

Ardale (Oakham) Limited

Oakham Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oakham Grange is a care home with nursing. Accommodation is over three floors. All rooms are en-suite and there are a range of accessible communal areas internally and externally. The service can accommodate up to 68 people, some of whom are living with dementia. At the time of our inspection 50 people were using the service.

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

The provider had made improvements in all areas of the service, and this was ongoing. To ensure new and improved systems and processes were fully effective and safe, further time was required for these to become fully embedded and sustained.

This inspection identified further improvements were required in governance procedures such as monitoring processes. Record keeping in particular was identified to be inconsistent and needing strengthening.

People were protected as far as possible from abuse and avoidable harm. Whilst improvements had been made to the reporting of safeguarding incidents to the local authority safeguarding team, an incident was found not to have been reported. The provider was completing an investigation to understand what went wrong.

People's risks associated with their care and treatment needs had been reviewed and guidance for staff improved upon. This was an area of continued improvement.

Staff deployment had increased. Additional nursing staff were on duty day and night and new unit clinical service managers had been appointed and due to commence shortly.

Clinical competency assessments had been completed by nursing staff and additional training provided for all care and nursing staff and this was ongoing. People felt permanent staff were competent and understood their health conditions and care needs.

People described staff as caring and kind. Staff had been recruited safely and received ongoing opportunities to review their work, training, and development needs. Staff were positive about the improvements being made at the service and felt better supported and valued.

Medicines management had improved and was ongoing. The systems and processes that monitored medicines however, needed further improvement.

Lessons learnt processes had been further developed and action had been taken and was ongoing to ensure learning opportunities were robust and effective.

Infection prevention and control best practice guidance was followed. The service was clean and hygienic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. Improvements were ongoing in relation to the assessment process of people's mental capacity. Mental capacity assessments and best interest decisions for people who lacked capacity to consent had been completed.

Recognised assessment tools were used to assess and monitor health care needs. Further improvements were identified in relation to weight monitoring and action was being taken.

People's dietary needs and preferences were known and understood, food and fluid were monitored to ensure people received sufficient to eat and drink. Improvements had been made and were ongoing in response to concerns raised by people about meal choices.

Staff worked with external health and social care professionals, to support people to achieve positive outcomes in their ongoing care and treatment needs.

The environment was adapted to meet people's needs and was comfortable, spacious, and pleasant.

People and staff were positive about the new manager, they were described as being supportive, approachable, and knowledgeable. Senior management, leadership and oversight had increased and senior staff were present daily at the service. The management team were open and honest, they recognised further improvements were required at the service. An ongoing improvement and action plan were in place.

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 rated inspection for this service was inadequate (published 5 July 2023). Breaches in regulations relating to safe care and treatment, staffing, safeguarding, consent, and governance were identified. The provider completed an action plan after the inspection to show what they would do and by when to improve and meet the breaches in regulation related to safeguarding and consent. Warning Notices were served for the breaches relating to safe care and treatment, staffing and governance.

At this inspection we found enough improvements had been made in relation to some breaches in regulation. However, the provider remained in breach of 1 regulation relating to governance.

This service has been in Special Measures since the last inspection. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

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.

Please see the safe, effective, and well-led sections of this full report. You can read the report from our last inspection, by selecting the 'all reports' link for Oakham Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service is not consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oakham Grange

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 carried out by 2 inspectors, a pharmacy specialist, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

Service and service type

Oakham Grange 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. Oakham Grange is a care home with nursing care. 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 not a registered manager in post. There was a home manager who was in the process of submitting their registered manager application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 3 people and observed staff engagement with people to support us to understand people's experience of care. We spoke with 8 family members for their experience of the care their family member received. We spoke with 12 staff; this included the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the home manager, head of quality and compliance, the clinical lead, two nurses, the chef, a domestic, 2 team leaders, a support worker, and an agency worker.

We reviewed a range of records. This included 11 care records, 3 staff files in relation to recruitment and supervision and multiple medication records. We looked at a variety of records relating to the management of the service, including audits and checks, staff training, meeting records, staff deployment and incident management.

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 inadequate. At this inspection, the rating has changed to 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.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to assess and mitigate risks to the health and safety of people receiving care and treatment. 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, improvements had been made and the provider was no longer in breach of this regulation.

- We found some inconsistencies in the level of guidance for staff with some care plans. However, staff were knowledgeable, and no person had come to any harm. This was therefore a recording issue that was raised with the management team who agreed to take immediate actions.
- Weight management and monitoring showed some inconsistencies. Records confirmed actions taken such a referral to the GP or dietitian if concerns were identified relating to weight loss. However, if a person had chosen not to be weighed this was not always recorded or followed up. We raised this with the management team who agreed to review their practice and make improvements.
- At the last inspection, not all care staff had access to care plan guidance, and summary guidance was found to lack sufficient detail. Since the last inspection, care plan and risk assessment guidance had been reviewed and updated. At this inspection, all care staff had access to the electronic care records. This supported the staff to provide safe care and treatment.
- Guidance for staff about how to meet care and treatment needs in relation to catheter care, epilepsy and diabetes was in place. Some people required the use of medical devices to give them nutrition, remove bodily waste and give intravenous medication. Staff had received refresher training and nursing staff their competency assessed in carrying out these procedures safely. In addition, a clinical information document had been implemented that provided step by step guidance of completing clinical procedures as an additional method to support staff.
- Relatives were positive staff understood their relations health conditions, and care and treatment needs. A relative said, "Nurses are super, and keep me informed." Another person told us how well permanent staff, knew and understood their relation's needs.
- Staff were positive about the improvements made at the service. A staff member said, "Everyone works well as a team. Improvements have mostly been around documentation and training and now we have a second nurse on duty during the day including weekends and a night nurse, this is much better."

Using medicines safely

At the last inspection the provider had failed ensure medicines were 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, improvements had been made and the provider was no longer in breach of this regulation.

- At the previous inspection we found that stock counts of people's medicines had identified that some people had missed their medicines. On this inspection, we found that the home regularly conducted stock counts to check medicines were being given correctly. We found minor discrepancies; however, this was attributed to a system error, which was under investigation.
- We reviewed 13 electronic medicines administration records (eMARs) and found there were no unaccounted gaps in these records, showing that people received their medicines as prescribed.
- We looked at records for people who were prescribed time sensitive medicines and found that they were administered these on time, ensuring effective control of their symptoms.
- We looked at records for people who were given their medicines disguised in food or drink without their knowledge (covert administration). This was carried out in their best interest under the Mental Capacity Act with signed agreement from their next of kin and doctor. There were clear instructions from the pharmacist on how to give these medicines safely.
- Guidance was available to help staff make decisions about when it was appropriate to administer as and when required medicines. Additionally, staff used appropriate pain scores to assess whether people were in pain if they were unable to vocalise.
- Medicines including controlled medicines (medicines requiring additional controls due to their potential for misuse) were safely managed. There were known systems for ordering, administering, and monitoring medicines.
- Relatives were positive that their relation received their prescribed medicines when they needed, and this was done safely. A relative said, "I have no concerns about [relation's] medication, staff accommodated my request to change the paracetamol to liquid form. Staff are very patient with [relation] when administering their medicines."

Systems and processes to safeguard people from the risk of abuse; Lessons learnt

At the last inspection, the provider had failed to keep people safe from abuse. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- The reporting of safeguarding incidents to the local authority had improved. However, it was identified 1 safeguarding incident had not been reported. However, an internal investigation and action had been taken to mitigate further risks. We discussed this with the management team who advised they would complete a root cause analysis to understand what went wrong and to identify lessons learnt to make further improvements.
- Incident analysis showed medicine errors had continued since our last inspection. The management team told us of the actions taken to investigate and mitigate further risks. This included changing the administration of all medicines to be completed by nursing staff only with additional oversight by the clinical lead. Medicines were to be booked in only by nursing staff. A meeting with the GP and pharmacist had been planned to discuss the medicine and dispensing errors.

- Staff were aware of their role and responsibility to protect people from abuse and avoidable harm. Staff had completed safeguarding refresher training and safeguarding information was available for staff, people, and visitors.
- Guidance for staff about how to support people during times of heightened anxiety that may have had a negative impact on them, or others, had improved. Care plans had been reviewed and improved and this was ongoing. Staff were provided with guidance about strategies to use. For example, a person responded positively to certain music at times of emotional distress, and this was included in the strategies to use. Staff had received additional training in positive behavioural management and further training was planned.
- There was greater oversight and monitoring of incidents by the management team. Whilst lessons learnt had improved, the management team identified further actions were needed to strengthen procedures. This included discussing and recording incident management at daily handover meetings.
- Relatives reflected on recent improvements and felt their relation was safe and well cared for. A relative said, "Care is really good, staff know [relation] and some go above and beyond. [Relation] is safe because they are now receiving additional support."

Staffing and recruitment

At the last inspection, the provider had failed to ensure there were sufficient staff deployed. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People received safe care and treatment from sufficient numbers of staff who were trained and competent. Since the last inspection, staff deployment had increased, this included having a nurse on duty at night and 2 nurses during the day. The provider had appointed a clinical lead and new clinical service manager positions had been created and were due to start in early August 2023. Staff were now assigned to the same unit, and this increased consistency and continuity in care and treatment.
- Feedback from people and relatives was positive about the improvements made to staffing. A relative said, "There is always staff about, they are very responsive, and so courteous, and this has been pretty consistent since the last inspection."
- Staff told us of the improvements made to staff deployment and about the plans to further improve staff oversight and support with the new service manager positions.
- A staff member said, "There has been a lot of improvements. I do not have any concerns about people's safety anymore, before, the night shift was a concern, not having a night nurse."
- Staff were recruited safely. The provider carried out checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Checks were completed to ensure nursing staff were registered with the Nursing and Midwifery Council to provide safe practice.
- Staff received an induction, shadowed experienced staff, and attended probationary meetings to monitor their performance and development needs. Staff were positive about the support they received.
- The use of agency staff was reducing as the provider recruited new permanent staff. There was consideration of the deployment of agency staff to ensure this was safe, and regular agency staff were used as far as possible for continuity of care. Agency staff now had access to the electronic care records, this supported them in the delivery of care and treatment.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. At the last inspection, we were concerned about how a person was supported whilst they were positive with COVID-19 from transmitting the infection to others. The management team told us how they had learnt from this experience and what they would do differently to protect people to remain safe.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.

Visiting in care homes

Visits were facilitated in line with current government guidance. People told us their friends and relatives were made welcome and there were no restrictions on visiting.

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 inadequate. 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

At the last inspection, the provider had failed to ensure staff were suitably skilled to support people's needs effectively. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Staff training, competency and support had improved. The provider had reviewed the training programme and implemented new training and support to all staff. This included all care staff having received refresher training in clinical care and treatment needs. Nurse competency assessments had been completed, and ongoing training and support was provided by the clinical lead. However, training records showed not all staff had completed new and refresher training, but a training plan confirmed ongoing training was booked.
- Staff received opportunities to discuss their work, training, and development needs. A staff member said, "I feel much more supported now than when I first came. Having a clinical lead is a great help and has made a huge difference and the manager is supportive." Records confirmed since our last inspection care staff had received supervision and nurses received clinical supervision. Additional supervisions were planned.
- At the last inspection, gaps in training had been identified in relation to how people living with dementia were supported at times of emotional distress. Some staff had received training called positive behavioural support and further training was booked. Training records confirmed kitchen staff had completed training for people who had been assessed as requiring altered diets.

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.

At the last inspection, the provider had failed to have effective systems and processes in line with the MCA and associated core of practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Staff had received refresher training in the MCA and DoLS. They understood the MCA principles and actions they would take should a person be unable to consent to their care.
- MCA assessments and best interest decisions had been completed for people who were unable to consent to aspects of their care and treatment. From records reviewed, these had been completed in line with this legislation. However, we identified 1 person who had outstanding best interest decisions. The manager told us they were waiting for a relative to respond, but this had been ongoing since April 2023. The manager agreed to follow this up.
- We observed staff engaged well with people in offering choices and gaining consent before care and treatment was provided.

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

- People received sufficient to eat and drink. Some people required an altered diet and or drink due to risks associated with eating and drinking. We found eating and drinking care plans were up to date and reflective of people's current needs. This information was also available for kitchen staff.
- We observed people received meals and drinks in line their assessed needs. Staff were knowledgeable about people's individual needs and preferences. Food and fluid intake was recorded and monitored. Relatives were confident their relations' weight and food intake were monitored. A relative told us how food supplements were provided to support their family member with weight loss and their weight monitored.
- We were aware following our last inspection not all people were satisfied with the choice and quality of meals provided. The management team told us of actions taken to make improvements. This included meetings with the catering staff and the menu being reviewed. The management team told us improvements were ongoing and they were committed in fully resolving the issue.
- Foods were stored and managed in accordance with government foods standards agency requirements.

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

- The pre-assessment process had been reviewed and amended. This ensured people's needs were known and understood prior to moving to the service and staff had the required skills to meet a person's care and treatment needs.
- People's individual care and treatment needs were assessed in line with current legislation. This included national best practice guidance, recognised assessment tools were used to monitor people at risk of falls, skin breakdown or dehydration and malnutrition. Oral health care plans provided staff with guidance for supporting people. People's needs in relation to the protected characteristics under the Equality Act were also considered.
- Improvement had been made and was ongoing, in the development of person-centred care plans. Staff had received additional training to support them to improve the quality of care plans to ensure they reflected important information relating people's likes, dislikes, and preferences. This helped to ensure staff provided care in line with people's assessed needs and wishes.

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

- Recommendations made by health care professionals had been included in care plan and risk assessment information. Improvements had been made to how people's clinical care and treatment needs were met. Staff training and competency had improved, and the appointment of a clinical lead provided clinical oversight and leadership.
- Information was shared with external healthcare professionals such as ambulance and hospital staff to support a person's ongoing care.
- People were supported to access health care services. People and relatives told us how staff arranged health appointments when required such as the GP and community nurse. We observed visits from community health professionals during our inspection.

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

- Oakham Grange is a purpose-built building, the design and layout met people's individual needs. It was spacious and bright with a choice of communal areas and safe pleasant outdoor space with seating.
- People's bedrooms were personalised, and people had access to mobility equipment and assisted bathing facilities.
- Assistive technology was used to support people to keep safe. The use of floor and cushion sensors were used for some people at risk of falls. These alerted staff when people were moving independently. Sensors were monitored every 20 minutes to ensure they were working.
- Call bells were also monitored to check the response time to calls for assistance. We observed staff responded in a timely manner to call bells and requests for assistance.

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 has changed to 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.

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

At the last inspection, the provider had failed to ensure systems and processes that assessed quality and safety were effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst it was evident improvements had been made, we identified further action was required to fully meet this regulation. This was therefore a continued breach.

- The provider's audits and checks in relation to medicines management, had not identified shortfalls we identified during this inspection. Whilst no person had come to harm, these shortfalls show best practice guidance was not consistently followed and had not been identified by the provider.
- Staff had not followed the provider's policy about recording room temperature storage of medicines. This is important to ensure medicines remain effective. Prescribed topical creams had not been recorded on eMAR. This is important as it confirms the application prescribed creams. Topical medicine patches site had not been rotated as recommended by the manufacturer. This is important to reduce the risk of skin irritation. Staff had not regularly checked medicines for people who were self-medicating to ensure they were taking them safely.
- People's care records had been improved upon, but guidance for staff was sometimes contradictory or limited in parts. However, we found staff to be knowledgeable about people's individual care and treatment needs and no person had come to harm. This was therefore a recording issue.
- Whilst we found several catheter care plans provided staff with detailed guidance of the care required, we identified 1 person's catheter care plan to lack details. We identified a person's care records recorded they had a clinical device that provided medicines via a tube inserted in their body. However, the person had had this removed. We found people's care plans in relation to their Parkinson's Disease did not consistently provide staff with detailed guidance of the care and treatment they required and how this illness impacted them.
- A clinical register and staff handover document was used to share information with staff. This included a summary of people's clinical care and treatment needs. However, we identified some details relating to people's known health care needs and risks to be missing.
- Records used to report and review behavioural incidents were not always effective. This impacted the

opportunity to analyse and learn from incidents.

The provider had failed to ensure systems and processes monitored and improved 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.

- Since the last inspection, additional staff training and development had been completed and was ongoing, to support staff to better understand their role and responsibilities. This had increased staff accountability.
- Following the last inspection, senior management were present at the service daily. This increase in oversight and leadership was having a positive impact. The systems and processes that assessed, monitored, reviewed, and mitigated risks had been strengthened. The electronic care record system was now fully operational. Whilst this was a positive improvement, the provider was aware of further actions required to further develop and embed this.

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

- The provider's quality assurance process was being developed. Whilst the activity coordinator arranged resident meetings, the frequency of these were due to be increased. There were also plans for relative meetings to be introduced when the new unit clinical service managers commenced in August 2023.
- The management team told us they sent an annual survey inviting people and their relative and or representative to share their experience about the service. Since our last inspection, the provider had not invited people to complete a feedback survey. However, they told us they would do so.
- Relatives were positive about the current manager, who was described as, "Caring and supportive" "Very approachable." Relatives reflected on the improvements at the service. A relative said, "We're now seeing benefits of the things that they are introducing."
- Staff were positive about working at the service and the improvements that had been made and were ongoing. Staff told us they felt better supported and valued. Staff training, communication, documentation, and staff deployment were cited as the main areas of improvement.

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; Continuous learning and improving care

- The provider was open and honest about the shortfalls in the fundamental care standards we expect all providers to meet. Whilst improvements had been made, the provider acknowledged further actions and time was required for new and improved systems and processes to become fully embedded and sustained. As a result of this, the provider voluntarily suspended admissions to the service.
- Following the last inspection, the manager informed people and relatives of the outcome and actions CQC took. They made themselves available to meet with people and relatives to answer any questions. Relatives confirmed they had been made aware and spoke positively about the managers open and honest approach.
- The management team had informed relatives when things had gone wrong. For example, events such as falls, a medicines error or an incident between people living at the service. People confirmed they were kept informed. A relative said, "Relation has had a couple of falls, staff responded quickly and kept me informed."
- The provider had ongoing improvement plans to further develop the service. These were regularly reviewed, and actions were prioritised. The management team responded immediately where they could to shortfalls identified during this inspection, such as further improving care records.

Working in partnership with others

- Care records confirmed staff worked with health and social care professionals in supporting people to achieve positive outcomes.
- We were aware the management team were working with the local authority, the local GP and pharmacist to review care practice, learn from mistakes and to make further improvements.

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 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | <p>The provider's systems and processes that monitored quality and safety were not sufficiently robust. This did not fully protect people from potential risk.</p> <p>Regulation 17 (1)</p> |