

Wellington Healthcare (Arden) Ltd

Rakewood House 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rakewood House Care Home is a residential care home which provides personal care and nursing care for up to 30 older people, people with a physical disability and people living with dementia. Accommodation is provided on the ground floor. At the time of the inspection 24 people were living at the home.

This service was previously part of Carders Court Care Home, a residential care home which provided personal and nursing care for up to 150 older people, people with a physical disability and people living with dementia. In September 2022, the provider split Carders Court Care Home into five separate care homes which were registered with the Care Quality Commission (CQC) individually. Rakewood House Care Home is one of those services. The last inspection of Carders Court Care Home took place in February 2021.

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

During the inspection we received a number of concerns regarding staffing levels at the home and most people we spoke with told us they had experienced delays when they needed support from staff. Risks to people's health and safety were not always managed well, we have made a recommendation about this. Staff did not always follow safe infection control practices, which meant people were not always protected from the risk of infection, we have made a recommendation about this. Staff were recruited safely and knew the action to take if people were at risk of abuse. People's medicines were managed safely, in line with national guidance. The safety of the home environment was checked regularly.

People did not always receive support which reflected their needs and risks. There were gaps in some people's care records, which meant we could not be sure people had received appropriate support. Most people and relatives were happy with staff at the home and felt they were competent. Staff were happy with the induction and training provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Most people expressed dissatisfaction with the meals provided at the home and we found people's dietary needs were not always met, we have made a recommendation about this. People received support with their healthcare needs and were referred for specialist support when they needed it. Feedback from visiting community healthcare professionals advised that the provider needed to improve support that people received with their healthcare needs and care documentation. The home environment was purpose built to enable people to remain as independent as possible. The provider had an improvement plan in place for the home environment.

People were not always well treated. They sometimes had to wait for support with personal care, did not always receive support that reflected their needs and preferences and were not always provided with good quality meals. There were limited processes to enable people to share their views about the support they received. Most people told us staff were caring and kind. We observed staff supporting people sensitively and treating people with respect. Staff encouraged people to be independent. Care plans included information about people's backgrounds and diversity. However, we noted people's cultural dietary needs

were not always met.

People did not always receive care that reflected their needs and preferences. There were gaps in some people's care records so it was difficult to know if care had been provided as it should have been. People's care needs were reviewed regularly but there were inconsistencies in some people's care documentation about their needs. Concerns and complaints were investigated and responded to appropriately. Most people were happy with the range of activities available at the home. Care documentation included detailed information about people's end of life care wishes.

A variety of audits were completed by management, but they were not always effective in ensuring appropriate standards of quality and safety were maintained at the home. People did not always receive individualised care which achieved good outcomes. Staff were clear about their roles and responsibilities but told us that due to staffing levels, they were not always able to provide the standard of care that should be provided. The service worked in partnership with a variety of community agencies. There were limited processes in place to seek people's views about the service and we have made a recommendation about this.

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

Rating at last inspection

This service was registered with us on 29 September 2022 and this is the first inspection.

Why we inspected

We had planned to complete an inspection of Carders Court Care Home due to the rating at the last inspection and concerns we had received. When the provider changed the registration to split Carders Court Care Home into 5 separate care home services, a decision was made for us to inspect Rakewood House Care Home, as some of the concerns we had received related to that home.

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.

Enforcement

We have identified breaches in relation to staffing levels, people not always being treated with dignity and respect and the provider's oversight of the service at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rakewood 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.

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 an inspector and an Expert by Experience on the first day and an inspector on second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rakewood House Care Home 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. Rakewood House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection. The provider was not asked to complete a provider information return (PIR) prior to this inspection. A PIR is information providers send to us to give us key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 7 people who lived at the home and 3 visiting relatives, to gain their feedback about the care provided. We spoke with the registered manager, the regional manager, 2 nurses, 8 care staff, 1 housekeeping staff member and a visiting health professional. We also spoke with the nominated individual, who is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including two people's care records in detail, and a selection of medicines records. We looked at two staff recruitment files and staff supervision and appraisal records.

After the inspection

We reviewed a variety of records related to the management of the service, including policies and audits. We contacted 2 community health care professionals who visited the service regularly for their feedback about the care and support provided.

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 inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The majority of staff and people living at the home we spoke with, raised concerns about staffing levels. People told us they had experienced delays when they needed support, including support with accessing the toilet. Staff told us that staffing levels were often not adequate to enable them to support people in a timely way. They commented, "Care falls short at times because we are that busy" and "We have to rush people, we can't do a proper job." We noted that over half of the people living at the home required support from two staff with moving, transferring and/or personal care.
- Some staff told us people were sometimes woken early in the morning by the night staff, to get them washed and dressed for the day, as there were not enough staff to get them up later in the day. Similarly, they told us people were often put to bed early in the evening as there were not enough night staff on duty from 8pm to get everyone ready for bed.
- We reviewed the dependency tool the provider used to assess staffing levels, and 3 weeks of staffing rotas. Staffing levels at the home were significantly less than calculated as appropriate by the dependency tool to meet people's needs. We discussed this with the regional manager, who gave us additional documentation about how staffing levels at the home were calculated. We noted this considered the number of people living at the home as a guide, rather than their needs and risks.
- A number of recent unwitnessed falls had occurred at night and some staff told us this was due to staffing levels. They told us there were often not enough staff to monitor people in communal areas and to respond to people quickly who needed support. The regional manager told us staff had raised concerns about staffing levels at night and they were being reviewed at the time of our inspection. During the inspection we observed 2 occasions when people needed support, but this was not provided in a timely way. We raised this with staff to ensure appropriate support was provided.

The provider had failed to ensure there were sufficient staff to meet the needs of people living at the home. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following discussions about our concerns regarding staffing levels at the home, the provider agreed to increase staffing levels at night with immediate effect. They told us they would review staffing levels further following our inspection. Subsequently, we received a copy of the revised staffing tool the provider had introduced, but this did not include a formula for calculating the number of staffing hours needed to meet people's needs, depending on their dependency.
- The provider recruited staff safely. Appropriate pre-employment checks were completed to ensure staff

were suitable to support people living at the home.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks to people's health and wellbeing were not always managed well. We found inconsistencies in two people's care documentation about their risks and needs. This meant staff did not always have access to clear information about people's risks and needs and how to support them safely. One staff member was unclear about a person's pressure care needs and risks (to prevent pressure damage to skin) and we noted there was a lack of clarity about this in the person's care documentation.

We recommend the provider ensures that information about people's risks and needs is up to date and consistent, to ensure staff have access to correct information to support people safely.

- The provider had systems to manage accidents and incidents. When accidents or incidents occurred, staff completed the relevant documentation, and this was reviewed by management regularly. Concerns were raised by staff regarding staffing levels impacting their ability to monitor people's safety.
- People told us they felt safe living at the home. Staff had completed safeguarding training and understood how to report any concerns. Investigations had been completed when safeguarding concerns had been raised about the service and the registered manager had reported these to the local authority and CQC when appropriate.
- Management and maintenance staff completed regular checks of the home environment, including equipment, fire safety and water safety, to ensure it was safe and complied with the necessary standards.

Using medicines safely

- People's medicines were managed safely, in line with the National Institute for Health and Care Excellence (NICE) guidance.
- Staff had completed the necessary training and been assessed as competent to administer people's medicines safely. Regular checks of medicines stock and records were completed. A minor shortfall was identified in relation to medicines administration processes, and this was addressed by the registered manager.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

We observed housekeeping staff carrying out their duties and found the home generally clean. However, we noted a strong odour in one area of the home and management assured us they would address it.

- The provider did not ensure that staff or visitors were always using PPE appropriately and safely, or that infection outbreaks could be effectively prevented or managed. People told us staff did not always wear PPE as they should. One person commented, "Not all staff wear PPE correctly and some don't wear masks at all." On the first day of the inspection we noted some visitors entering the home without wearing a mask and a number of staff not wearing a mask or wearing their mask under their chin. We discussed this with management, who addressed it. On the second day of the inspection this was much better.

We recommend the provider ensures that staff wear appropriate PPE in line with Government guidance.

Visiting in care homes

- People were receiving visits in line with Government guidance and local Public Health advice. During the inspection we saw friends and relatives visiting their loved ones and saw they were made welcome.

Learning lessons when things go wrong

- The provider had systems to analyse incidents, complaints and concerns. We noted that when shortfalls were identified, improvements were not always made in a timely way and we have addressed this in the well-led section of this report. Records showed that some lessons learned, for example as a result of complaints, were shared with staff during meetings.

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 inspection of this newly registered service. This key question has been rated 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

- People did not always receive care and support which reflected their needs and promoted a good quality of life. Care plans and risk assessments were detailed and individualised. However, 2 people's care files that we reviewed included inconsistencies about their needs. This meant staff did not always have access to accurate information about how to support people effectively.
- We noted gaps in 2 people's pressure care/repositioning and oral care records. This meant we could not be sure people had received support that reflected their assessed needs. One staff member told us, 'Pressure care can be missed if we're very busy. We prioritise those in bed but there are sometimes people in the lounge who need it too.'
- The provider had policies and procedures for staff to follow, which reflected CQC regulations and relevant guidance, including Government guidance about the management of COVID-19. These were reviewed and updated regularly.

Staff support: induction, training, skills and experience

- The provider ensured staff received an induction when they joined the service and completed the provider's mandatory training. Staff told us they were happy with the induction and training they had received. Staff received regular supervision and yearly appraisals.
- Most people and relatives felt staff were competent. One person commented, "I feel that the staff are more than enough experienced for my needs."

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

- Some people were unhappy with the meals provided at the home. They told us meals were poor quality and there was not enough choice. One person commented, "I don't particularly enjoy the food because it's not of a good quality, it's not well cooked and it's often lukewarm." Meals were cooked centrally in one kitchen which served all five care homes on the site and were transferred to each home in heated trollies.
- We found that improvements were needed to ensure sufficient choice for people on a pureed diet and to ensure people's cultural dietary needs were always met.

We recommend the provider reviews current catering arrangements and makes improvements to ensure that people's nutritional and dietary needs are met, including their cultural dietary needs.

- Care plans included information about people's dietary needs, risks and preferences, however this information was not always consistent. People's weight and nutritional intake were monitored, and they

were referred for specialist support if concerns about their nutrition were identified.

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

- The support provided to people with their healthcare needs needed to be improved. One community healthcare professional who visited the home regularly, told us there was a lack of continuity with the staff at the home and staff were sometimes inexperienced and did not have the necessary knowledge to meet people's needs. They told us there had been occasions when staff had not followed the advice given and they had noted gaps in some care records.
- Another professional told us that the support provided to people with their oral care needs and documentation around oral care support needed to be improved, though they understood that staff shortages and sickness put the service under pressure at times. Three staff told us support with oral care was not always provided when staff were busy.
- Nursing staff were available day and night and specialist healthcare support was arranged when needed. One person told us their health had improved significantly while they had been at the home. Care plans included information to guide staff about people's healthcare needs, including their medical history, medicines and allergies. The service used a hospital pack to share information about people's needs and risks with paramedics and hospital staff when people were taken to hospital.

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

- The home was purpose built to meet people's needs and enable them to be as independent as possible. Lifting equipment and adapted bathroom facilities were available to support people with mobility needs. Specialist equipment, including sensor mats, was used to support people at risk of falling. The combined lounge and dining area was open plan, which supported access for people with mobility needs.
- Most people were happy with the home environment. Two people raised issues with us about their beds being uncomfortable and the registered manager addressed this with them. Many people had personalised their rooms to reflect their tastes and make them more homely. Two people asked about changing their room and the registered manager told us she would address this.
- The provider had a programme of improvement in place for the home environment.

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.

- The service was working within the principles of the MCA. Care plans included information about people's capacity to make decisions about their care. When they lacked capacity, the provider had processes to make best interests decisions in consultation with their relatives or representatives. When people needed to be deprived of their liberty to keep them safe, the registered manager had applied to the local authority for authorisation to do this. Where DoLS applications had been authorised and included conditions, the

conditions were being met.

- Staff asked people for their consent before supporting them and encouraged them to make decisions when they could.

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 inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider did not ensure that people were always well treated. People sometimes had to wait to go to the toilet and for support with other types of personal care, did not always receive care that reflected their needs and preferences and were not always being provided with good quality food.

The provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people liked the staff at the home. One person commented, "I think the staff here are caring, empathetic and kind." We observed staff supporting people in a kind and respectful way. Staff chatted with people while they supported them and reassured people if they were upset or confused. There was a relaxed atmosphere in the home, and people looked comfortable in the presence of staff.
- Staff were aware of and respected people's diversity. Care documentation we reviewed included information about people's life history and background, including their religion, gender, sexual orientation and ethnic origin. This meant staff were aware of people's identity and what was important to them. We found that improvements were needed to catering arrangements to ensure sufficient choice so that people's cultural dietary needs were always met. We discussed this with the regional manager who assured us they would address this. We have made a recommendation about this in the effective section of this report.

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

- There were limited processes to enable people to express their views about life at the home.
- People were involved in their daily care. We observed staff encouraging people to make decisions about their care when they could. Relatives told us people's care needs had been discussed with them when appropriate. Information about local advocacy services was available. People can use advocacy services to support them with expressing their views.
- People told us they were involved in some decisions about their daily care, such as where they spent their time, what they wore and what time they got up and went to bed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and told us staff respected their right to privacy. One person told us, "They [staff] treat me with dignity and respect and the privacy curtain in the shower allows for some independence'.

- We found that people were not always treated with dignity, as they sometimes had to wait for support from staff and did not always receive support which reflected their preferences. This is addressed above.
- We observed staff encouraging people to do what they could and assisting people when they needed it. One person commented, "The staff are always willing to help me." Care plans included information to guide staff about what people were able to do and what they needed support with.
- Staff respected people's right to confidentiality. People's care records were stored electronically and were password protected so that only authorised staff were able to access them. Staff members' personal information was stored securely and only accessible to appropriate staff. The provider had a confidentiality policy for staff to refer and confidentiality was addressed as part of the staff induction when they joined the service.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People did not always have choice and control over their care and did not always receive care that reflected their needs and preferences. Some people told us they had experienced delays when they needed support and staff told us that, due to staffing levels, they were not always able to support people when they needed it. We found gaps in some records which meant we could not be sure that care had been provided as it should have been.
- Care plans included detailed information to guide staff about people's needs, risks, abilities and preferences. They were reviewed regularly, however, we noted 2 people's care files contained inconsistent information about their needs, which meant staff did not always have access to clear information about how to support them well.

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.

- People's care plans included information about how people communicated, any support they needed with communication and how staff should provide it.
- Staff were aware of people's communication needs. We observed them communicating effectively with people, repeating or explaining information when necessary.

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

- Staff encouraged people to maintain relationships and avoid social isolation. Relatives, friends and representatives were able to visit the home in line with Government guidance.
- Staff supported people to follow their interests and take part in activities. The home had activities staff, who supported people with group and one to one activities. Most people were happy with the activities available and were encouraged by staff to take part. One person commented, "There are activities including armchair exercises, singing, board games, bingo and entertainers who sometimes visit." On the second day of our visit some people went on a trip to Blackpool. One person felt unable to take part in activities due to their risks and needs. We discussed this with the registered manager who assured us that activities staff would discuss this with them, to explore how they could become more involved.
- Care plans included information to guide staff about people's hobbies, interests and whether they liked

taking part in activities.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. A complaints policy was available and information about how to make a complaint was included in the service user guide.
- None of the people we spoke with had made a formal complaint. They told us they would feel able to if they needed to. Records showed that formal complaints had been investigated and responded to appropriately. Some people told us they had raised concerns informally and improvements had not always been made.

End of life care and support

- The provider had processes to provide people with individualised end of life care. We noted care records included detailed information about people's end of life care wishes to guide staff.

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

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

- The registered manager was responsible for the day to day management of the home, with support from the regional manager. They completed regular audits of quality and safety, however, the audits they completed were not always effective in ensuring that appropriate standards of quality and safety were maintained at the home.
- Where audits identified shortfalls, improvements were not always made in a timely way. For example, we noted some audits identified the same shortfalls over a number of months, without evidence that action had been taken to address them. Audits were not always completed as often as they should have been, such as the infection control audits. Action plans did not always include all of the shortfalls identified and did not always include clear updates, so it was difficult to know if appropriate action had been taken. We noted some monthly accident audits had been signed off by management, despite a lack of detail on the audits about the accidents and a lack of information confirming appropriate action had been taken.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision and during staff meetings. Some staff told us that due to staffing levels, they were not always able to provide the standard of care they would like to provide. They told us they had raised these issues with management, but no improvements had been made. The regional manager told us night staffing levels were being reviewed at the time of our inspection, partly in response to incidents that had taken place at night. However, at the time of our inspection staffing levels at night had not yet been increased.
- There were gaps in people's care records and inconsistencies in people's care plans and risk assessments.

The provider had failed to assess, monitor and improve the quality and safety of the service, and to ensure there was an accurate, complete and contemporaneous record in respect of each person supported. This was breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- Processes to gain feedback from people and relatives about the care provided at the home could be

improved. Residents' and relatives' meetings had been arranged in July and August 2022, but attendance had been poor. We were not told that further meetings had been arranged. The registered manager told us satisfaction surveys had not been issued to people living at the home or their families. We noted the service user guide stated the provider used satisfaction surveys to find out about people's views on the care they provide.

We recommend the provider explores ways to gain feedback from people and their relatives about the care provided at the home and uses the feedback to develop the service.

- Staff meetings took place regularly. Some staff felt the meetings were helpful, and they felt able to raise concerns.
- We received mixed feedback from staff about the management of the home. Some found management supportive and approachable, while some felt that management did not always listen to their concerns.

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

- The provider had not ensured people always received person-centred care that achieved good outcomes. People did not always receive the care they needed, when they needed it, risks to their health and safety were not always managed appropriately and improvements were needed to the healthcare support they received.
- Most people and relatives told of they were satisfied with how the service was being managed. They felt the registered manager was approachable. Some told us they had raised concerns, for example around the quality of the food, but improvements had not always been made.

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

- The provider had a duty of candour policy and management were aware of their responsibilities. Records showed incidents that fell within the duty of candour remit, had been investigated and responded to appropriately.

Working in partnership with others

- Management and staff worked in partnership with a variety of health and social care professionals to access any specialist support people needed. These included social workers, GPs, community nurses, hospital staff, dietitians, speech and language therapists and podiatrists. As noted earlier, 2 community healthcare professionals who visited the service told us advice they provided about people's care was not always followed and care documentation needed to be improved.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure people were treated with dignity and respect.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service, and to ensure there was an accurate, complete and contemporaneous record in respect of each person supported.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient staff to meet the needs of people living at the home.