NHA Carehomes Ltd

Carisbrooke Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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
Carisbrooke Nursing Home is a residential care home providing the regulated activities of personal and nursing care and treatment of disease, disorder or injury to up to a maximum of 25 people. The service provides support to older people. At the time of our inspection there were 16 people using the service.

People's experience of using this service and what we found
People told us they were well cared for, and staff were kind, friendly and good humoured. People said they enjoyed living at the service and felt safe.

People's needs in relation to their emotional and social care needs, were not met. Although people told us they were supported well with their physical care needs, people said they did not have the opportunity to take part in activities and they were left to entertain themselves.

Risks to people's safety and welfare were identified and plans were in place to help minimise risks. Checks were carried out on the facilities and equipment, to ensure they were safe. Whilst some fire safety checks were completed, records did not demonstrate all fire safety checks and safety practices were completed as they should. We made a recommendation about this.

Processes were in place to prevent and control infection. However, we were not fully assured that staff were always using PPE in line with best practice guidance. We made a recommendation to the provider to take action to update staffs' practice accordingly.

The registered manager was not present during the inspection and people and staff told us the registered manager had not worked at the service since the beginning of the year. The provider had not notified CQC about this, as required.

The services quality assurance systems and processes in place had not always been effective at identifying areas for improvement and ensuring action was taken in a timely manner.

During the inspection we observed there were enough staff to provide safe care and support. However, people's feedback was varied with some people reporting staff were "rushed off their feet" and did not have any time to spend with them. Relevant checks were completed to ensure staff were suitable to work in a care setting.

People told us staff were well trained and they knew how to care for them. New staff received an induction, and all staff were enrolled on the providers online training programme.

Although staff had opportunities to discuss work performance, staff supervisions had not been completed consistently. We made a recommendation the provider review their systems in place, making sure staff

received on-going support and supervisions.

Staff told us that communication from the management was not always good and meetings had not taken place consistently since the provider had taken over the running of the service.

Recent improvements had been made to ensure that people were engaged with and consulted about the care they received. Surveys had been sent out to people and changes to the service provision had been made to meet people's needs and requests.

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.

People told us they enjoyed the food and had enough to eat. People's care plans contained information about their dietary needs and preferences. People were protected from the risk of malnutrition and from the risk of choking. People's food and fluid intake was monitored, and people received a modified diet following assessments by health professionals.

People were supported to access healthcare services. Records showed staff made referrals to health care professionals in response to people's changing needs.

People made decisions about how they wanted to receive care and support and were involved in planning their care. Person-centred care plans and risk assessments were in place to guide staff about how people liked their support to be provided.

People told us they felt able to raise concerns. The provider had systems in place to log, investigate and respond to complaints.

Systems and processes were in place to support people at the end of their life to have a comfortable, dignified and pain-free death. Staff worked closely with the local doctor and hospice services to ensure people had access to the care and support they needed.

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
This service was registered with us on 5 November 2020 and this is the first inspection.

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

Enforcement and Recommendations
We have identified breaches in relation to person-centred care, good governance and the requirement to inform CQC of the registered manager absence.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
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**

Carisbrooke Nursing Home

Detailed findings

Background to this inspection

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

Service and service type
Carisbrooke Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Carisbrooke Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the service registered under the new provider. We sought feedback from the local authority quality improvement team. 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 six people who used the service and two relatives about their experience of the care provided. We spoke with 16 members of staff including the provider, administrator, nurses, bank nurses, care workers, chef, kitchen porter, cleaning staff and laundry assistant. We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to induction, recruitment and supervision. A variety of records relating to the management of the service, including, training records, audits, quality assurance and policies and procedures.

After the inspection
We reviewed information the provider had sent to us and continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

● We were only somewhat assured about staff use of personal protective equipment (PPE). We observed several staff not wearing face masks correctly in communal areas and corridors. This was raised with the provider who took action to address this whilst we were on site.

We recommend the provider consider current guidance regarding use of PPE, reiterate the importance of this to staff, and take action to update their practice accordingly. We have also signposted the provider to resources to develop their approach.

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● 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

● People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors to use.

Assessing risk, safety monitoring and management

● Risks to people's safety and welfare were identified and plans were in place to help minimise risks. Care plans contained risk assessments for areas such as moving and handing, skin integrity, falls, and choking. These had been regularly reviewed. When risks were identified, the plans provided clear guidance for staff on how to keep people safe. For example, where people were at risk of pressure sores, care plans guided staff on the action to take to minimise the risk, such as, by using pressure relieving mattress and cushions.
● Where people had specialist health needs, there was clear guidance for staff to follow to provide safe care. This included specialist feeding arrangements such as via a tube directly into a person's stomach (PEG) and other health needs such as people living with diabetes.

● People's care records contained detailed personal emergency evacuation plans (PEEP). These guided staff on the assistance needed to help evacuate people safely in the event of an emergency such as a fire. However, the fire 'grab bag' only contained minimal information.
● Checks were carried out on the facilities and equipment, to ensure they were safe. This included water temperatures and electrical equipment. Whilst some fire safety checks were completed, records did not demonstrate fire extinguishers were checked regularly or staff had received regular fire drills.

We recommend the provider reviews their fire safety procedures to ensure they are following current best practice guidance.

Staffing and recruitment
● We observed throughout our inspection there were enough staff to provide safe care and support. However, people's feedback was varied around staffing levels. Whilst some people told us they did not have to wait for care, other people told us there were not enough staff and staff did not have time to spend chatting with them. One person told us, "Staff are kind but they are rushed off their feet. They could do with at least two more staff. They don't have time to sit and chat with us or take us to the conservatory or the garden. It would be nice if they could, but they are rushed off their feet. Another person said, "I can't grumble about the care, but they just haven't got enough staff."
● We also received mixed views from staff. Some staff told us they felt were not enough staff at times, particularly at weekends. However, staff told us they all worked together to ensure this did not have a negative impact on the care they provided. One member of staff told us, "If it is a bit of a struggle, we all work harder and we try our very best to ensure it does not impact on the residents and they do not go without." We shared these comments with the provider who told us that they had been affected by staff shortages during the pandemic, but they had worked hard to fill shortfalls in their staffing team and were constantly trying different methods to recruit more suitable staff including recruiting overseas workers.
● Relevant checks were completed to ensure staff were suitable to work in a care setting. For example, Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Records were well kept and showed good recruitment practice.

Using medicines safely
● People received their medicines safely.
● People's medicine administration record (MAR) charts were completed by staff and showed people received their medicines as the prescriber intended.
● The provider had safe systems in place for the receipt, storage, administration and disposal of medicines. Staff were trained on how to manage and administer medicines safely in line with the providers policy and there were checks of medicines and audits to identify any concerns and address any shortfalls.
● Although staff administering medicines were knowledgeable about people's medicines and the indications for use, individual PRN (as and when required) protocols were not in place. A personalised PRN Protocol is needed for all PRN medications to ensure safe administration of medicines. We brought this to the attention of the provider who told us they would take action to address this.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the service. One person told us, "I absolutely feel safe, they (care staff) all know what they are doing, and they are overseen by the sisters."
● People were protected from the risk of abuse and avoidable harm. The provider had systems and processes in place to protect people from the risk of abuse and avoidable harm.
● Staff had received safeguarding training and understood what to do if they identified any concerns.

Learning lessons when things go wrong

- Accident and incidents were recorded. They were monitored and analysed for any trends by the provider.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us staff were well trained and they knew how to care for them. One person said, "They seem to be trained well and they know what they are doing."
- The provider had recently changed to a new training provider and was in the process of making sure all staff completed the new online training. However, we found that training in relation to the Mental Capacity Act 2005 (MCA) was not provided as a mandatory topic for all staff to complete. We also noted there were some gaps in their training matrix. We discussed what we found with the provider who told us they would enroll all staff on MCA training and include this as part of their ongoing mandatory training. They also told us they had identified gaps in their training matrix and action was being taken to address this.
- Staff generally thought the training was good, but some felt that they should be having more face-to-face training. We passed these comments onto the provider.
- Staff new to the service completed and induction programme that included completing the Care Certificate and shadowing more experienced staff members for a period before being able to work alone. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One staff member recently inducted at the service confirmed that they had received the full induction and had several shadow shifts when they started.
- Staff told us that although they had opportunities to discuss work performance, challenges and issues they faced on a daily basis during daily handovers, staff supervision had not been completed consistently. One staff member said, "We had an appraisal, it was feedback about our job and performance, it was just after the inspection day. No supervision before this." Supervision is the regular, contact between a supervisor and a care worker in which to monitor and reflect on practice; review and prioritise work with individuals; provide guidance and support and identify areas of work that need development.

We recommend the provider review their systems in place, making sure staff received on-going support and supervisions to carry out their responsibilities safely and effectively.

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

- People's needs were assessed before care was provided to ensure staff could meet their needs.
- People and their families were involved in decisions regarding their care planning. Care plans contained person-centred information, for example, people's likes, dislikes, routines, and choices, along with how they wished to be supported.
- Peoples care plans and risk assessments considered their protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the food and had enough to eat. One person said, "Excellent, they always ask me what I want, and I can't complain about the food."
● People's care plans contained information about their dietary needs and preferences.
● People had been assessed for the risk of malnutrition. Where needed people's food and fluid intake were monitored to ensure people had enough to eat and drink.
● People's weights were monitored monthly and when people lost weight, guidance and advice was sought when necessary.
● People who had a risk of choking were protected from these risks with modified food and fluids following assessments by speech and language therapists.

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 provider was working within the principles of the MCA. Mental capacity assessments had been completed by staff to assess whether people could make their own decisions with the care and support they received. Where people lacked the capacity to make certain decisions, decisions had been made in the person's best interests.
● Where people lacked capacity and were subject to restrictions, appropriate referrals to DoLS were being made.
● Staff understood the MCA and how this related to seeking consent before supporting people. One staff member said, "We should assume every person has the capacity to decide unless they are assessed otherwise."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare services. Records showed staff made referrals to health care professionals in response to people's changing needs.
● Records showed that staff contacted people's GP in a timely way when they were feeling unwell and staff recorded and followed the advice the GP had given.
● People told us they could see a doctor if they wanted to, and staff would arrange it. People's oral health needs were planned and met. During the inspection we saw people were visited by their dentist.

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

● People's rooms were personalised with their own items such as photographs, ornaments and pictures.
● People had access to communal areas including a dining room, conservatory and a garden. We saw a small number of people enjoying time outside during the inspection.
● The provider told us they had made improvements to the service since they had taken over which included updating equipment, decorating the premises inside and out and installing a new wet room to help people with restricted mobility.

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported with kindness and compassion. During the inspection we observed positive interactions and appropriate communication between people and staff. One person told us, "They (staff) are kind, friendly, good humored and you can be very casual with them, which I like." Another person told us, "It's nice here and I can't complain. Staff are kind but they are rushed off their feet."
- Staff told us they enjoyed working at the service. We found staff knew people well and people knew the staff who were supporting them. One staff member told us, "I think everyone of us is doing the best we can to provide good care."
- Care plans identified if people had any equality or diversity needs such as, religious support, cultural needs or a preference to care being provided by a specific gender. We saw that one person received visits from their pastor and another person requested they only received female staff for certain aspects of their care, as this was their preference.

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

- People made decisions about how they wanted to receive care and support. For example, we saw a person choose to have something different for lunch rather than an option from the lunch time menu.
- People, and where appropriate their relatives, were involved in planning their care. One relative told us they were contacted if there were any concerns.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy. We saw staff knocking on peoples' doors before entering and bedroom doors were closed whilst people were having their personal care needs tended to. One person told us, "They treat me with respect and treat me very well." Another person told us, "I need help from staff to take a shower which initially I found really humiliating, but staff don't make you feel that way and I don't feel embarrassed anymore."
- People were being addressed by their preferred names, were well groomed and appropriately dressed.
- Peoples' confidential information was kept securely. Documents were locked away and accessed only when required and by those authorised to do so. Computers were password protected to prevent unauthorised access to personal information.

Requires Improvement

Is the service responsive?

Our findings

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

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

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's emotional and social care needs to avoid the risk of social isolation, were not met. People told us they did not have the opportunity to take part in activities and they were left to entertain themselves. Comments included, "They don't have any activities here. They (staff) used to come in and paint our nails but that has all stopped. They don't have time to take us to the conservatory or out to the gazebo in the garden", "I don't get any chance to go out to the conservatory, garden, or the lounge. They are busy, they quite often say they will take you out, but it falls through as they are so busy", "There are no activities. There is nothing going on at all. I'm lucky because I have visitors" and "I don't know if there are any activities."

● A recent survey given to people asking about their experience of the care they received, indicated that people felt the service were not meeting their social activity needs.

● People's care records did contain information about what activities people enjoyed, but daily notes shared with us by the provider to evidence that people took part in in activities, did not evidence people were engaged in social activities. For example, the provider had highlighted one person had their nails and hair cut as an example of a social activity.

● The service did not allocate staff or employ an activities co-ordinator to provide people with social activities or one to one activity. There was no weekly programme of events or activities planned to support people's interests.

●

The provider had failed to ensure all people's care and treatment needs were met, including emotional and social care needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During our inspection, we observed people receiving visits and sitting out in the garden. We also saw photographs from the Queen's Jubilee celebrations and the provider told us people's birthdays were celebrated.

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

● The provider told us in their provider information return, that they had recently changed to digital care planning system. This had a positive impact for the people living at the service by improving their care planning and provide care that was more individualised and person-centred. The system was a live system that allowed staff and managers to monitor care provision both on and off site.

● We saw people's needs were assessed, and detailed person-centred care plans and risk assessments were in place to guide staff on how people liked their support to be provided.

● Care plans reflected people's likes and dislikes, provided information about people's lives and cultural and religious preferences.
● Care plans were up to date and reflected changes or recommendations from healthcare professionals.
● Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary.

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.

● People's care plans included their communication needs and described how these should be met.
● Information was available in alternative formats. For example, the cook used pictures of meals to help people choose what they would like to eat.
● Where people found verbal communication more difficult, people told us staff used prompts and gestures such as, a thumbs up sign to indicate they understood or agreed. This person's relative told us this had been positive in helping this person make choices and communicate what they wanted.

Improving care quality in response to complaints or concerns
● People told us they felt able to raise concerns. On person said, "I have no complaints but if I did, the sister's (registered nurses) would deal with it."
● The provider had systems in place to log, investigate and respond to complaints. Records of the only complaint the service had received, showed the provider had responded to concerns and complaints and, where appropriate, acknowledged shortfalls and stated what actions they would take to enable improvement.
● The provider had a complaints policy in place. Information was available to people and their relatives on how to make a complaint.

End of life care and support
● Systems and processes were in place to support people at the end of their life to have a comfortable, dignified and pain-free death. Where appropriate people's end of life wishes where discussed with them and end of life care plans were in place when they were needed.
● Staff were experienced in the provision of end of life care and some had attended further training on how to provide good quality end of life care.
● Staff worked closely with the local doctor and hospice services to ensure people had access to the care and support they needed. This included anticipatory medicines to keep people comfortable and pain free as their health declined.

Requires Improvement

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a management structure in place and staff understood their roles and responsibilities. However, the registered manager was not present during the inspection. People and staff told us the registered manager had not worked at the service since the beginning of the year. We discussed this with the provider who told us the registered manager had not been at the service for a couple of months. The provider had failed to give notice to CQC that the registered manager was absent from the service.

The failure to inform the commission that the registered manager is absent from the service for a continuous period of 28 days, or more is a breach of Regulation 14 (Notice of absence) of the Health and Social Care Act 2008 (Registration) Regulations 2009 (Part 4).

- Although the provider had quality assurance systems and processes in place to monitor the quality of care given to people and identify areas for improvement, these had not always been effective at identifying areas for improvement and ensuring action was taken in a timely manner. For example, quality assurance processes had failed to identify that people's social and emotional needs had not been provided for. We also made recommendations in relation to fire safety, Infection Prevention and Control and staff supervisions that had not been identified by the providers quality assurance systems.
- Staff told us that communication from the management was not always good at the service. One staff member told us, "The communication is not good, and you are not given enough information. There is no lead nurse or deputy so definitely a lack of management staff." Another staff member told us, "We need someone to keep an eye on all the staff and you cannot expect the nursing sisters to do that as they have too much to do already."
- Staff told us staff meetings had not taken place consistently. One staff member told us, "We don't have regular staff meetings to be honest. We just had one after the inspection, but before we have not had one."
- Until recently, people and their relatives had not been consistently consulted about their experience of the care provided to them. The provider told us that during the pandemic the service had not sent out surveys to people or their relatives.

The governance systems were not robust enough to identify and address shortfalls we found during this inspection. The provider had not actively sought the views of stakeholders including people, relatives and staff. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

● In other areas we found the provider had quality systems to support people's safe care. For example, there were a range of audits in place including, the environment, medicines, reviews of care records and checks of people's care needs such as food and fluid charts were completed, and actions prioritised when required.
● During the inspection the provider told us they were re-introducing regular staff meetings.
● There was a range of regularly reviewed policies and procedures in place to help guide staff.
● The provider had engaged openly with CQC during and after the inspection. Following the inspection, the provider shared their action plan with us, addressing the issues we raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There was a positive culture in the home. People told us they were happy with the support they received and felt comfortable and relaxed.
● The provider and staff were motivated to provide compassionate and individualised care to people living at Carisbrooke. Staff spoke about people in a caring way and were knowledgeable about people's preferences.
● Generally, staff told us they found the provider to be open and approachable. One staff member said, "[Provider's name] is a very nice man and very hard-working, works all the hours he can, and he is always polite." Another staff member commented, "I think [provider's name] is doing a good job and I feel people are very happy and they would tell someone if they were unhappy."

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
● Throughout the inspection, the provider was honest and open with us. They acknowledged the shortfalls identified and were eager to put processes in place to ensure people receiving care and support were safe and person-centred.
● The provider was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest about any accident or incident that had caused or placed a person at risk of harm.

Working in partnership with others
● The service worked in partnership with various outside agencies and health and social care professionals to promote good outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 Registration Regulations 2009 Notifications – notices of absence The provider had failed to give notice to CQC that the registered manager was absent from the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure all people's care and treatment needs were met, including emotional and social care needs. People were not supported to follow interests and to take part in activities that are socially and culturally relevant to them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The governance systems in place were not robust enough to identify and address shortfalls including the quality of the experiences for people using the service.