

Ms Catherine Blyth

Feng Shui House (Blackburn)

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?

Inadequate ●

Summary of findings

Overall summary

About the service

Feng Shui House (Blackburn) is a residential care home providing accommodation and personal care to up to 16 people in one adapted building. At the time of our inspection there were 15 people using the service.

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

There were not always sufficient staff deployed to meet people's needs. People did not receive the support they required in a timely manner. Improvements had been made to the building, furnishings and decorations. The required health and safety servicing and certification had taken place, but checks undertaken by managers and the provider had not identified shortfalls found during the inspection. These included; dirty and untidy laundry, unsafe storage of combustible materials, risks to people's health and safety in relation to blocking of the means of escape in case of fire, and hazardous substances being accessible to people who used the service. People's dignity and privacy was not always respected or promoted. Further improvement was needed to systems for auditing, assessing, monitoring and improving the quality and safety of the service.

We have made recommendations about ensuring training records are accurate and ensuring appropriate activities are taking place.

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. Records indicated that people's consent to care and support was sought. Care records showed people, and where appropriate their representatives, had been involved in decisions about their care. Where appropriate those with legal authority were involved in decisions.

There were safe systems of recruitment in place. Person centred risk management plans were in place to guide staff on the action to take to mitigate risks and records. Communal areas and bedrooms were clean and tidy.

Staff told us they felt supported and they received supervision. People were supported with their health care needs. People's nutritional needs were met and people were positive about the food.

Staff and manager's we spoke with knew people well. They spoke in kind and caring terms about the people they supported.

Care records were person centred and gave sufficient information to guide staff on the support people needed and how support should be provided. There was a system for managing complaints. People told us they could raise any concerns.

Prior to our inspection the provider had identified some shortfalls and had employed a support manager temporarily to help with the required improvements. The support manager and manager were very honest,

open and responsive during our inspection. They took immediate action to resolve concerns. People told us the manager was approachable. Policies and procedures were available to guide staff on what was expected of them in their roles.

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 7 April 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been rated requires improvement for the last 2 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.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement and Recommendations

We have identified breaches in relation to staffing, health and safety, dignity and respect and governance at this inspection. We have also made 2 recommendations.

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 overall rating for this service is 'requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'inadequate' in any Key Question over 2 consecutive inspections. The 'inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 well-led.

Details are in our well-led findings below.

Inadequate ●

Feng Shui House (Blackburn)

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.

Inspection team

The inspection was undertaken by 2 inspectors on both days of the inspection and an Expert by Experience on the first 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

Feng Shui House (Blackburn) 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. Feng Shui House (Blackburn) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

The first day of inspection was unannounced.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We spoke with 7 staff including; the provider, manager, support manager, the cook and care workers. We also spent time in communal areas observing how staff supported people.

We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. A variety of records relating to the management of the service, including audits and 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 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.

Staffing and recruitment

- There were not always sufficient staff deployed to meet people's needs. People did not receive the support they required in a timely manner. People told us, "It depends on who is on and if they are busy as to when they come. On occasions when I've wanted to go to the toilet, they've been too late. That's happened a few times" and "Sometimes they can take a bit of time [when support is needed] because they are busy elsewhere."
- On the first day we observed delays in people receiving support and rushed, task focused interactions. People waited for lengthy periods of time for support when the 2 care staff were supporting others. Lunch time on the first day was disorganised and some people waited a long time for food.
- Staff told us that it was sometimes difficult when only 2 care staff were on duty. Rotas showed that there were a number of staff on duty each day; but usually 2-day care staff providing direct support and 2 night care staff each night. The manager confirmed that there were 15 residents; 6 of whom were identified by managers as needing 2:1 support with personal care. During the day the manager was required to provide support in the lounges whilst personal care was being provided.
- Managers could not provide examples of how they ensured safety and support to people who remain in the lounges, with no staff present, when other people are being supported to bed or helped to get out of bed in the morning by the 2 night care staff.

We found no evidence that people had been harmed however, there were not always sufficient staff deployed to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The support manager told us they were planning to increase to 3 staff on day shifts, but there were no current plans for increasing night-time staffing. On the second day of inspection an additional staff member was on duty during the day. The atmosphere was more relaxed and timely support was provided.

At our last inspection recruitment processes had failed to ensure staff were properly assessed and vetted and were fit and proper to fulfil their roles and associated responsibilities. 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 in breach of regulation 19.

- There were safe systems of recruitment in place. Required employment checks had been undertaken prior

to staff commencing employment. These included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- We noted that 2 references were not dated and 1 staff had a gap in their employment history which had not been explored during recruitment. We discussed this with the support manager who said they would conduct an audit of all recruitment files.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection premises and equipment were not properly used and maintained for the purpose for which they were being used. This placed people at risk of harm. This was a breach of Regulation 15 (Premises and Equipment) 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 in breach of regulation 15.

- Improvements had been made to the building, furnishings and decoration; these were ongoing. All required health and safety servicing and certification had taken place. Some internal audits were not completed or sufficiently detailed. We have address this in the well-led section of this report.
- We found concerns relating to some areas of the home. A radiator cover in the lounge area was not fixed to the wall, this presented a risk of being pulled over by someone. Two radiators in the conservatory were very hot, they did not have any form of protection to prevent people coming into contact with them. Hazardous substances, including flammable liquids, and used disposable razors were accessible in the hairdressing salon. This was not locked as it was a through way to a fire exit. There was unsafe locking or blocking of access to 2 fire exits.
- The laundry was unclean and untidy. There was dirty laundry and bedding on the floor. We were told by the manager that the bedding was waiting to be disposed of. The laundry staff handwashing sink was used for the washing machine outlet pipe, the pipe was cable tied to the tap. There was no hand towel in the dispenser. Paint on the floor was peeled, preventing effective cleaning of the floor. These concerns were also identified and raised at the last inspection. These posed an infection control and prevention risk. There was rubbish and combustibles in the entrance to the laundry and in the lift mechanism room. On our arrival we found a fire door at the entrance to the laundry was propped open with a tin of paint. There was a sign on the door indicating the door was a fire door and should not be propped open.

We found no evidence that people had been harmed however, systems had not ensured action had been taken to mitigate the risks to the health and safety of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection the support manager contacted the local fire service to discuss the fire exit concerns and seek advice. The support manager then confirmed to us that appropriate action had been taken to ensure appropriate access to fire exits. Action was taken immediately to tidy the laundry and remove hazardous items.
- Risks to individuals were identified and managed. Risk management plans were in place to guide staff on the action to take to mitigate risks. We found some records were not always accurate and did not always reflect people's current needs. There had been regular review of the records and we confirmed that peoples support needs were being met, however audits in place had not identified the incorrect information. The managers said they would review records to ensure they were accurate.

- Individual records of accidents and incidents were in people's care records, but there was no manager oversight of accidents or incidents. The manager was unable to provide an overview of numbers or analysis. We were informed by the provider that there had been no falls in the last 12 months, however notifications received by CQC indicated there had been. We have addressed this in the well-led section of this report. The manager told us information regarding accidents and incidents was provided at handover; but no written records were kept of this.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm, abuse and discrimination.
- There were policies and procedures to guide staff on safeguarding people from abuse. Staff had received training in safeguarding people from abuse and were aware of whistleblowing and their responsibilities.
- People told us they felt safe living at the home. They said, "I have never thought about not being safe" and "I don't have any trouble and I'm not frightened of anyone."

Using medicines safely

- Medicines were managed and administered safely.
- Medicines administration records (MAR) reviewed were accurate and fully completed.
- Staff received training in medicines administration and managers had identified a need for additional night staff to be trained to ensure people could access medicines easily at night. This was in the process of being completed.

Preventing and controlling infection

- The laundry area was not clean or tidy. We have addressed this above.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with current government guidance. During our inspection we saw visitors coming and going.

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.

Staff support: induction, training, skills and experience

At our last inspection staff had not received the training required to undertake their duties effectively. This was a breach of Regulation 18 (Staffing) 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 in breach of regulation 18 (Staffing) in relation to training.

- The training matrix, certificates and staff spoken with, confirmed staff had received training in a range of topics the provider identified as mandatory. However, for one staff member this identified them having completed one course prior to the date they started at the home. They confirmed this was not correct. We requested further information from the provider regarding training which we have not received following the inspection.

We recommend the provider audits and updates training records to ensure they accurately reflect training completed.

- Staff told us they felt supported and that they received supervision. Records indicated only 2 supervisions for 2 staff had taken place since our last inspection. The manager initially stated this was correct, they confirmed following our inspection that this was not correct and that 8 individual supervisions had taken place. We have addressed this in the well-led section of this report.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to them starting to use the service. Detailed person-centred care records had been developed. These included information about people's health conditions.
- Care records included oral health assessments. These identified support people needed to maintain good oral hygiene. Audits of oral care records and staff knowledge and practise were in place, though these did not identify whose records were reviewed or which staff had been observed. We discussed this with the provider and manager. They said they would improve the process to ensure they were more specific and detailed.

- When needed, timely medical intervention and support with people's health needs was sought.

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

- People's nutritional needs were met.
- People were positive about the food. People said, "The food is pretty good. I eat what they bring out" and "The food is excellent, and it's made on the premises."
- The cook was aware of people's nutritional needs. There were ample supplies of food.

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

- Communal areas and bedrooms were clean and tidy.
- A programme of updating and improvements was on going.
- People's rooms had photographs of the person on the door, to help aid people with orientation. Bedrooms were spacious and were personalised with people's own possessions. People said, "I've no complaints about my room it suits me fine and it's clean enough. It's warm, nice and bright and I've got plenty of room to put all my stuff" and "I'm happy in my room. That's the way I like it."

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.

- We found no evidence that the provider was not working within the principles of MCA. However, there was no management overview of DoLS application and authorisations. The manager and staff spoken with were initially unable to tell CQC which people were on DoLS, which had been applied for or who had conditions in place. Information relating to DoLS on the hospital passport for one person was out of date.
- During the inspection the manager obtained the relevant information from the local authority. It confirmed applications had been made as required and no conditions were in place. Improvements needed to be made to the oversight and management of records relating to DoLS. We have addressed this in the well-led section of this report.
- People's capacity to make decisions about different aspects of their care and support was identified and documented. Records indicated that people's consent to care and support was sought. Where appropriate those with legal authority were involved in decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we did not review this question. Our last rating of this key question, published 17 February 2020, was good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People's dignity and privacy was not always respected or promoted.
- The home had 4 double rooms. The risk assessment for use of those rooms states only husband /wife, close friends who wish to share, civil partners or family members should be sharing. We found this was not always the case. In 1 room we found a shower curtain that was used to shield the toilet area was missing. The manager stated this was because it kept being pulled down and was not being used. This meant the toilet area was visible from both beds. We found the shower curtain was stored in the bottom of a cupboard. The risk assessment stated that privacy screens were also always to be used. There was no privacy screen in place in the room. The manager and support manager told us the 2 people were never in the room together when personal care was being provided. There were insufficient numbers of privacy screens on site for the number of shared rooms.
- A staff member started to give 1 female resident a facial shave in the lounge area in front of others. We immediately raised this with the support manager who addressed the situation.
- Throughout the inspection we observed interactions were often task focussed. When not undertaking tasks, some staff were observed standing in lounge doorways watching people, not interacting with people.

People's dignity and privacy was not always respected or promoted. This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The support manager took immediate action regarding the shared room, to re fix the shower curtain and ensure a privacy screen was available. They told us they would raise the situation with the provider.
- Staff and manager's we spoke with knew people well. They spoke in kind and caring terms about the people they supported. One staff member said, "I think it's a good service. People are treated well, it's like a family really."
- People said of staff, "I am grateful for what they do" and "The majority of the staff are okay but 1 or 2 order me about which I don't like." Other people said, "The staff are very helpful and treat me properly. I get plenty to eat and they keep my room clean" and "Absolutely no complaints about the staff. They help with anything I ask for and I've never felt it's been a problem for them to do something for me. I find it easy to ask them for help. I think the staff know what they are doing they are very good." People told us staff encouraged them to maintain their independence.
- Policies and procedures showed the service placed importance on protecting people's confidential information.

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

- Care records showed people, and where appropriate their representatives, had been involved in decisions about their care.

Is the service responsive?

Our findings

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

At our last inspection we did not review this question. Our last rating of this key question, published 17 February 2020, was good. At this inspection the rating has changed to 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; 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

- Care records were person centred, they identified what was important to and for the person and detailed people's life histories, interests and hobbies. They gave sufficient information to guide staff on the support people needed and how support should be provided. People had been involved in decisions about their care and support.

- People's visitors were welcomed by staff and managers.

- There was an activity plan in place and an activity was scheduled for people to engage in on a daily basis, such as quizzes, jigsaws, movie afternoon and singalongs. However, people were not supported to follow their individual interests or take part in individual or group activities that were based on their preferences. There were no planned activities for those who did not want to join in group activities or wished to stay in their rooms.

We recommend the provider considers current best practice, in relation to developing person centred activities for older people and people living with dementia.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the Accessible Information Standard.

- People's communication needs were assessed and met. Care records included information for staff about how best to communicate with people.

End of life care and support; Improving care quality in response to complaints or concerns

- People's wishes for end of life care and support were identified and recorded if they wished.

- Records identified advance decisions about resuscitation.

- There was a system for managing complaints. People told us they could raise any concerns. They said, "Most of them [staff] do what I want them to do which I appreciate", "I have no complaints" and "I have no complaints the place is always clean. The food is good it's prepared on the premises you know."

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 inadequate. At this inspection the rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection systems for assessing, monitoring and improving the quality and safety of the services provided in the carrying out of regulated activity were not always effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014

Not enough improvement had been made at this inspection and this was a continued breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since our last inspection the provider had introduced a range of new systems for auditing, quality monitoring and oversight. Evidence was seen of improvement in some areas. However, we found further improvement was needed as systems had not identified or responded to the issues found during the inspection including; management of risks to people's health and safety, staffing, dignity and respect, DoLS, staff training and activities. The manager told us they were not aware of the breaches from the last inspection and the support manager told us they had not read the last inspection report.
- We found some audits were not completed, dated or signed. Records of falls, accidents or incidents were kept on individual care records, but there was no overview to allow managers to monitor or analyse this information for themes or patterns. Audits relating to premises, including a detailed walk round developed following our last inspection, had not been completed or documented regularly and had not identified issues found with the management of health and safety, including the laundry issues which were also found at the last inspection.
- Audits of care records did not identify which care plans had been audited and had not identified incorrect or out of date information we found during our inspection. Oral care audits did not give details of which 5 residents and 5 staff were involved in the audit.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The support manager and manager were very responsive during the inspection. They took immediate action to resolve concerns. The provider told us they had identified some concerns prior to our inspection and had arranged for the support manager to help with the required improvements. The support manager

had been in post since December 2022 and was due to be in post until the end of March 2023 to help with systems and improvements.

- People told us the manager was approachable. One said, "[Manager] is not too bad."

One person said about living at the home, "It's very nice I'm satisfied with the other people here. The staff are okay, and the meals are okay I eat what's in front of me."

- There were staff meetings for staff to raise any issues or concerns. Staff told us managers were supportive and they had opportunities to discuss the service and raise any concerns. They said, "[Managers] are really good. They have been supportive" and "They [managers] are really good if you need them."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- Managers and staff at the home worked well with other organisations and actively sought support where it was needed.

- Policies and procedures were available to guide staff on what was expected of them in their roles.

- There was a service user guide and statement of purpose to inform people what they could expect from staff and living at the home.

- Records confirmed managers of the service and the provider understood and acted on the duty of candour.

- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.

- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

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 10 HSCA RA Regulations 2014 Dignity and respect People's dignity and privacy was not always respected or promoted.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not ensured action had been taken to mitigate the risks to the health and safety of people using the service.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always sufficient staff deployed to meet people's needs.