

Alexandra Specialist Care Limited

Park View Care Home with Nursing

Inspection report

539 Lytham Rd
Blackpool
FY4 1RA

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Park View Care Home with Nursing provides residential and nursing care for up to 44 people. Bedrooms are situated over 3 floors, with lift access to all floors. Lounges, a dining room, and a café / bar area are on the ground floor. The home is located in a residential area of South Shore, Blackpool, with easy access to shops and local amenities. There are small gardens to the front and rear of the home, and a car park at the front. At the time of our inspection, 30 people were living at the home.

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

We found the systems in place to manage medicines were unsafe which placed people at risk of harm. Risks to individuals were not managed consistently, which put people at risk of harm. The provider had not ensured staff training was maintained at an appropriate level. Management and oversight of the service was ineffective. There was confusion among staff about roles and responsibilities. The provider's systems to assess, monitor and improve the quality of the service had not been operated effectively. The provider's systems for learning from adverse events had not been operated effectively. Records related to people's care were often inaccurate and incomplete.

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. We have made a recommendation about recording assessments of people's capacity to make decisions.

The service had systems to protect people from the risk of abuse and improper treatment. Staff were recruited safely, and the premises were clean, tidy and safe. The service made sure people were supported to communicate and planned a variety of activities to enhance people's wellbeing.

The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences. Staff supported people with their healthcare needs and worked well with external healthcare professionals. The premises were maintained and people were able to personalise their bedrooms.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity. The service promoted and staff encouraged people to maintain their independence. There was some inconsistency in the level of person-centred information in people's plans of care.

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 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive

inspections.

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 the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about pressure care, medicines management and staffing. A decision was made for us to inspect and examine those risks.

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.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to medicines management, the management of risk, staff training, governance and quality systems at this inspection.

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

We served warning notices to the provider and registered manager in relation to the breaches of regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good and request an action plan from them. We will work with the 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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Park View Care Home with Nursing

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

This inspection was carried out by 2 inspectors on each day of the inspection. The team was joined by an Expert by Experience on the second day, along with a member of the medicines team. 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

Park View Care Home with Nursing is a 'care home' with nursing care. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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. Since our inspection, the registered manager has de-registered. An interim manager is in post and taking responsibility for the running of the service.

Notice of inspection

This inspection was unannounced on the first, third and fourth days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed feedback from the local authority and professionals who work with the service who had contacted us with concerns. 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

During the inspection, we spoke with 15 people who used the service individually and 2 people in a group over lunch. We also spoke with 3 people's relatives on site and gained feedback from 2 relatives via email. We spoke with 21 staff, including the registered manager, deputy manager, nurses, care staff, maintenance, and kitchen staff. We also spoke with two consultants who the provider had brought in to improve the service. We gained feedback from 2 external professionals about their experience of working with service. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 9 people's care documentation and 7 people's medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, recruitment records, staff training data and quality assurance systems.

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. 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

At our last inspection, we found medicines were not managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had not made sufficient improvements and was still in breach of regulation 12.

- Information plans to support staff to safely administer 'when required' medicines were not always person centred and available to guide staff to know when people needed their medicine. When the support plan was in place, it was not always accurate.
- Records to show topical preparations, for example creams, were applied were not always completed, therefore we were not assured people's skin was cared for properly.
- Medicine administration records were not always completed correctly therefore we were not assured people had their medicines as prescribed.
- Care plans and health records did not always include all of the information staff needed to safely care for people.
- We found staff were not always following the home's medicine policies. We also found the audits completed to monitor the service had not identified all of the issues we found during the inspection.

This demonstrated a continuing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people were not consistently managed safely. We found there was a lack of monitoring around risk. Risk assessments and plans to reduce risk were not always accurate, consistent or up to date. We found the support people required was not always accurately recorded.
- People were at risk of pressure damage, from spending too much time in the same position. The provider was unable to demonstrate people were receiving adequate support to prevent damage to their skin. Additionally, for one person, who had a pressure sore, staff were not accurately recording the treatment provided or the progress of the wound. This meant the progress of the wound was not being monitored.
- Diabetes care plans did not provide the information staff needed to support people safely. Care plans around diabetes were generalised and were not tailored to the individual needs of the person.
- The care delivered and events that took place involving people were not reviewed to assess the level of risk and plan to reduce it. We saw risks to people's health and welfare increasing, without risk assessments

and care plans being updated. Staff did not have accurate and up to date information to ensure people's needs were met safely. These included risks related to reduced dietary and fluid intake, weight loss, the support people required to eat and drink, and one person slipping from their chair.

- The provider was unable to demonstrate how they learned from adverse events. We saw accidents and incidents were recorded by staff and these were reviewed on an individual basis. However, no overall analysis was carried out, to identify and trends or themes and no learning was shared with staff.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had not ensured they operated an effective system to assess, monitor and manage risk.

- Following our inspection, the provider took action to review risk management and how this was recorded. They had begun to introduce a new system for learning from accidents and incidents.

Staffing and recruitment

- The provider did not take a systematic approach to calculating staffing levels. At the time of our inspection, the service appeared to be staffed sufficiently. However, feedback we received related to the period before our inspection indicated staffing levels had not been adequate. For example, domestic hours had been cut when the home was near to full occupancy, resulting in shortfalls in infection control practices.

- The quality and consistency of care provided had been impacted by high staff turnover and use of agency staff. The home had experienced a very high turnover of staff which had led to a lot of gaps in staff training. Agency staff were not receiving proper inductions or handovers, and were not familiar with the needs and preferences of people who lived at the home.

- Feedback we received about staffing was mixed. Most people we spoke with felt there were not always enough staff on duty. Comments included, "Months ago they were very short staffed, but not now. If I want to have a chat, they now have the time to talk." And, "No! [there are not enough staff] They are always rushing about." A family member told us, "At times no! They seem to be pushed."

- The provider continued to recruit staff safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt the service was safe. Comments we received included, "Yes, I do! I feel very safe." And, "Oh yes, definitely! I am perfectly fine." A relative told us, "Yes, she is very safe here. If it wasn't for this home my mum would be dead now."

- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

Preventing and controlling infection

- Before our inspection, we were made aware of shortfalls in infection control by visiting professionals. The provider took action to address the issues and at the time of our inspection we did not identify any concerns.

- 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 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.
- The provider facilitated safe visiting, in line with government guidance. People were able to receive visitors in their bedrooms and the communal areas.

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 good. At this inspection the rating has changed to 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

- Staff had not received all the training required to meet people's needs effectively. There had been a high turnover of staffing in the 12 months leading up to our inspection, which had impacted staff training levels. For example, only 33% of staff had completed training on diabetes, only 48% of staff had completed training on pressure area care and 25% on oral care. In addition, the provider was unable to evidence staff had completed training to support people who were living with Parkinson's Disease.
- Staff, particularly agency staff, did not receive a thorough induction. We found although the provider had a process for inducting staff, this was not always followed. We spoke with agency nurses and carers during our inspection who had received no more than a very basic induction. This did not support staff to care for people effectively.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to meet people's needs.

- Staff told us they felt well supported. They were supported through day to day contact, regular supervision and appraisals of their performance. Staff had opportunity to discuss any concerns, issues, work performance and development with the registered manager.

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 manager sought authorisations where people were subject to any restrictions for their safety. Where DoLS authorisations were granted, we saw the service ensured conditions were met.
- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity, staff followed the MCA code of practice to ensure any decisions made on their behalf were in their best interests. Staff continued to offer people as much choice and control as possible over their care. However, assessments of capacity varied in quality. Some were very detailed, whereas others recorded minimal information about how the assessment was conducted.

We recommend the provider reviews their processes around recording mental capacity assessments and adjusts their practice accordingly.

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

- Assessments of people's needs and choices, and written plans of care to meet them, were not always accurate and up to date. The quality of care plans varied greatly; some contained person-centred information about people, whereas others were generic. This meant staff were not always provided with information to meet people's needs effectively.

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

- Risk assessments, care planning and records related to people's diet and fluids were not always accurate, up to date and complete. For example, the support people needed to eat and drink was not always included and records of what people had consumed were not always accurate. Additionally, when, for example, someone had been refusing meals, this was not always considered in care planning.
- Following our inspection, the provider told us they were looking into how they could ensure staff improved the quality of recording and were introducing better systems to monitor risk assessments and care planning.
- The mealtime experience was pleasant, and people's individual needs were met. The atmosphere was very relaxed, staff were always encouraging and polite, and nobody was rushed. We saw people received the support they needed from staff with eating and drinking.
- People's needs and preferences were taken into account. The registered manager had recently consulted with people about what they would like to see on the menu. Staff ensured food was prepared which met people's needs, for example if they required a soft diet or low sugar foods. We spoke with two chefs who were both knowledgeable about people, their needs and their preferences.
- Staff sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met effectively.
- We received positive feedback about the meals provided and people told us their individual needs and preferences were met. One person told us, "A lot of the meals they made here had beef, I don't like beef, and there was not much choice! They are now putting together a new menu and the manager sat in the dining room and asked us what we would like to have! There is always plenty to eat and drink." Another said, "There are certain things I don't like and they will make me something different."

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

- Staff worked with healthcare professionals to ensure people's healthcare needs were met. We saw the service worked with services such as people's GPs and specialists. Staff incorporated professional guidance

into people's care plans.

- The service supported people to live healthier lives. Staff supported people to access healthcare services and provided information, for example around healthier choices for people who were living with diabetes.

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

- The service was designed to be safe, accessible and comfortable. Corridors were wide enough to accommodate people who used a wheelchair and lift access was available.
- People had individual bedrooms, some with ensuite facilities and were encouraged to personalise them with furniture and personal items. The communal areas provided space for people to relax, take part in activities and to receive visitors.

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 rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received mixed feedback from people about how involved they were in making decisions about their care. Some people told us they had been involved in planning their care, whilst others had not. Care plans did not always evidence the person's involvement and did not always contain person-centred information.
- Following our inspection, the provider carried out a full audit of care plans and introduced systems to ensure care planning was person-centred and involved the person in making decisions where they were able. We received feedback from external professionals that the quality of care planning had improved significantly.
- People were involved in decision making around various aspects of the service. The registered manager consulted with them during meetings about, for example, activities and menu planning, which they acted on.

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

- People were treated with respect and kindness by staff who respected each person's individuality. We received positive comments from people who lived at the home and their relatives about the approach of the staff team. One told us, "Yes, definitely [caring], and we can have a good laugh together." Another said, "Yes, I do! They are very caring."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence as far as possible. Staff supported people to make choices and to do what they could for themselves. For example, prompting people to support them with personal care or eating, rather than taking over and doing the task for them. One person said, "I do what I can for myself, they help."
- Staff treated people with dignity and offered compassionate support. When we asked people whether staff respected their privacy and dignity, responses included, "Yes, they do. Very much so." And, "Definitely, yes." It was clear staff knew people and were patient and compassionate when assisting them. We observed staff knocked on people's doors and identified themselves before entering.
- The service protected people's private information. Information was stored securely and was not left visible, for example on desks or noticeboards.

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 rated this key question 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

- Risk assessments and people's written plans of care were not always accurate and up to date. The quality of care planning was inconsistent, with some care plans containing a good level of person-centred information, while others lacked person-centred information. A family member told us, "I do have access to her care plan, and I was involved with it at the beginning and signed it off. We have an annual review but they have made changes as her condition has got worse – they notice things and make changes as necessary. I have also requested changes and they have taken them on board."
- We observed people received person-centred care from staff. Staff treated people as individuals, used people's preferred names and supported people in the way they wanted to be supported. People told us their choices and preferences were taken into account.

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was not supporting anyone at the end of their life.
- Care planning around people's end of life needs, preferences and decisions was inconsistent. We reviewed 5 end of life care plans, 3 of which were person-centred and showed how the person and others close to them had been involved in decisions. However, 2 of the care plans we saw were not person-centred. The provider carried out a full audit of care plans following our inspection and identified care plans that required improvement. We received
- Staff had not all received training to care for people at the end of their life. Only 23% of staff had received training in end of life care. Following our inspection, the provider told us they were introducing a new learning management system which would provide staff with training on end of life care. They had also contacted a local hospice to arrange more training for their nursing staff, to better support people at the end of their life.

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 service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Staff described how they supported people to communicate. Information about people's communication needs was shared with

other services when appropriate, for example, if someone needed to attend hospital.

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

- People were provided with and supported to participate in activities to help maintain their social health. The service employed an activities coordinator who supported people with activities in the home, such as games, karaoke, arts and crafts and visiting performers. One person told us, "I am aware that activities take place, but I don't always join in. We have had art, games and karaoke." Another person said, "I sometimes join in when we have a singer! Some of us will have a game of cards."

- Activities were discussed with people and the activity coordinator was planning activities in line with their feedback. They were trying to provide activities for each person that was meaningful to them. People told us they had been supported to attend a local church and to play bingo at a social club. During our inspection, the activities coordinator took one person out to play snooker at a local club.

- People were supported to maintain relationships with those close to them. People told us family and friends were always welcome and we saw people received visitors during our inspection. One person told us, "There is always a room free and sometimes they come and take me out." Another said, "Yes, they are always allowed in."

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received 2 complaints in the last 12 months, which was responded to appropriately. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.

- People, their relatives and staff all told us they would have no hesitation in speaking up if they had a concern or complaint and were confident any issues would be resolved. They knew who senior staff were, and who they could raise concerns with. Comments from people included, "I can't fault anything – they have been amazing." And, "We have not complained but my daughter has asked one or two things – she asked if they could get me dressed earlier so if I have visitors, I am ready for them. They have tried to do what my daughter has asked." Another person told us, "I would let them know, believe me, but I have never had to complain."

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. 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, we found the provider's systems did not always drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 17.

- The service was not managed effectively. Oversight of the service was poor and there was no effective operational governance process at the time of our inspection. Roles and responsibilities of management were not clearly defined. The provider had brought in consultants to help improve the service, but we found this had added to confusion over roles and responsibilities.
- The provider's systems to assess, monitor and improve the quality of the service had not been operated effectively. Various methods were used including audits, checks and gaining feedback from people and staff. However, they did not drive improvement. Some audits, for example, care planning and monitoring of staff training, had not been completed for months. The provider was unable to evidence any checks they had completed or any oversight of the quality of the service provided. The provider's systems had not identified and addressed the shortfalls and breaches of regulation we found at this inspection.
- Documentation to evidence the care delivered to people and to show how risks were monitored and managed was poor. We found risk assessments and care plans were often inaccurate, incomplete and not up to date.

The above matters were in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not operated effectively their systems to assess, monitor and improve the quality of the service provided. The provider had not ensured records related to people's care were accurate and complete.

- Following our inspection, the provider made changes to the management structure at the service and reviewed their quality assurance processes, to make improvements.

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

- People we spoke with felt the service was well-managed and told us they would recommend the service. However, staff were not always supported to deliver high quality person-centred care. Staff had not always received an induction and training levels were very low in some subjects. Risk assessments and care plans were not always accurate and up to date, to guide staff on how to support people in a person-centred way.

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

- The service engaged with people who used the service, relatives and staff via face to face meetings and surveys. One person said, "I have received a questionnaire but I didn't make any suggestions." A visiting relative told us, "I have had one posted to me and everything I have asked them to do they have done." We saw that whilst surveys were carried out and individual suggestions were acted upon, the results had not been collated and analysed to look for trends, themes and areas for improvement.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing maintained. However, we received feedback from one external professional who told us communication with the home and even among staff needed to improve.

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 policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

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 18 HSCA RA Regulations 2014 Staffing The provider had not ensured a sufficient number of suitably qualified, skilled and experienced staff were deployed at all times. 18(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines. The provider had not done all that was reasonably practicable to assess and mitigate risks to people. 12(1)(2)(a)(b)(g)

The enforcement action we took:

We served a warning notice against the provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated effectively their systems to assess, monitor and improve the quality of the service. The provider had not maintained accurate and contemporaneous records related to people and the care delivered to them. 17(1)(2)(a)(c)

The enforcement action we took:

We served a warning notice against the provider and the registered manager.