

Care and Normalisation Limited

Milestone House

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

About the service

Milestone House is a residential care home for people living with learning disabilities and/or autism and physical disabilities. The care home accommodates 13 people in one adapted building and 10 people lived in the home at the time of the inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service supported 10 people and was unable to demonstrate they all received good, individualised care to meet their needs.

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

Right Support: The service did not support people to have the maximum possible choice, control and independence over their own lives. Some people were supported by staff to pursue their interests. People had a choice about their living environment and were able to personalise their rooms.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Some people benefitted from the opportunity to take part in activities and pursue interests that were tailored to them.

Right Culture: People and those important to them, including advocates, were not always involved in planning their care. Staff did not evaluate the quality of support provided to people, involving the person, their families and other professionals as appropriate. The registered manager was not actively involved in overseeing the delivery of care to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 8 April 2021). There were no breaches of the regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

We have found evidence that the provider needs to make improvements. Please see all sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milestone House on our website at www.cqc.org.uk

Enforcement and Recommendations

At the provider's last inspection recommendations were made to seek guidance on reflective learning and personal behavioural support for staff. The registered manager and staff were unable to provide examples of reflective practice such as learning from complaints or accidents. Staff had completed appropriate training in personal behavioural support and clear guidance documents were available to assist them to identify when a person was in distress and how best to support them to de-escalate their behaviour.

We have identified breaches in relation to ensuring risks to people were safely managed. The registered manager failed to prevent, detect and control the spread of infections, staff had failed to ensure care and treatment needs of people were met. The registered manager did not have an established, effective and accessible system for managing complaints. They had failed to assess, monitor and improve the service, failed to maintain/keep accurate complete and contemporaneous records of care for each service user and failed to seek and act on feedback from relevant persons at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Details are in our well-led findings below.

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Milestone House

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

The inspection team consisted of 2 inspectors.

Service and service type

Milestone House 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. Milestone House is a care home without 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 May 2023 and ended on 16 May 2023. We visited the location's service on 3 May 2023.

What we did before inspection

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

During the inspection

During our site visit we spoke to the registered manager on the telephone and home manager in person. We observed the staff and how they cared for people. We reviewed 3 people's care plans, recruitment and training files for staff and documents such as rotas, meeting minutes and audits. We spoke to 6 people who lived at the home and 9 staff members including the registered manager.

Following our visit, we contacted 6 relatives of people who use the service and spoke to them about their experiences

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our previous inspection we found improvements had been made to ensure the safe recruitment of staff and there were sufficient staff to support people at night. However, we found improvements were still required in staffing.

- There were not enough staff on each shift to ensure people's care needs were consistently met and people were supported. Staff told us they were unable to take people out as frequently as they may wish due to a lack of staff to support them safely.
- People were supported by staff who had been safely recruited. Disclosure and Barring Service (DBS) checks had been completed before new staff began working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risks were not effectively communicated between staff, placing people at risk of harm. We found people who required modified diets were stated to have no dietary requirements in guidance provided to the kitchen staff. This was contrary to swallowing guidance produced by the speech and language therapist. This placed them at risk of choking. The operational manager amended the information on the day of the inspection and confirmed with the chef they were aware of people's specific needs.
- Specialist equipment was not monitored and maintained to mitigate risks to people. Staff did not understand, monitor and ensure the pressure mattresses had been set up appropriately to mitigate the risk to people developing skin damage. The person's care plan did not include essential information to assist staff to do so. Staff told us, "No one knows what the setting should be."
- Some risks associated with cleaning materials had not been assessed. We found potential hazards to people's health associated with the use of some cleaning items had not been considered.
- Environmental risks had not been effectively assessed and actions taken to resolve or mitigate them. For example, we found the storage of large quantities of paper had not been considered within the fire assessment as a potential fuel source. We found a fire exit route was being used to store unwanted furniture presenting a potential obstruction for people with mobility chairs. We found uneven flooring where carpet tiles did not fit correctly in a person's bedroom. Staff told us this had been reported but not resolved. We found previously undetected damp damage to walls in people's rooms that if left unaddressed may affect their wellbeing and quality of life.

The provider had failed to ensure risks to people were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. Hand sanitiser was available at points of entry into the property but neither worked. Staff replaced the bottles on the day of the inspection.
- We were not assured that the provider was responding effectively to risks and signs of infection. The staff toilet flush was missing, there was a rip in the dining room table cover, the dining room chairs were stained and damaged with exposed upholstery preventing effective cleaning.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider had failed to prevent, detect and control the spread of infections. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

People were encouraged and supported to have visitors. They supported them to be with their visitors in their preferred environment, their room, the garden or communal areas such as the lounge or dining room. Staff knew when people were visiting and spoke to people about organising necessary support such as appropriate clothing and/or transportation. Relatives told us they could visit their relative at any time and staff were supportive.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff were asked if they had any concerns during staff meetings and formal supervisions.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had received training in safeguarding and whistle-blowing. Staff could contact the registered manager directly, speak to the manager or raise concerns anonymously externally. Relatives told us they felt people were safe. A family member told us, "If (the person) was not happy I would be the first to know" and another relative told us, "They (the staff) wouldn't let anything happen to them." Staff told us, "I think they (management) would do something if I had concerns."

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff had been trained to administer medicines safely. They had access to comprehensive information about the specific medicines people took, potential side effects and actions to take in response to changes in their presentation. We observed staff politely supporting people to take their medicines.
- Staff supported people to have their medicines regularly to monitored and reviewed by their local GP and/or pharmacist.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported

them appropriately and managers investigated incidents and shared lessons learned with staff and appropriate external partner services.

- When things went wrong, staff apologised and gave people honest information and suitable support. Staff told us how they had learnt from feedback they had received from people their families and professionals. For example, the provider told us how they had welcomed feedback from the Kent Fire and Rescue Service on how to improve the safety of their premises. They had progressed all actions required to mitigate risks to people and in the process increased their awareness of fire safety issues.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff had been trained to meet the needs of individuals. The registered manager had not completed any training and some staff were overdue their first aid training.

There were not sufficient suitably trained, qualified and competent staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some staff received support in the form of induction, supervision and appraisal. Care staff had their competency checked by the operational manager to ensure they understood and applied their training appropriately. Staff told us, they had to complete their training before supporting people, "We are asked how we think we are getting on and if we have any problem's they (the management and staff) will help us out."

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

- People were not always supported to have access to a choice of foods when they wanted. People did not have the option of a hot breakfast other than toast. People were provided the option of a jacket potato if they did not like the main meal. Staff told us they did not offer people a dessert at lunch time as, "We (The staff) don't want them putting on weight." Staff told us none of the people were on a calorie controlled diet. This was incorrect as some people were on weight management plans.

- People were not supported to maintain a balanced diet. We saw people were not offered alternative healthy options by staff at lunch times. The registered manager told us this was not acceptable practice and they had instructed the chef and staff to provide people with greater choice.

- People's food was not always presented to meet people's needs. We found the chef had not been provided with accurate information on people who required modified diets' individual needs. Whilst people on a bespoke diet had their foods pureed into separate groups. They were not presented using food moulds to aid identification and appeal. The registered manager told us the moulds were available for use.

The provider had failed to ensure care and treatment needs of people were met. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The design, layout and furnishings in some people's bedrooms did not support their individual needs. We found some bedrooms were too small to accommodate a standard bed, so the people's beds were positioned diagonally across the room making access to furniture and the use of mobility aides difficult.

- Some areas of the building and furniture in people's rooms were in need of repair. Damp damage to walls

had resulted in the discolouration of the walls, paint peeling and flooring lifting. There were deep indentations along some areas of the communal hallways, damage to door frames in bedrooms and paint work throughout the ground floor. Staff told us the damage to these areas had been caused when using mobility aides. Water damage to a door leading into the garden had also caused it to warp making it difficult to open.

- Some areas of the building had been adapted to enable access and promote people's independence. All rooms were located on the ground floor. People had access to mobility aides to assist with walking and bathing.
- People had access to a well-maintained communal garden, including a greenhouse and small seated shelter. The shelter was introduced for people who choose to smoke. Relatives told us they enjoyed sitting in the gardens with their family member.

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

- Peoples needs and choices were not always assessed. Some care plans were incomplete and required updating. They did not include assessments of all the people's needs. For example, some staff were unaware that weight management plans were in place for some people and alternative foods were not available for these people.
- Support plans were in place for all people who had previously displayed distress or aggression towards staff and others. In response to a recommendation in the earlier inspection report all staff had received appropriate training in personal behavioural support. Staff had access to specific guidance on how to identify changes in a person's behaviour, what this may mean and how best to support them to de-escalate situations.

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.

- Appropriate safeguards were not in place as mental capacity assessments had not involved all persons necessary. We found discussions had not been held with interested parties such as those involved in caring for the person, or who are interested in their welfare.
- People lived safely but were not free from unwarranted physical restrictions. Some people's choices were limited due to the availability of staff and transport. Whilst people supported by family and friends had greater choice. Families of people who used the service told us, "We phone them (the staff) up to make sure they (the person) are not doing anything else before we take them out for a couple of hours."

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

- Staff encouraged and supported people to access healthcare services. People attended regular health commitments with their GP, optician and occupational therapist. They also were involved in national breast and bowel cancer screening programmes. All the people had health passports to communicate their individual needs to others.

Is the service caring?

Our findings

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

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

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

- Staff were patient, sensitive to the people's needs and supportive. We saw staff were attentive and kind to people when they requested their help. Relatives told us, "They (the person) are happy there, people take notice of (the person), they like familiarity."
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff told us, "We will write down information on paper, or they will show you paperwork with what they want on it."

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

- People were encouraged and supported to make decisions regarding their home environment. People had access to private bedrooms, these they decorated and furnished as they wished. Staff also supported people to have their own familiar furniture in the communal areas so they could be comfortable and at ease.
- Staff respected people's choices and wherever possible, accommodated their wishes. Staff told us, "We give them (people) options and choices." For example, people were always asked if they wanted to get up and dressed and if they declined they would make them comfortable in their bed.
- Staff supported people to maintain links with those that are important to them. People were supported to maintain regular contact with their families in person or remotely via telephone or facetime. Relatives told us, "The staff have always been very welcoming."

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. A relative told us, the staff knew (the person) well, they said, "The home is small, quiet. If (the person) wants company he will go in the lounge, if (the person) wants it quiet they will go to their room."
- People were supported to maintain their independence. Staff told us people's routines that included changing their beds. People appeared well cared for, they had a choice of appropriate clothing and had accessorised their outfits with jewellery that was important to them. One person proudly showed us their finger nails, they had painted beautifully. People had regular haircuts, some enjoyed manicures and hand massages.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating remains the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People did not always receive a response to concerns raised. People told us they had raised concerns with staff and written to the registered manager but had not received a response. The registered manager told us people would often raise things in person with them and they would get back to them. They did not always record the discussions and resolutions.

The provider did not have an established, effective and accessible system for managing complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they had not received any formal complaints within the year. If people or visitors (professionals or family and friends) have questions they address them immediately.

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

- Staff did not consistently work with people to understand and meet their care needs and preferences. Some people's care plans did not include information on people's lives before living at the home, information on their future wishes or any records of discussions with their key worker regarding their care.
- Some people were not always given regular choice and control of how they wished to spend their time. Care plans reviewed showed some people had not been provided choice or the opportunity to participate in their preferred activities such as looking through photos. A staff member told us, "They (the people) would go out everyday, if there were enough of us (staff) to take them safely." Whilst other people were regularly supported to attend community groups of their choice. Staff also planned activities with some people that were important to them. Staff told us, "(The person) loves all military stuff, they always want to go out and see aeroplanes."
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them. People had access to light therapy and staff were mindful of who and how they engaged people in activities to ensure all parties enjoyed the opportunities.
- Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people. Staff told us, "(The person) prefers the company of men, we try to support this when the male carer is on duty."

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

- Staff helped people to have freedom of choice and control over what they did. However, a staff member told us, "I want the best for these guys (people) but I don't have the best imagination for things to do. I will take on board all ideas." Staff described the home's vehicle used for transporting people as "rubbish." This was due to being only able to transport a single wheelchair user and not being fitted with a hydraulic hoist to assist in getting a person into and safely out of the vehicle. Thereby requiring a minimum of two staff to lift, push and guide the person on their wheelchair into the vehicle.
- Some people were supported to participate in their chosen social and leisure interests on a regular basis. People attended local community events such as Queen's Jubilee celebrations, festivals and shows.

End of life care and support

- People and relatives had been asked how they wished to be supported. However, Some staff did not understand that next of kin did not confer a legal right regarding the person's care.

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.

- We saw staff communicating with people in their preferred manner. For some people this involved conversation aides such drawings, gestures or picture cards. Care plans were presented in easy read format to assist people to engage with and understand them.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was unable to demonstrate all people had their individual needs met. We found disparities in the recording of care provided by staff and in opportunities afforded to people.
- The registered manager did not always ensure a person-centred culture. Staff did not always place people's needs and wishes at the heart of everything they did. People were encouraged to eat at fixed times, with hot food only being available during these periods. Staff did not always record that people were provided with choices and supported to make decisions.
- Staff told us they did not always feel supported and able to raise concerns with managers due to peer group pressure. Staff told us they would not speak up during team meetings as they have been shouted down by a peer. They said some staff just don't listen or want things to change. The registered manager told us they were aware of the strong influence of some staff on the culture of the service, and they were actively addressing this.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was not visible and present as a leader. Staff told us they did not see the registered manager very often or know who they were. Staff did not know when the registered manager would be attending the service, they were not included on the staff rota and they did not attend meetings but were available on the telephone should they have enquiries. A relative told us, "They (the registered manager) does not spend much time here (at the home) now." The registered manager told us, they were always available but did not wish to be seen to undermine other senior members of staff.
- The provider had not given staff the guidance they needed to provide safe care to people. Care plans for some people lacked information about their needs, how to support them making healthy choices and the use of equipment such as pressure mattresses.
- Governance processes were ineffective and did not hold staff to account and ensure good quality care and support. Care records were incomplete, entries duplicated and contradictory.
- Staff were not always clear what was required of them. There were not established and effective systems

in place to support staff and ensure accurate records of people care and processes. Staff told us they shared all duties amongst themselves, this often led to duplication of roles or tasks being missed. For example, they did not understand why they were maintaining paper records for some things and electronic for others. They found this confusing and led to records not always accurately reflecting the care given.

The provider had failed to maintain and keep accurate, complete and contemporaneous records of care for each service user. This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, and those important to them, were not encouraged and supported to work with managers and staff to develop and improve the service. Relatives told us communication with the registered manager and some staff was poor. They told us, "We get very little communication, you get the odd photo, unless I ring them." Other relatives reported staff only contacted them by telephone to, "Whinge or moan, that they needed this or that." They said staff did not discuss the person's welfare but instead told them they needed to buy items for the person or authorise expenses. The registered manager told us relatives would approach them directly to feedback on any issues.

The provider had failed to seek and act on feedback from relevant persons. This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider sought feedback from people on their care. People were asked about their care during reviews of their care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager did not always respond in a timely manner to concerns raised. The registered manager told us people often approached him to discuss concerns. These he would consider and respond to independently of the complaints procedure.

- Staff told us they had apologised to people, and those important to them, when things went wrong. We found the provider had notified relevant parties where standards of care had not been met and where the service needed to make improvements including how they were addressing the issue.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure care and treatment needs of people were met.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to people were safely managed. The provider had failed to prevent, detect and control the spread of infections.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient suitably trained, qualified and competent staff.