

V & V Care Limited

St Mary's Residential Care Home

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

This comprehensive inspection took place on 11 December 2018 and was unannounced.

St Marys is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

St Marys is registered to accommodate up to 29 people. Care is provided over two floors. There are communal areas that people can reside in along with space for dining on the ground floor. At the time of our inspection visit, 26 people were living in the home. Ten of the people living in the home were living with a diagnosis of dementia.

A registered manager worked in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection of St Marys, we rated the home overall as Requires Improvement. This was because people had not always received care that was safe, effective or responsive to their needs. Systems in place to monitor the quality of care had not been robust. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good.

At this inspection we found that improvements had been made in some areas but that there were shortfalls in others. This resulted in three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2018. The overall rating for the home therefore remains as requires improvement.

Risks associated with hot surfaces, hot water and fire had not all been identified or managed well. This placed people at risk of avoidable harm. Robust recruitment processes were not in place to ensure that staff working in the home were of good character. Furthermore, the systems in place had not been effective at assessing, monitoring and mitigating risks to people's safety. In response to our findings, the provider told us they would immediately act to rectify these shortfalls. You can see what action we told the provider to take at the back of the full version of the report.

Other risks to people's safety such as not eating or drinking enough, falling and developing pressure ulcers had been managed well. The home was clean and tidy and the equipment that people used had been serviced when required to make sure it was safe to use.

People received care from staff who were kind, caring, polite and compassionate. People were treated with dignity and respect and their care needs and preferences were being met. They had a say in how their care

was to be delivered and were listened to and their opinions respected. They were supported to have maximum choice and control of their lives.

There were some activities available to people to improve their wellbeing. These were limited but the provider was working to improve and tailor these to people's own interests and hobbies.

The food that people received was of good quality and home cooked. There was a choice of food and drink available and people received enough to meet their needs.

Staff had received sufficient training and supervision to provide them with the skills to keep people safe and to meet their needs. People received support to maintain their health although people were not routinely reminded when they were due a dental appointment.

There were enough staff working in the home to support people when they required this. Some improvements had been made to the environment since our last inspection and these were ongoing. Further improvements are needed to ensure the home has been fully adapted to meet people's needs.

The provider and registered manager were open and approachable and welcomed feedback from people, relatives, staff and external organisations on how to improve the quality of care people received. The staff enjoyed working in the home and felt valued and appreciated.

We have made two recommendations to the provider to assist them with making improvements. The first is regarding using best practice guidance in dementia care during the on-going refurbishment of the premises. The second is to consult the National Institute of Health and Care Excellence guidance on 'oral health for adults in care homes' to implement any changes necessary to their practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Not all risks in respect of the premises had been managed well to protect people from the risk of avoidable harm.

Not all reasonable steps had been taken to ensure that staff employed by the service were of good character.

There were enough staff available to meet people's needs and to keep them safe and systems were in place to protect people from the risk of abuse

People received their oral medicines when they needed them. However, not everyone had received their prescribed creams correctly.

The home and equipment that people used was clean and systems were in place to protect people from the risk of infection.

Learning had occurred when any incidents or accidents had taken place.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements to the environment were required to ensure they were safe and adapted to meet people's needs

Staff had received training and supervision to provide people with effective care.

People received enough food and drink to meet their individual needs. They had access to most appropriate services to help them maintain their health although access to a dentist needed to be improved.

People's consent had been sought in line with the relevant legislation.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate. They treated people with dignity and respect.

People's views on their care was encouraged and they were offered choice and had control over their care.

Staff encouraged people's independence.

Is the service responsive?

Good ●

The service was responsive.

People received care that was based on their individual needs and preferences. Access to various activities was being improved to enhance people's wellbeing.

People's concerns and complaints had been listened to and used to improve the quality of care they received.

People received support at the end of their life to ensure it was dignified and pain free.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The current governance systems in place had not been effective at mitigating some risks to people's safety.

There was an open and inclusive culture in the home that staff understood and implemented.

People and relatives were involved in improving the quality of care they received.

St Mary's Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 December 2018 and was unannounced. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed the information we held about the service. This included important events the service must tell us about by law, previous inspection reports, any information we received from the public about the service and the provider's Provider Information Return (PIR). The PIR is a document completed by the provider that tells us what they feel they do well and what improvements they plan to make to the service. We also gathered feedback from the local authority who arranged for some people to live in the home.

We spoke with six people who lived in the home, five relatives and five staff which included care and kitchen staff. We also spoke with the deputy manager, registered manager and the provider.

The records we viewed included three people's care records, people's medicine records, two staff recruitment records, staff training records and other information in relation to how the provider and registered manager monitored the quality of care people received.

Is the service safe?

Our findings

Following our last inspection of this area in November 2017, we rated safe as requires improvement. At this inspection we have continued to rate safe as requires improvement.

At our last inspection we found the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because adequate information was not available to staff regarding how to care for people safely and some risks to the environment had not been managed well. At this inspection we found that the required improvements had not been made and therefore, the provider remained in breach of this regulation.

The provider had not adequately assessed or managed the risks associated with hot water or hot surfaces. This placed people at risk of avoidable harm. There was an uncovered radiator in a communal corridor which was very hot to the touch. The registered manager told us a shelf that was above this radiator prevented people leaning on it. However, they had not considered that a person could fall near the radiator and be in contact with the hot surface.

The hot water we tested in some people's rooms became very hot extremely quickly. Records showed the maintenance person had tested the hot water in two people's rooms on the day of the inspection. The temperatures had been recorded as 57C and 52C. The recommended maximum temperature to prevent people from scalding themselves on the hot water is 44C.

A fire exit was not accessible as it was kept shut with a key padded lock. The registered manager confirmed this would not open automatically when the fire alarm sounded. People would therefore be prevented from leaving by this fire exit in the event of a fire in the home.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Immediately after the inspection visit the provider wrote to us and told us they had acted to manage these risks. The radiators had been covered and the key padded lock on the fire door disengaged. Thermostatic mixer valves had been ordered and were in the process of being fitted to hot water taps. This would regulate the temperature to a safe level where this had been deemed a risk to people living in the home.

There were unsecured substances in people's rooms such as lotions, liquid soap and denture cleaning tablets. The registered manager assured us they had assessed that these were not risks to people's safety as they could understand what they were.

Other risks to people's safety had been managed well. For example, risks in relation to developing pressure ulcers, from choking or from falls. The staff we spoke with were knowledgeable about how to protect people from these types of risk. Where any equipment was required to help keep people safe such as walking frames or pressure cushions, these were being used.

Robust recruitment processes were not in place to ensure staff that were employed were of good character. The provider had carried out some of the required checks when employing new staff to the home such as the staff member's identity and health. They had also received a Disclosure and Barring Service check to see if the staff member was barred from working within care or had a criminal record. However, where a staff member had previously worked within health or social care, the provider had not taken reasonable steps to ascertain their conduct in their previous roles.

The registered manager told us it was the provider's policy to request a reference from a staff member's last employer but this had not always occurred. In one instance, a reference had not been requested from the last two social care employers that a staff member had worked for. Although the registered manager explained they had discussed with the staff member their reasons for leaving their previous employment, no attempt had been made to contact these employers to verify the reasons. In another instance, a negative reference had been received from the previous employer which put the staff member's character in question. The provider had not completed a risk assessment in either of these circumstances to determine whether any extra precautions were required, such as more regular supervision, when employing these staff members.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Immediately after the inspection visit, the provider told us they had put a new process in place to ensure their recruitment procedures were more robust.

At the last inspection in November 2017 we found that staff lacked some knowledge regarding how to protect people from the risk of abuse. We found this had improved. Staff could tell us the types of abuse they would look out for and said they would report these to the registered manager or provider. The registered manager told us that no safeguarding incidents had occurred since our last inspection and were clear about their responsibilities to report any such incidents. All the people and relatives we spoke with said they felt they or their family member was safe living in the home. One person told us, "Yes I feel very safe here."

Lifting equipment such as hoists and slings had been serviced in line with relevant legislation to ensure they were safe to use. The risk of Legionella in the home had recently been assessed and was found to be low. Relevant checks were in place to manage this risk.

People and relatives told us they felt there were enough staff available to keep people safe. Two of the people we spoke with said they sometimes had to wait for staff if they were helping someone else but they never waited for very long. Most of the staff told us there were enough of them available to keep people safe.

Staff told us the registered manager regularly worked with them on the floor. The registered manager said they could call on staff who lived on the second floor of the building to help if required, for example in the event of an emergency. On the day of the inspection visit, we observed there were enough staff available to keep people safe.

People's medicines were stored securely for their safety. This included where prescribed creams were kept in people's rooms. Staff had received training in how to provide people with their medicines and there was sufficient information in place to guide staff on how to do this safely. Most medicine records we checked demonstrated that people had received their medicines correctly. We found a gap in the records for one dose of a person's oral medicine and another in a person's cream record. The first person's gap had been identified in a recent audit and investigated. However, the registered manager was not aware of the gap in the cream record. This gap was due to the person's cream running out which meant it had not been applied

for one day. The registered manager told us they would review their processes immediately to try to prevent the person's creams running out in the future.

Staff had received training in how to give people their medicines safely. The registered manager told us that staff competency to do this safely had been assessed. Observations confirmed that staff used safe practice when giving people their medicines.

Staff understood they needed to record most incidents and all accidents that occurred. Where reported, the registered manager had thoroughly investigated these and put measures in place to reduce the risk of reoccurrence. For example, one person had received a minor injury when their wardrobe had fallen on them as they got something out of it. In response, all wardrobes within the home had been assessed for safety and secured to the wall where appropriate. However, not all medicines errors such as gaps in the medicine records had been recorded as incidents. This would help the registered manager identify if any patterns in relation to the errors were occurring. The registered manager agreed to put this in place.

There were good infection control practices in the home. All the people and relatives we spoke with told us the home was 'spotless'. Communal areas of the home, people's rooms and the equipment they used was visibly clean. Staff took precautions such as wearing gloves and aprons when providing people with care to reduce the risk of the spread of infection.

Is the service effective?

Our findings

Following our last inspection of this area in November 2017, we rated effective as requires improvement. At this inspection we have continued to rate effective as requires improvement.

At our last inspection we told the provider they needed to improve the environment for people living with dementia, provide staff with more training in dementia, monitor people's fluid intake in a more robust way and review their paperwork in relation to obtaining consent from people. At this inspection we found that improvements had been made in most of these areas but the environment required further work for people living with dementia.

Since our last inspection, the dining room and most people's rooms had been re-decorated and several carpets in the communal areas had been replaced. There was a pleasant secure garden for people to enjoy when they wished to and vintage furniture around the home that gave it a homely feel. However, there was a lack of appropriate signage in place to help people orientate themselves around the home. Communal rooms such as toilets and bathrooms did not have any pictures on the doors to help people identify these areas. There was also no use of colour which may help with this.

Most of the rooms in the home did not have an en-suite toilet which meant people had to use communal facilities. Some of these facilities had a moveable sign which indicated whether they were engaged or not but none had a lock on the door. This could lead to an issue with people's privacy whilst they were using these communal areas.

The lighting in some corridors of the home was poor and of a low level which could increase the risk of people falling. Some floors in the home were uneven due to the age of the building. Where this was the case, handrails were not always in place for people to hold whilst walking. The carpet in a communal lounge area was highly patterned which can be confusing for people living with dementia.

Two lounges were adjacent to each other. In one lounge there was music playing and in the other, the television was on. As there was no dividing door between the two lounges, the sounds overlapped each other which made the television difficult to hear and could be confusing for people.

The provider told us they had already identified that improvements were required and that plans were in place to refurbish various areas of the home. For example, to the main lounge carpet and to some overhead lights to improve the lighting. During this ongoing refurbishment, we recommend the provider consults best practice guidance on how to improve the environment for people living with dementia.

People and relatives told us they felt the staff were well trained. Staff said they had enough training to provide people with effective care. They completed the care certificate as part of their training. This is a recognised qualification within health and social care. Staff who were new to the home received an induction and their practice was observed until the registered manager deemed them as being competent to work with people.

Since our last inspection, staff had received further training in dementia care. This had been face to face with a specialist trainer in this subject and the registered manager told us this had helped staff provide people living with dementia with better care. During the inspection visit, we observed staff using safe and effective practice when supporting people.

People we spoke with were complementary about the food. One person told us, "I'm a fussy person but they give me what I want." Two others said the food was, "Very good" and it was always freshly cooked.

People had access to plenty of food and drink to meet their needs. There was a choice of two meals available to people at lunch and tea time and a variety available for breakfast. If people did not like either of the meals, an alternative was made for them. Where people needed assistance, or prompting to eat and drink, staff provided this. The registered manager told us that no one living in the home had currently been assessed as being at risk of dehydration. Therefore, they were not recording anyone's fluid intake but they said this would be done if there were concerns. They said people's food and drink intake was monitored closely and discussed at each handover meeting which took place two times per day.

Staff demonstrated good knowledge and understanding of people's individual dietary requirements, including cultural and religious needs. The staff respected and accommodated these individual needs. The kitchen staff showed us an up to date list they had, which highlighted people's specific dietary needs such as diabetic, vegetarian, soft or pureed. Referrals had been made to the relevant healthcare professionals when staff had been concerned about people not eating and drinking enough and their advice followed.

The registered manager told us that some people living in the home lacked capacity to make some decisions for themselves. Therefore, staff had to work within the principles of the Mental Capacity Act 2005 when supporting these people. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood the importance of helping people to make their own choices regarding the care and support they received. Throughout this inspection we observed staff obtaining people's consent before providing support to them and working within the principles of the MCA. For example, we heard a member of staff ask a person where they would like to have their lunch, to which the person replied that they would like to go to the main dining room. One person found it difficult to say what they wanted to drink so a staff member showed them the drinks on offer to support them to make a choice.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

The registered manager told us that applications had been made to the local authority where they felt they were depriving people of their liberty. They were waiting for these to be assessed. In the meantime, they told us they utilised the least restrictive practice and kept these people's needs under regular review.

The care records we looked at showed that where a person's mental capacity was in question, capacity assessments had been recorded and any decisions made on their behalf in their best interests. For example,

one person had been assessed as not being able to understand the importance of taking their medicines. A decision had therefore been made that it was in their best interests for staff to administer their medicines to them. This was following consultation with the person's next of kin.

People's needs and choices were assessed in a way that ensured each person had their individual holistic needs met effectively and without discrimination.

All the staff said they worked well as team. They were knowledgeable about people's healthcare needs and told us about the healthcare professionals they worked with to meet these needs. Records showed that people's health care needs had been assessed and were being met in most areas. People regularly saw the GP or district nurse if needed. Some had had their eyes tested when required. However, the registered manager told us that people only saw the dentist if they had a problem. One person whose care record we checked had not been asked if they had wanted to see the dentist for four years. This is not in line with best practice. The registered manager agreed to review this approach and we recommend they consult best practice such as that developed by the National Institute of Health and Clinical Excellence.

Is the service caring?

Our findings

Following our last inspection of this area in November 2017, we rated caring as good. At this inspection we have continued to rate caring as good.

People we spoke with told us they enjoyed living at the home and the staff were, "Lovely". One person said of staff, "Oh yes they are very kind." The relatives we spoke with agreed that staff were kind and caring. The staff had received several written compliments regarding their kind and caring approach to people.

Both people and relatives told us that they or their family members were always treated with dignity and respect and we observed this to be the case. For example, staff ensured that doors were closed when providing people with personal care and they spoke to people and reassured them when they were helping them to move.

Conversations with staff demonstrated they knew the people they supported well. Staff spoke about people fondly with one telling us that they felt the people living in the home were their extended family.

When speaking with people, staff always got down to people's eye level and spoke to them in a respectful manner. Comfort was given when appropriate in the form of gentle touch to the arm or a hug. People were observed to be content and happy in staff presence.

People and their relatives were actively involved in making decisions about their or their family member's care. Regular reviews of people's care had been held to ensure they were receiving the care in the way they wished. Staff were observed to involve people in making day to day decisions by offering them choice such as where they wanted to reside within the home, what to eat and drink or if they wanted to participate in activities.

We observed staff encouraging people to be independent. For example, when eating or drinking. They also supported them to walk as much as they could to improve their mobility and strength.

Is the service responsive?

Our findings

Following our last inspection of this area in November 2017, we rated responsive as requiring improvement. At this inspection we have rated responsive as good.

At our last inspection in November 2017, we found that people's care records did not provide staff with adequate guidance on how to meet people's individual needs and preferences. Some of the language used had not been respectful. We also found that activities within the home had not been developed around people's individual choices. We asked the provider to improve in these areas. At this inspection, we found the necessary improvements had been made.

All the people we spoke with told us the care received met their needs and preferences. The relatives we spoke to agreed with this. Where they were able, people had contributed to the planning of their own care. If required, relatives had also been involved. Some of the relatives we spoke with confirmed this to us. There was clear information within people's care records to guide staff on how to meet most people's needs and preferences however, there were no care plans in respect of oral care which the registered manager agreed to immediately implement.

People's communication needs had been assessed. Guidance was in place to help staff identify where people were in pain if they could not communicate this verbally. People were observed to be wearing their hearing aids if required to help them with communication and information was available to people in different formats such as large print, to help them make decisions about their care.

Staff were observed to be responsive to people's needs. They regularly checked that people were comfortable. One person told us their appearance was very important to them. Staff had helped this person do their hair and make up to their preference. Another staff member was quick to offer a person a tissue when they required this. People told us they were able to personalise their room with their own belongings such as bedding and pictures to provide them with comfort.

The staff told us they felt they provided people with care based on their individual needs. One staff member said that they followed people's direction and did whatever they choose. During the morning, we saw some people were having their breakfast mid-morning. When we asked them about this they told us this had been their preference.

People we spoke with told us there were enough activities to provide them with adequate stimulation. Some said they enjoyed reading a daily newspaper and others doing crosswords. There was an activities programme in place which included daily chair exercises. People were seen to enjoy this activity. Other activities included bingo, skittles and quizzes.

On the day of the inspection visit, the staff member responsible for activity provision was on holiday. Therefore, staff took the opportunity to sit with some people encouraging them to do a word search puzzle or knitting that they enjoyed. The registered manager told us that on occasions, external entertainers such

as singers would visit. School children also visited as well as representatives from various faiths to ensure people's religious preferences were being met.

Records we reviewed of activities people had completed in December 2018 demonstrated that the choice of activities available was limited. However, the registered manager explained that people's life history had been captured and that from this, people's interests had been analysed and activities were being developed to meet these. This work was still in progress and was being used to further improve people's wellbeing.

On the day of our inspection visit, many relatives came to visit their family member living in the home. Relatives told us they were encouraged to visit regularly and could visit the home at any time. They added that they were always made to feel welcome. This helped to reduce social isolation and encourage feelings of wellbeing.

People and relatives told us they did not have any complaints but felt comfortable raising concerns and were confident these would be dealt with. Records showed that any complaints or concerns that had been raised with the registered manager or provider had been responded to in a timely way and fully investigated. The registered manager was pro-active in obtaining feedback from people about the care they received so they could deal with any concerns they had in a timely manner.

People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals had been consistently sought and people were provided promptly with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives. Many compliments had been received relating to how the staff cared for people and their relatives at this time. Comments received included; 'kind and caring way you looked after mum, always shown greatest dignity and grace, this difficult experience has been positive', 'thank you for care and kindness given', 'always thankful he spent end of life in no pain and at peace' and 'so grateful he passed away peacefully.'

Is the service well-led?

Our findings

Following our last inspection of this area in November 2017, we rated well led as requiring improvement. At this inspection we have continued to rate well led as requiring improvement.

At our last inspection in November 2017, we found that the provider's governance systems had not been robust in monitoring and improving the quality of care people received. We therefore asked them to make improvements within this area. Some improvements had been made however, the provider had failed to ensure that action had been taken to mitigate certain risks within the home which left people exposed to avoidable harm and had not fully complied with the action plan they sent us after our last inspection.

The provider told us after our last inspection that an audit of all radiators had been conducted in January 2018 which had identified those that posed a risk to people's safety. They told us that this risk had been mitigated. However, they had not identified a radiator we found that could still pose a risk of burns if a person fell near it.

The provider and registered manager were aware that the hot water within some areas of the home was hotter than recommended but had not taken sufficient action to reduce the risk of people being harmed by this. No risk assessment regarding this matter had been conducted.

The registered manager had completed a health and safety audit in November 2018 and stated that there were no issues with the hot water or hot surfaces within the home but this was incorrect. The blocking of the fire exit on the first floor by the locked fire door had not been identified as an issue during this audit. Therefore, it had not been effective at identifying potential risks to people's safety.

The registered manager had not taken all reasonable steps when recruiting new staff to the home to ensure they were of good character. The provider had not identified this as a concern.

This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider had not ensured the rating provided to the home following our last inspection was conspicuously displayed within the home. The report from the last inspection was in the entrance of the home but was behind some other paperwork. The provider agreed to ensure the rating was displayed for people and relatives to see.

The rating from the last inspection was not detailed on the provider's website. They told us the website had been an oversight and immediately took it down.

Other areas of governance were effective at monitoring and improving the quality of care provided. For example, the registered manager had conducted regular audits of people's dining experience to improve this and make it pleasant for people. The completion of staff training was monitored as was the cleanliness of the service. People and relative's views on the quality of care was regularly sought. This included an

annual survey the most recent of which had been conducted in June 2018. In the main, positive comments had been made. One area for improvement had been suggested and this was regarding the provision of activities to enhance people's wellbeing. In response the registered manager had reviewed the current system for identifying and tailoring activities to people's individual needs and this was being progressed.

People told us they were happy living within the home and satisfied with the care they received. One person told us, "Yes I am happy living here." The relatives agreed with this. They told us that communication about their family member's needs was good and that they were kept informed of any accidents or incidents. They said the registered manager was approachable and always available to them when required. The people we spoke with agreed with this and said they felt listened to and respected. This demonstrated an open culture within the home.

Staff told us they felt valued and supported and that everyone pulled together to work as a team. They understood their individual roles and responsibilities.

Links with the local community and with external professionals had been developed for the benefit of people living in the home. For example, with individuals from the local church and schools who visited people in the home and professionals delivering specialist training to staff such as in falls prevention.

In line with our duty of candour regulations, the registered manager had offered an apology when things had gone wrong and involved the person and/or their relative in any investigation into the incident.

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 Care and treatment was not provided in a safe way. Not all risks to people's safety had been assessed or practical action taken to mitigate such risks. Regulation 12 (1), (2) (a) and (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Not all systems in place to assess, monitor and improve the quality of care were effective at doing so nor were they effective at mitigating risks relating to the health, safety and welfare of service users. Regulation 17 (1), (2) (a) and (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Not all steps had been taken as set out in Schedule 3 to ensure staff working for the service were of good character. Regulation 19 (1) (a) and (2).