support staff in delivering end of life care when required. three staff had received training to become End of life champions that supported people as they neared the end of their life.
- No one was in receipt of end of life care at the time of the inspection. The registered manager told documentation which would support people's end of life choices and needs in the service was in place.

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

- People were supported to maintain relationships and engage in activities. It was evident that staff knew visitors well and that they were regular visitors to the service. Relatives told us they were made to feel welcome when visiting the service. One said, "This is what it is like every day, everybody who visits is made to feel very welcome."
- A range of activities were provided to people. A new staff member responsible for activities had commenced employment by the second day of our inspection. They were undertaking a review of all people's interests and likes, so that individual choices in relation to activities could be provided. Pictures of activities were on display and we observed people thoroughly enjoying a pet entertainer on the first day of our inspection. The registered manager told us they had recently commenced a 'Wish box' where people would be supported to achieve a wish. One example was where the service was trying to organise tickets to a rock concert for one person.
- Technology was being used in the service. Computer systems were in use for the development of monitoring records. Wi-Fi access was available around the service. We saw people using hand held electronic devices and all people were able to have a telephone in their room with their own number free of charge, if they wished. This supported ongoing relationships with family and friends.

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.

- The service was meeting people's communication needs. Care records included information about how to support their communication needs. However, these were very brief and did not always guide staff about how to manage their individual needs. We observed people making use of aids, such as glasses and hearing aids to support them to communicate effectively. Policies were in place to guide staff about communicating effectively. The registered manager told us they were introducing alternative formats for the service user guide. These included, large print, braille, audio guides and alternative languages.

- All people we spoke with told us they felt listened to and we saw staff communicated well at all times with people, professionals and visitors to the service. One relative said, "The communication channels are excellent and I know that as soon as I arrive here I will be updated on [relative]."

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.

This is the first rating for the service. At this inspection this key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was not consistently well-led. During the inspection we identified three breaches of regulation in relation to safe care and treatment, safeguarding people from abuse and improper treatment and good governance. We also made recommendations in relation to staffing, equality and diversity and complaints. We asked the service to take immediate actions on the first day of our inspection to ensure the risks to people were reduced.
- We saw recommendations had been made in relation to the development of care files as a result of an investigation by the local authority safeguarding team. These had not been actioned in a timely manner. We saw other recommendations; one in relation to out of hours spot checks had not been addressed by the management. The registered manager told us they had no concerns in relation to out of hours that required spot checks.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance. The service failed to ensure systems were established and operated effectively.

- People knew who the registered manager and management team was. We received positive feedback about them and the leadership of the service. Comments included, "Without a doubt this a well-run care home and I would certainly recommend it", "[Registered manager] and her team are all very approachable" and "There has been such a positive change in the wellbeing of my [relative] since they moved into this home and much of the credit is down to [registered manager and her team]."
- The management team demonstrated their understanding of people living at the service and it was clear they were visible throughout the service.

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

- The service had developed systems that engaged and involved people, relatives and staff.
- Staff and resident meetings were being held regularly. The information included the date of the meetings along with the topics that had been discussed. We noted however the records were brief and no agenda was available. The service had produced newsletters which highlighted events and activities in the service.
- The registered manager told us they had developed an employee of the month award where people were

recognised for good practice by staff members and people who used the service. We saw a certificate of the current employee of the month on display in the service. People who used the service confirmed they had been involved in this process.

- Feedback about the views of people using the service and relatives was obtained. Positive feedback was received on a range of topics including, happy with the décor, safe, warm enough, enough food and drink and response to needs. A variety of thank you cards were seen. Examples of comments included, 'To all the staff at Elm House, we would like to thank you for the fantastic professional care you gave to my [relative]. My [relative] speaks very highly of you all and says the staff were very kind to him. We can't thank you enough' and 'The compassion and support you gave to us at the loss of our wonderful [relative] which was made a little easier. You are all amazing.'

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

- The service promoted a positive culture that was person centred and open. The registered manager, deputy manager and the team were all supportive of the inspection process and requests for information were provided to the team as required.

Certificates confirming the services registration was on display along with the registered managers certificate and employers' insurance liability.

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 service was open and honest and understood it's legal responsibilities. Audits were being undertaken in the service. Where some audits had been completed all of the information had been recorded on one record. The registered manager confirmed in the future records would be developed to enable monitoring of the findings effectively.

Continuous learning and improving care

- The service had developed systems which ensured continuous learning which supported improving care. A range of policies were in place which were up to date and provide information and guidance to all of the staff team and included links to current and national guidance. A variety of information and guidance was on display that supported the knowledge and skills of the staff.

Working in partnership with others

- The service worked with relevant health and social care professionals. Records confirmed reviews were undertaken by professionals. We saw a number of professionals visiting during our inspection who told us good working relationships had been developed. Where some issues were discussed in relation to the input of support in the service the registered manager told us meetings were planned to support good working relationships and the delivery of safe 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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Risks to the health and safety of people who used the service were not appropriately assessed and managed to ensure people were safe in the service. Regulation 12 (1) (2) (a) (b) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not established and operated effectively to investigate allegations of abuse. People were not protected from unlawful restrictions. Regulation 13 (3) (5).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Detailed records had not been developed which contained the information required to meet people's needs effectively. The service failed to ensure systems were established and operated effectively.

Regulation 17 (1) (2) (a) (b) (c).