

The Laleham Ltd

The Laleham

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Laleham is a residential care home providing personal and nursing care to up to 60 people in an adapted building. Some people were living with dementia. At the time of our inspection, the service was supporting 44 people.

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

People and their relatives gave positive feedback about the Laleham and the support from staff. However, issues identified as needing improvement at our last inspection had not been addressed, for example medicines management and prevention and control of infection. We found that in these areas, there was a lack of effective auditing and checks to identify these issues. Some people needed support to keep their skin healthy and intact. Systems and checks to keep people's skin healthy were not effective.

The provider was in the process of implementing an electronic care planning system, and therefore care plans and risk assessments did not always contain the level of detail for staff to be informed of how best to support people. Staff we spoke with had the skills and experience to support people and knew people well. Risks to the environment had not always been identified by the provider, for example uncovered radiators which could place people at risk of burns. Once these were identified they were addressed by the provider.

There were sufficient staff to meet people's needs, and improvements had been made to the recruitment process. People and their relatives told us they felt confident staff had the knowledge and training to protect them from the risk of abuse. When accidents and incidents occurred, there was a clear process to learn and improve.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We found toilets had been locked without considering restrictions to people. Once we identified this the provider unlocked the doors. The service is in need of updates; there were areas where wallpaper was coming away from the walls, and where improvements could be made to make the service more dementia friendly.

People were involved in their assessments and review of their care plans. When people's needs changed people and their relatives told us staff were responsive and booked appointments for them to see a wide range of healthcare professionals. One person told us, "If we get appointments they put it straight in the diary so you always have transport. And I always have someone with me, it's usually a senior." However, we found improvements were needed in relation to oral care and people accessing a dentist.

Staff told us the culture of the service had improved with the registered manager. One staff said, "When [registered manager] came it was the best thing that ever happened. So much wasn't getting done and we weren't a team. Now things run smoother." People and their relatives felt engaged in the service and we received positive feedback about the care people received. Staff worked with a range of healthcare

professionals to provide joined up care. Although we found improvements in some areas, other areas continue to need improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but the provider was still in breach of regulations. This service has been rated requires improvement for two consecutive inspections.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 29 and 30 April 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care, good governance, fit and proper persons employed and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Laleham on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to medicines management, prevention and control of infection, and good governance at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Laleham

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Laleham is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Laleham is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with ten members of staff including care staff, the registered and deputy manager as well as the provider. We spoke with five people living at the service, five relatives and a healthcare professional. We reviewed a range of records. This included eight people's care records and a range of medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely: Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure the proper and safe management of medicines. The provider had failed to do all that was reasonably practicable to assess and mitigate risks. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Some medicines were not being administered in line with the patient safety leaflet guidance. Some people were using pain patches that needed to be placed on a different patch of skin for three to four weeks. Staff were not rotating these pain patches in line with the guidance. This increased the risks of complications such as skin reactions. We raised this with the head of care who amended the body maps to ensure staff rotated correctly in the future.
- Medicines continued to not be safely managed. Where medicines were stored in their original boxes there continued to be no system in place to ensure there were the right number of tablets remaining. This would have helped to identify possible errors such as where medicines had been recorded but not administered. Two medicines we counted did not match the records. Later staff identified this was because staff were not carrying over stock counts from previous medicine administration records (MARs). Audits of medicines had not identified this concern.
- One person's MARs stated that their medicine may or may not need to be stored in a refrigerator and staff needed to refer to the packaging to check. This was because some brands of this medicine could only be kept out of the fridge for a certain period of time. The medicine was not in its original packaging and staff could not provide a copy of the patient safety leaflet to check if this medicine did need to be stored in the fridge. Staff were not aware of this warning on the MARs and had not discussed storage with the pharmacist to ensure that the medicine was being stored correctly.
- Some medicines were administered from blister packs. These packs are assembled and issued by the pharmacy. The general use of blister packs is not best practice, and guidance suggests this should be risk assessed for individuals. We found the provider and registered manager had not done this.
- Medicines returns were not always managed safely. There was a large box and bag of medicines in the medicine's room. These medicines were to be returned to the pharmacy. However, the returns documentation had not been completed to ensure that all medicines were accounted for.

- Some people were at risk of skin breakdown. Guidance in place was not sufficient to inform staff how best to support people. Care plans did not contain information about settings pressure relieving mattress should be set to, or how often to check this equipment was working. We received concerns that equipment in place was not always working. There were no records to confirm checks had been made to pressure relieving equipment.
- Guidance for other health conditions, including diabetes and catheter care were not sufficient. Care plans did not contain information including what signs and symptoms to look for if there were concerns of infection, and where to escalate the concerns.
- Some risks from the environment were not well managed which increased the risks to people. For example, some radiator covers only covered part of the radiators and were not secured so could be pulled away from the wall. Following the inspection the registered manager sent us confirmation that the radiators had been fully covered and secured.

The provider continued to fail to ensure the proper and safe management of medicines. The provider had continued to fail to do all that was reasonably practicable to assess and mitigate risks. This placed people at risk of harm. This was a continued breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last two inspections, we had raised concerns with the provider regarding the storage of oxygen cylinders. At this inspection there were no oxygen cylinders being stored in the service. The registered manager had identified a potential appropriate location for oxygen cylinders to be stored in the future should this be required.
- Checks such as gas safety checks and checks on the electric had been carried out. Staff undertook fire drills including night staff and there was an evacuation plan in place. Window restrictors were in place. There were temperature controllers on hot water taps to ensure people were not at risk of scalding. The temperature of the water was checked regularly.

Preventing and controlling infection

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way for service users; by adequately assessing the risk of, and preventing, detecting and controlling the spread of infections. This was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Areas of the service were not clean. For example, the wall next to one person's bed was visibly dirty.
- One toilet flush was broken. Whilst the toilet could still be flushed the flusher could not be appropriately cleaned. A number of toilets did not have sinks and most people did not have en-suites. Bathrooms which did have toilets and hand washing facilities were bolted shut to prevent people from using these. People who used the toilet independently did not have sufficient access to a sink in which to wash their hands afterwards. We raised this with the provider who unbolted some bathrooms during the inspection to address this concern.
- We were not always assured that staff were always using personal protective equipment (PPE) effectively and safely as there were concerns about how PPE was being disposed of. There was a lack of PPE bins at the

service. Staff had to walk a considerable distance between the staff toilet and a PPE bin to change their mask. We raised this with the provider who ordered more PPE bins immediately. When we spoke with the provider they were not clear on best practice in relation to PPE use, for example they were unaware staff needed to change their PPE after using the toilet.

The provider continued to fail to ensure care and treatment was provided in a safe way for service users; by adequately assessing the risk of, and preventing, detecting and controlling the spread of infections. This was a continued breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

At our last inspection, the provider had failed to do all that was reasonably practicable to learn and improve when things went wrong. This was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- At our last inspection, we identified that the provider did not have effective systems in place to learn from accidents and incidents. At this inspection we found improvements. Accidents and incidents were documented on forms which were reviewed by the registered manager to identify trends and patterns.
- Incidents were reviewed and where appropriate action plans put in place to ensure that appropriate action was taken to address the incident.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified staff. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer breach of regulation 18.

- At the last inspection there was not enough staff to meet people's needs and keep them safe. At this inspection we found some improvements. Staff told us there were sufficient staff to meet people's needs. Staffing was calculated by the registered manager and when there were gaps in the rota agency staff would be used, or the head of care or senior manager worked shifts.
- One staff member told us, "We are never too short, we get agency staff and if we work one short then a senior will come and support." A person told us they felt there was enough staff, they told us, "Yeah I think so personally. Whenever you want a staff there's always one there."
- At the last inspection the provider had failed to take action following a fire inspection report that highlighted there were insufficient fire wardens. At this inspection this had been resolved and there were sufficient staff trained to act as fire wardens in the event of a fire. The registered manager ensured that there was a fire warden appointed on each shift.

At our last inspection the provider had failed to ensure recruitment processes were effective. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer breach of regulation 19.

- At the last inspection risk assessments were not in place where staff had had declared health information which could potentially impact on their capability to do their job. At this inspection this had been addressed and risk assessments had been put in place to assess and arrange any adjustments needed to enable staff to work safely.
- At the last inspection appropriate recruitment checks had not always been completed. At this inspection this had improved. Recruitment checks had been carried out to ensure that staff were recruited safely. For example, disclosure and barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where staff had worked abroad checks had been made with the authorities in those countries to ensure there were no concerns about staff's fitness to work with people who used care services.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff knew how to identify and raise concerns. The registered manager knew how to report concerns to the local authority where needed.
- Staff were confident that the registered manager would deal with any concerns raised appropriately. Where issues had arisen these had been reported and addressed appropriately.
- Staff knew how to whistle blow if they had concerns about the service or felt that issues were not being addressed. One staff said, "If I need to go outside of the service to raise concerns, I would call safeguarding (at the local authority), the number is on the wall in the office." Another staff told us, "If I had an issue I would go to [the registered manager] she would put something in place to deal with it."

Is the service effective?

Our findings

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

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

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

At our last inspection the provider had failed to ensure care and treatment of service users was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer breach of regulation 9, however there are still areas of practice where improvements are still needed.

- At our last inspection we found that assessments did not contain personalised guidance and assessments were not always complete. At this inspection we found that assessments had been completed, and considered people's protected characteristics including their religious beliefs. However these were being developed from the providers new electronic care system and could be more detailed. This is an area for improvement.
- At the last inspection, opportunities had been missed to discuss care plans with people. At this inspection, people told us they had been involved in creating their care plans and were happy with the content.
- People had their care under regular review and assessment. Care staff assessed people's needs using best practice guidance, using recognised tools.

Staff support: induction, training, skills and experience

- Staff continued to be appropriately supervised and supported. Staff received regular supervision and appraisals. The induction staff received continued to prepare staff to undertake the role safely and effectively. One person told us, "I am really confident they [staff] know what to do."
- Staff told us they felt well supported by the manager including when they moved into new roles or gained promotion. One staff said, "[The registered manager] does the supervisions I feel very supported. They have talked me through things to support me to be in the [new] role. They have helped me feel more confident in the [new] role." Another staff told us, "[The registered manager] is really really supportive, [likewise with the head of care]."
- Staff received a mixture of online and practical training to support their learning. Staff told us they felt confident supporting people with their healthcare conditions including people with catheters.

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

- Support with dental care could be improved. Oral hygiene assessments had been completed. However, the information in some of these assessments was limited and there were no records of dental visits for some people. For example, one person lived with dementia. Their care plan stated they needed prompting with oral hygiene and staff were to contact a dentist if needed. They moved into the service in 2015. However, staff did not know when the last time the person had seen a dentist. This is an area for improvement.
- People had been supported to access other healthcare professionals such as the speech and language team and district nurses as required. The GP visited the service regularly to check on people and provide healthcare support as required. One person told us, "I've seen other people be unwell the staff come in and look after them so well. They are so good."
- A visiting professional told us that staff knew people well and understood their needs. When needed staff sought support from healthcare professionals including occupational therapists, district nurses and the mental health team.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Although staff and the registered manager told us they understood the principles of the MCA, we found that this was not always the case. We found that bathrooms had been locked from the outside to prevent people accessing them. When we asked why people were restricted from accessing the bathrooms, we were told it had always been that way. People did have access to toilets; however these had no hand washing facilities. The provider removed the locks during the inspection.
- Some people's care plans were contradictory in relation to their capacity. For example, one person's care plan said they had full capacity, however their cognition page said they could not retain information. Their next of kin had given permission for a restriction to be in place. We discussed this with the registered manager, and they confirmed the person was able to make this decision and had, however the documentation in place did not support this.
- Staff told us they encouraged people to make as many decisions as possible. Staff told us, "We encourage people to make all day to day decisions. Even what they want to wear, we show them two outfits and get them to pick and make their choice of what they want."

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

- The registered manager had completed a food survey to help inform the menus at the Laleham. People were given choices around the food they wanted to eat, and when / if people didn't like the menu choices they were offered alternatives for example, a jacket potato.
- We received positive feedback from people about the food including, "The food is excellent."
- Staff we spoke with understood people's food requirements, if people needed modified diets for example

to increase the calories they were eating, or if they lived with diabetes and therefore needed modifications to their food. Staff also knew people's religious requirements around food for example, if they ate meat or needed food prepared in a certain way.

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

- There were areas of the service where more could be done to improve dementia friendliness. For example, some carpets were highly patterned and toilet seats were not in contrasting colours in line with best practice guidance for people with dementia. However, we did not identify any impact on people.
- There were picture signs on doors to enable people to identify rooms such as the bathroom and dining area. People were able to navigate their way around the building.
- People's rooms were personalised to suit their tastes and needs, and people told us that they were happy with the environment.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to establish effective systems or processes to assess, monitor and improve the quality and safety of the services provided; or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 of The Health Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager completed a range of checks and audits. Where issues were identified they created an action plan which detailed who was responsible for completing the action and when by. Where issues had been identified they had all been actioned. However, these failed to identify issues we highlighted during our inspection.
- Although audits identified actions to take to improve the service, actions to reduce risks were not always clear or accurate. For example, following a fall the action plan detailed that two people needed two hourly checks. We checked their daily logs and these were not always occurring two hourly. The registered manager told us the two hourly checks only needed to be completed at night, however this had not been documented and did not always occur.
- The provider was in the process of implementing an electronic care planning system. Care plans on the new system were not detailed and did not provide sufficient guidance for staff, for example how to support people with catheter or diabetic care. The registered manager was aware the care plans needed improvement and had a plan to review and improve all care plans. Staff we spoke with understood how to support people with complex conditions including diabetes and catheter care.
- Medicine audits had not identified that the system being used was not in line with best practice guidance. Medicine audits had not identified that stocks of medicines were not being carried over, counts were not correlating or that medicines had not been logged to be disposed of in line with the providers policy.
- Staff and the registered manager did not always keep accurate records in relation to decisions made about their care and treatment. They failed to identify that locking bathrooms placed unnecessary restrictions on people. Records relating to people's capacity were inconsistently recorded.

- The registered manager and provider did not fulfil their regulatory responsibility to notify us of certain events and incidents. We found that they had not informed us of three notifiable events. Systems to ensure notifications were submitted in the registered managers absence were not effective.

The provider had continued to fail to establish effective systems or processes to assess, monitor and improve the quality and safety of the services provided; or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A visiting healthcare professional told us the consistent management team helped when communicating with the home. Staff knew their responsibilities and roles were clearly defined.
- The registered manager told us they had a good working relationship with the provider, who visited often. Staff told us of the provider, "They always come in and sometimes I ask them, for activities and they always say we can do it there's nothing they say no to. We see them on a regular basis which is nice."

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

- Staff told us the culture of the service had been improved by the registered manager. Staff now worked better together and created a better environment for people. One person told us, "I've not come across any miserable staff. They are very friendly and very helpful."
- Staff spoke positively about residents, with kindness and compassion. One staff told us, "The residents are the best thing about working here. They all have different characters and personalities."
- People told us the registered manager was approachable. One person told us, "The boss is a very nice lady. She's as helpful as anyone, always comes to say hello and ask if I'm ok. That's important to me and she says it to everyone."

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

- Residents meetings were held for people to discuss what they wanted to improve about the service, and to feed back what they were happy with.
- Staff meetings were held regularly; staff were able to feedback any ideas or improvements to the service. During staff meetings, people's needs and care plans would be discussed. In the most recent meeting catheter care was discussed and we found staff to have good knowledge on how to support people with their catheters.
- Questionnaires had been sent out to people and their relatives to gain feedback on the service, however these had not yet been returned for analysis to be completed on them.

Working in partnership with others

- Staff and the registered manager worked with a variety of professionals. For example, healthcare professionals visited the service to support people to receive joined up care. Relatives told us staff supported their loved ones to attend hospital appointments.
- Staff organised a fete and invited local businesses to be a part of the fete. People told us they really enjoyed the day, and that they had fundraised to raise money for future activities.

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

- The registered manager was clear about their responsibilities under the duty of candour. They were open

and transparent when things went wrong and looked at lessons learnt.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider continued to fail to ensure the proper and safe management of medicines. The provider had continued to fail to do all that was reasonably practicable to assess and mitigate risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had continued to fail to establish effectively operated systems or processes to assess, monitor and improve the quality and safety of the services provided; or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and maintain securely an accurate, complete and contemporaneous record in respect of each service user.</p>