

## Havelock House Nursing Home

# Havelock House 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?

**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

This inspection took place on the 8 and 14 January 2019, the first day was unannounced.

Havelock House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The home is registered to provide nursing and personal care and accommodation for up to 27 older people who require personal support and nursing care. At the time of the inspection there were 24 people living at the home. Some people required nursing care as they had complex health care needs, such as a stroke or Parkinson's disease, or end of life care. Other people needed support with personal care and assistance to move around the home safely and some people were living with dementia.

The registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in July 2016 we rated the service as Good overall but Requires Improvement in the Responsive key question. Although we had asked the provider to make improvements in relation to record keeping; including care plans, so that they reflected people's individual care needs. Also, there was no system in place to assess and meet people's social needs, such as activities or support to continue with their hobbies.

At this inspection we found these improvements had not been made; there was a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and additional areas for improvement were identified. The rating for Havelock House Nursing Home has changed from Good to Requires Improvement.

There was no evidence of provider oversight of the service and there was no quality assurance system to effectively monitor the services provided. The registered manager had developed and introduced audits, as part of a new quality assurance system. These reviewed some aspects of the services and facilities but, had not identified the areas we found where improvements were needed. Satisfaction questionnaires and been given out to obtain feedback and comments suggested there should be more activities, which was an area that needed additional work from the last inspection.

Care plans and supporting documentation was not up to date. For example, although risk had been identified it was not clear how people's needs were met and there was not enough guidance for staff to follow to provide the care and support people needed. Staff said they had attended relevant training and explained how they supported people to be independent. However, not all staff followed current guidance

when they assisted people to move around the home using walking aids.

Staff had attended safeguarding training and understood how to protect people from abuse. They explained what action they would take if they had any concerns and followed current guidelines.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff were not fully aware of what these changes meant.

We recommend that the provider seek advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People said the food was very good; they were offered choices for each meal and staff provided assistance when required. Relatives and visitors said they were made to feel very welcome, they said the staff were good and the registered manager was available if they needed to talk to him.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe.

Staff had not followed current guidance when assisting people to use walking aids to move around the home.

Accidents and incidents were not consistently recorded and there was no evidence that the cause had been investigated and actions taken to prevent a re-occurrence.

Staff had attended safeguarding training and understood abuse and how to protect people.

Risk to people had been assessed and there was guidance for staff to follow to ensure people's safety.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff said they had attended relevant training and were supported to develop their practice through regular supervision.

Staff understood the Mental Capacity Act and enabled people to make choices about the care they received.

People were encouraged to maintain good health, through a nutritious diet and access to health professionals when needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported, by kind and caring staff, to make decisions about the care and support provided.

Staff treated people with respect and encouraged them to be independent as much as possible.

Relatives visited their family member when they wanted to and told us they were made to feel very welcome.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

Care plans had been written, but they did not consistently reflect people's individual needs. There was no clear guidance for staff to provide personalised care and they had not been reviewed and updated when people's needs changed.

There was no programme of activities and one to one support for people who chose to remain in their rooms was limited.

People and relatives knew there was a complaints procedure and were encouraged to talk to the registered manager if they had any concerns.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

An effective quality assurance system was not in place and the registered manager had introduced several audits to assess the services provided. However, additional work was needed to ensure this was identified areas where improvements were needed.

Feedback was sought from people, relatives and staff, through daily discussions and satisfaction questionnaires, to identify areas that needed to improve. Comments about the management of the home were positive.

**Requires Improvement** ●

# Havelock House Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.<sup>1</sup>

This inspection took place on 8 and 14 January 2019 and the first day was unannounced. The inspection team consisted of one inspector 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.

Before the inspection we looked at the information we held about the home and the service provider. This included information from other agencies. Such as the local authority who commissions the service and statutory notifications sent to us by the registered manager, about events that occurred at the service. We also reviewed the information sent in by the provider and registered manager in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service; such as what they do well and any improvements they plan to make.

We spoke with 12 people, four relatives and 6 staff; including the registered manager, nurse, care staff, cook and housekeeping staff.

We reviewed records, including the registered manager's audits, four care plans, three staff files, medicine records and accidents and incidents.

We asked the registered manager to send us the cleaning programme and a four-week staff rota and we received these shortly after the inspection.

# Is the service safe?

## Our findings

At our last inspection in July 2016 this key question was rated Good. At this inspection we found aspects of the service were not safe and the rating has changed to Requires Improvement.

Staff said accidents/incidents were recorded and audits showed the registered manager reviewed these monthly. Staff explained they informed senior staff when an accident/incident occurred; if necessary paramedics or GP would be contacted and the accident/incident form would then be completed. We found the information in the care plans, daily records and accident/incident forms was not the same. For example, one person had four falls in December. Accident/incident forms were not completed for all the falls; there was no evidence of an investigation to see if the falls occurred at particular times or if risk of a re-occurrence could be prevented. The incorrect record keeping meant there was no overall analysis of accidents/incidents, staff were unable to show they had identified trends, that lessons had been learnt and improvements had been made to reduce risk.

There were systems in place for the ordering, receipt, storage and disposal of medicines. These had been assessed by the pharmacist prior to the inspection and staff showed action had or would be taken to make suggested improvements. Such as, keeping a record of the medicines ordered, so that staff could check all the prescribed medicines had been delivered. Records showed that people with diabetes had been prescribed insulin and staff checked their blood sugar level before giving the medicine. However, there was no information in the medicine administration record (MAR) or care plan about what the expected blood sugar levels were, for people receiving insulin, to ensure people were given the correct amount. Staff said the amount had been prescribed for one person when they had been discharged from hospital and this had not been reviewed since. The registered manager contacted the community diabetic team to arrange additional training by the second day of the inspection.

Staff said the MAR were checked each time they gave out medicines to identify any errors, such as gaps, and we found the MAR had been completed. We asked staff what action they took if they found gaps and they said they would contact the member of staff responsible for medicines at that time and they signed the MAR later. This practice had not followed current NMC guidelines which states, 'you must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible'. The audits of MAR were therefore incorrect, as there were no records to show that gaps had been found, how often these occurred and if any action had been taken to ensure staff signed the MAR when people took their medicines. This is an area that requires improvement.

People's individual needs had been assessed to identify specific risks to each person and, there was guidance in the care plans for staff on how to minimise risk and offer appropriate support. The assessments included skin integrity, nutrition, falls and communication; there were individual plans for each area of risk, which told staff how to meet people's individual needs. For example, pressure relieving mattresses and cushions were provided for people who were at risk of pressure damage. A relative told us, "They try to prevent pressure sores. He was measured for a special electric air cushioned chair and has an electric air cushion in his bed." However, the correct mattress settings were not recorded in the care plans or daily

records we looked at. The settings should be linked to people's weight; we found mattresses were on incorrect settings and may not have reduced the risk of pressure damage. Staff said nurses checked the records daily to make sure they were correct, this was not effective and the process for checking the settings needed to improve.

Staff said there were enough staff working in the home to provide the support people needed, although relatives said staff were very busy at times and seemed 'stretched'. Recruitment procedures used by the registered manager ensured only suitable staff were employed. Appropriate checks had been completed including a Disclosure and Barring System (Police) check, which identifies if prospective staff can work in the care sector, two references and evidence of their residence in the UK. Confirmation had also been sought from the Nursing and Midwifery Council (NMC) that nurses employed at the home were registered with the NMC to provide nursing care.

There was clear guidance for staff to follow when giving 'as required' (PRN) medicines, such as paracetamol for pain, when they were needed. The guidance included information about how people's behaviour or body language might indicate they were uncomfortable. Staff said the registered manager had recently written the guidance and they found it very useful to assess people's needs, specifically those who were unable to verbally express their needs.

People were protected from the risk of harm and abuse because staff had attended training in safeguarding people and knew what steps to take if they thought someone was at risk. Staff said if they had any concerns or observed inappropriate actions, by people, visitors or staff they would intervene and inform the senior care staff, nurse or registered manager. One member of staff said, "I would report anything straight away and I am sure the manager would do something about it." Another member of staff told us, "We have a whistleblowing procedure here as well and I don't think any of us would hesitate if we saw poor care." People said they felt safe and one told us, "Because you can always press your buzzer and someone comes to see what you want, they are usually very quick." Relatives said staff provided assistance and support in a safe way and one relative told us, "He is safe because they help him all the time."

Staff had attended infection control training and used protective personal equipment (PPE) when needed, such as gloves and aprons. Hand washing and hand sanitising facilities were available throughout the home. Laundry facilities had equipment that was suitable to clean soiled washing and keep people safe from the risk of infection.

The home was clean and well maintained and environmental risk assessments and checks had been completed so that people, visitors and staff were safe. There were current certificates in place for gas, electricity, legionella for water, the lift and people's personal property, including TVs and radios. The registered manager had introduced a maintenance book for staff to list any repairs or replacements, which were signed and dated by the staff when they were added and by the maintenance staff when the work had been completed. One member of staff said, "This is much better, we can keep track of the repairs and if there are any delays and why." The fire alarm was checked weekly; staff said they had attended training and knew about the personal emergency evacuation plans (PEEPS), which advised staff how to assist people to leave the building.

## Is the service effective?

### Our findings

At our last inspection in July 2016 this key question was rated Good. At this inspection we found aspects of the service were not effective and the rating has changed to Requires Improvement.

Staff said they had attended all 'mandatory' training and demonstrated an understanding of people's needs and the support and care they provided. Staff said they had completed moving and handling training and they explained how they assisted people to move around the home safely. We saw staff as they supported people to transfer between wheelchairs and armchairs in the lounge using hoists appropriately. However, we also saw staff using unsafe ways of assisting people to stand up from their armchair, by putting their arm under the person's arm and supporting them or holding onto their upper arm as they stood up. The nurse observed some of this practice and agreed improvements were needed. The registered manager said they would arrange moving and handling training to update staff and ensure they followed current guidelines.

The registered manager told us when they took over the day to day management of the home most records, about the staff and the facilities were not available, this included training records. The registered manager told us they had discussed with staff the training they had previously completed and had contacted training providers and booked updates for all staff. We found training records available were for staff employed by the current registered manager. These included induction and fire training, with the control of hazardous material training booked for one member of staff. Another new member of staff had certificates to show they had completed training with their previous employer.

New staff records showed they had completed induction training, they had worked with more experienced staff until they felt confident and were competent to support people on the own. The registered manager said staff who had no previous experience of working in the care sector would be required to do the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Staff were supported to do additional training if they wished. Some staff had completed national vocational qualifications in health and social care and nurses continued to update their practice as required by the NMC.

A supervision programme had been developed by the current registered manager and they had completed one to one supervision for all but two of the staff. Staff said the supervision had been a good opportunity to talk about people's needs and how staff could best provide the care and support people needed. One member of staff said, "We have regular supervision now and we have a chance to talk about our work and any problems that might be affecting it. Like personal problems and the manager has offered us support, which is really good."

People's needs were assessed and support was provided in line with current guidance. Staff told us people living in Havelock House Nursing Home made decisions about all aspects of the care and support they received. One member of staff said, "The residents can all decide what they want to do, when they get up and their meals. Some might not be able to tell us, but they react differently if they don't want something."

Another member of staff told us, "We did the mental capacity training with safeguarding training and we know if residents can't make decisions then we talk to relatives, their GP or professionals, so we only provide what's best for them." Staff had a good understanding of the importance of enabling people made decisions and we saw they consistently asked people for their consent before they provided any assistance.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had completed the training. The 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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found people were supported to make their own decisions about the care they received and DoLS applications had been made to the local authority in line with current legislation.

People and relatives said the food was good; they were offered choices and could change their mind if they did not like the meals. People decided where to eat their meals; some used the dining room, while others chose to remain in the lounge watching TV or in their rooms. Mealtimes were relaxed and comfortable, people in the dining room chatted to a relative, who chose to take over from staff and assist their family member with their meal. Specific dietary needs were met, such as supporting people with diabetes and soft or pureed meals. The cook knew people's likes and dislikes and that some people preferred a smaller meal. Staff assisted people with their meals as required and people were weighed monthly, or more often if there were any concerns. Advice was sought from GP and the dietician and fortified meals were offered, with additional cream or cheese to increase the number of calories, if people lost weight or had poor appetite.

People were supported to be as healthy as possible and received healthcare assistance from professionals when they needed it. People and relatives were satisfied with the arrangements for seeing the GP and one relative said they were kept informed of any changes in their family members health and if the GP had been called. Referrals were made to health professionals when needed, including the speech and language team, to assess people's ability to swallow, and the community mental health team. Regular appointments were arranged with dentists, chiropodists and opticians. One person told us, "I had my feet seen by the chiropodist yesterday and my nails cut." A relative said the dentist had recently visited their family member. Records were kept of the visits and any changes to people's support needs were recorded in their care plan.

People's individual needs had been met by adaptations to the home and equipment was provided to ensure they were as independent as possible. Havelock House Nursing Home is a converted older building on two floors with a lift and ramps that enable people to access all parts of the home and garden. There had been some improvements to the environment, such as a new carpet on the first floor and the dining room has been re-decorated. The registered manager said they planned to replace the chairs currently used as dining chairs; they were not suitable as they did not offer people support if they chose to sit in the dining room.

## Is the service caring?

### Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

Staff had a good understanding of equality and diversity and they offered and provided support in a kind and caring way. Staff were sensitive to people's choices and encouraged people to make decisions about their day to day lives. This included where they sat in the lounge, people had their preferred chairs, although staff asked them before they assisted them to sit down, "In case they change their minds."

People's preferences were respected and personalised care was planned based on people's needs, choices, rights and beliefs. One person said, "Everyone is treated equally and fairly, you only have to ask or mention something and they do their very best to see to it." Another person told us, "They are kind and considerate and come quickly. I cannot fault them." Relatives were also positive about the support provided and one said, "They are gold standard, they observe everyone and pay attention to their special needs, they are dedicated."

Staff talked about people's choices and how they supported them to make these. One member of staff said, "We get to know residents and their families very well and the care plans have a section about the resident's lives, the job they had before they moved in, their hobbies and their families. So, we can talk to them about things that interest them." Another member of staff told us, "We are here to look after the residents and their families and support them to make choices about everything, as much as possible. This is their home." A relative told us their family member preferred to remain in bed or sit out in a recliner, "It is their choices and staff respect this." Another relative said, "The staff are very good, I have seen them asking residents if they have everything they need, if they want a drink and if they are comfortable. It is nice to see that."

Relatives said they could visit at any time and one said, "Staff are always happy to see me." Another relative said, "I am always treated with respect and I reciprocate." Conversations between people, staff, relatives and visitors were relaxed and friendly. Relatives joined people at lunch time and chatted to other people and staff as they visited their family members.

Records were kept secure in lockable drawers in the lounge, next to desks that staff could use to record the care and support provided while also observing or talking to people. Staff talked about confidentiality and made sure information about people was, "Kept private". One member of staff said, "We don't talk about the resident's health with anyone that does not have permission, like a relative or a GP." The registered manager knew about the General Data Protection Regulation (GDPR) which came into effect in May 2018 and said they provider seeking advice and looking at policies and procedures about this to ensure they were following the guidance. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy.

## Is the service responsive?

### Our findings

At our last inspection in July 2016 this key question was rated Good. At this inspection we found aspects of the service were not responsive and the rating has changed to Requires Improvement.

People's needs were assessed before they were offered a place at Havelock House Nursing Home, to ensure staff had the skills and knowledge to provide the care and support people needed. The assessments included information about each person, which included their health and social care history, the reason they needed nursing care, in addition to specific needs, such as mobility and communication. The assessments were used to develop the care plan and staff said these were reviewed and updated when people's needs changed or monthly. However, we found the care plans were not up to date; they had not been reviewed when a person's needs changed and there was a lack of guidance for staff to follow to ensure people received personalised care and support. For example, staff said one person living with dementia could be unsettled at supper time. One member of staff told us, "Not every day but we are aware that this can happen and they want to walk about." The care plan had no information about how staff could support this person to be safe as they were at risk of falls. Records showed the person had fallen and slipped off chairs in the lounge, although the policy was for a member of staff to be in the lounge to prevent falls. The falls had not been reviewed and staff had not been allocated to assist the person to walk around or distract them and reduce the risk of falls. The registered manager knew this was an area that needed to improve. To ensure care plans reflected people's needs, were reviewed regularly and included clear guidance for staff.

There was no programme of activities at the home. The registered manager explained the previous activity co-ordinator had resigned and, although a member of staff would have liked to take on this role they had advertised for an external candidate and had appointed someone. During the inspection some people in the lounge liked to watch the musicals and classical concerts, staff asked people what they wanted to watch and inserted DVDs of their choice. People clearly enjoyed listening to the music and sang along, tapped their toes and clapped. Visits had been arranged for external entertainers and people said they had enjoyed the animals, the carol singing and the Christmas festivities. Activities for people who chose to remain in the room were limited to when staff provided personal care or assisted them with meals and drinks. Although staff talked to people in the lounge and the housekeeper chatted to people as they cleaned their room. The registered manager said the plan was to involve all staff in providing activities; based on each person's preferences, so that activities were an integral part of the day to day support provided. He agreed this was an area that needed to improve.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. Information about people's specific support needs with communication were included in their care plans although staff had not attended training and were not aware of AIS. We recommend that the provider seek advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

Staff said there was a broadband connection in the home and this was available to people if they wanted to use it. Although most people were unable to do this, some people used mobile phones or staff assisted them to use the landline when they had calls from friends and relatives. The registered manager said they were using the online system already installed at the home to develop communication with relatives, health and social care professionals and encouraged them to respond using emails, as it enabled information to be transferred immediately. The aim was to keep relevant parties up to date about people's needs and informed of any changes. A relative told us, "I think they are computerising everything, we get emails from the manager about anything that concerns us."

People and relatives knew there was a complaints procedure, this was displayed on the notice board and the registered manager said they encouraged feedback from people, relatives, visitors, health professionals and staff. He told us, "I talk to residents every day and I greet and talk to relative relatives all the time, my door is always open to them." One relative said, "The manager is approachable you can raise any issue at any time." People and relatives said they had no complaints or concerns.

Staff said they had completed training to support people when their health needs changed and they needed end of life care. People's preferences were recorded in their care plans and included do not resuscitate forms, which people, health professional and their relatives had signed.

## Is the service well-led?

### Our findings

At our last inspection in July 2016 this key question was rated Good. At this inspection we found aspects of the service were not well-led, the rating has changed to Requires Improvement and there is a breach of Regulation 17.

The registered manager had been responsible for the day to day management of Havelock House Nursing Home since August 2018 and had registered with CQC as the manager in November 2018. The registered manager told us when he started work at the home there were very few records in place. For example, there was no quality assurance system, no policies and procedures and no evidence that DoLS referrals had been made when needed. In addition, there was no evidence the provider had oversight of the service or had systems in place to monitor the facilities, care and support provided and the management of the service. The registered manager had read the last report and expected these systems to be in place. They told us they had discussed this with the provider and they did not know why the systems were not in place and they had been previously.

The registered manager had introduced audits to review aspects of the service and they were reviewing and developing these at the time of the inspection. We found audits had been used to assess accident/incidents, care plans and supporting documentation, medicines, infections and wound management, complaints, cleaning and laundry. These had not identified the concerns we found during the inspection. The registered manager said additional work was required to ensure the audits effectively identified areas where improvements were needed, although some improvements had been made. For example, the training programme and staff supervision. The provider was not available during the inspection. The registered manager said the provider was regularly at the home and there would be opportunities to discuss the issues we found and plan ways of addressing them.

The provider did not have an effective monitoring and assessment system in place to ensure people were protected against inappropriate and unsafe care and support and to ensure improvements were made and sustained. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had started to build relationships with external health and social care professionals and contacted the local authority during the inspection to discuss areas for improvement at the home. They said, "I have arranged a meeting with the market support team and they can provide some guidance as we put everything in place that should be."

The registered manager and staff said feedback was sought from people, relatives, visitors and staff during daily conversations and through satisfaction questionnaires. Their comments were all very positive about the registered manager and included, "He has his finger on every pulse and treats everyone with respect and dignity", "The new manager is very keen and passionate about his work, he is weighing up every aspect and will make the necessary changes that are within his control and financial considerations", "He has my full support, you can't do everything at once" and "The new manager is excellent."

People and relatives said the home was well-led and they were confident the registered manager would continue to make changes in the home. One relative said, "The dining room is much better now it has been painted and there are plans to update the rest of the building, which will be nice for the residents." Another relative told us, "The manager listens to the residents and us, so I am confident that residents have the care they need." The responses in the satisfaction questionnaires included comments about areas that the registered manager had identified as needing improvement. For example, "More activities" and "May be nice to have an activity person visit my room." There were also positive comments from relatives and friends about the staff and the home. "Always found her clean and comfortable", "Always found staff to be pleasant and helpful" and "The staff always make me feel very welcome."

The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong.

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  The provider did not have an effective monitoring and assessment system in place to ensure that people were protected against inappropriate and unsafe care and support.