

Beaconsfield Care Limited

# Mayfield House Residential Home

## Inspection report

29 Mayfield Road  
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Walton On Thames  
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Tel: 01932229390

Date of inspection visit:  
18 June 2019

Date of publication:  
15 August 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Mayfield House is a residential care home that was providing personal care to 18 older people with physical disabilities and mental health conditions at the time of the inspection. The service is registered to provide support to up to 34 people and care is provided in one adapted building.

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

People told us they felt safe and there had been improvements to plans about risks, but we found continued inconsistencies in how risks were documented and responded to. This inspection found improvements had been made in some areas, but improvements were not consistent enough to ensure all the legal requirements had been met. This showed action plans shared with CQC had not yet been implemented robustly.

People's care plans had been updated with improved detail but in some areas more work was required to ensure these reflected people's personalised needs and preferences. The provider had introduced increased activities but people's feedback showed they had not yet fully experienced the positive impact of these improvements.

People were supported in line with the Mental Capacity Act 2005. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where people had restrictions placed upon them, the correct legal process had been followed. Records relating to people's healthcare appointments had improved and people received check-ups when required. Records relating to medicines had sufficient detail within them to inform staff about how and when to administer them.

Work had been carried out to improve staff practice so people's dignity was maintained. We made positive observations of staff practice but work was still in progress to gather information about people's religion, culture, sexuality and gender identity. People were supported to be independent and staff provided care that was respectful of people's privacy and dignity.

The home environment was improved and people's rooms were clean. We identified minor shortfalls in furniture which audits and governance had not yet picked up. There had been an increase in the numbers of audits but our findings showed these were not yet robust enough to proactively address shortfalls found on inspection. People knew how to complain and where issues had been raised, action was taken to address the concerns. There were meetings and surveys to involve people, relatives and staff in the running of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was Inadequate (published 13 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements in some areas but the provider was still in breach of some regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# Mayfield House Residential 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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience with experience of this type of care service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager in post as they had left the month before our inspection. After the inspection, a manager started the process of registering with the Care Quality Commission. Registering 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed action plans and information shared with CQC by placing authorities, information we held

about the service including feedback received and statutory notifications. Statutory notifications are reports of events that providers have a legal duty to notify us of.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people and made observations of their care and activities throughout the day. We also spoke with the administrator, a senior carer, the activities co-ordinator and two care staff. We also spoke with the Nominated Individual. This is a person registered with CQC who is responsible for the provider.

After the inspection

We received email evidence from the provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our inspections in June 2018 and December 2018, we found information missing from records relating to risk and medicines. We also found shortfalls in the cleanliness of the home which heightened the risk of infection spreading through cross contamination. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 12. However, the actions taken by the provider had reduced the impact of this on people.

- People said they were satisfied with the safety at Mayfield House. One person said, "I feel reasonably safe." Another person said, "We ought to be safe, they [staff] do my laces." Another person told us, "I have this walking frame, it's made for me. Someone arranged it."
- There had been improvements to the level of detail within risk assessments, but we found records relating to risk were sometimes inaccurate.
- Where one person was at risk of pressure sores, their plan to reduce the risk stated they were prescribed creams to protect their skin. However, when we asked staff and checked records we found this person did not require these interventions and their care plan was incorrect.
- One person regularly went out independently and staff told us they had a plan to contact them if they did not return after a certain amount of time. Whilst staff were aware of this plan and described where it had worked to keep the person safe, it was not documented within their records.
- Monitoring charts did not always reflect the actions staff described to us. For example, staff described hourly checks of people, but charts showed these always took place on a two hourly basis because the provider's documentation was for two hourly checks.
- The process to identify and escalate risk had not always worked effectively. One person showed us bruising to their arm and said they did not know where it came from. We raised it with the provider and senior carer and they told us they were not aware of the bruising. After the inspection the provider updated us and showed that appropriate action had since been taken.
- There had been improvements to the frequency of cleaning of people's rooms and we saw an improvement in the level of cleanliness. One person said, "It's exceptionally clean. They [staff] wash the floor in my room, it's part of their duties."
- However, we checked one person's room and found the bed had been made with a damp patch on the sheet under the duvet. Staff told us this was not urine but was caused by the mattress having just been

cleaned. A damp sheet could affect the person's skin integrity as well as affecting the comfort of the bed. This showed more work was required to ensure people's rooms were cleaned thoroughly whilst ensuring they remained safe and comfortable environments.

- We also observed an infestation of ants within the staff toilet which was next to the laundry and kitchen areas and there were no measures in place to address this. We provided feedback and after the inspection received evidence to show ant traps were put there in response to our feedback.

The inconsistencies in risk records and shortfalls in cleaning processes were a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in December 2018, we found increased risks of avoidable harm because shortfalls in the home environment and people's equipment. People's rooms contained safety hazards and people's furniture and equipment was not adequately maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 15.

- The provider had introduced increased checks of the home environment and people's rooms. The issues we found at our last inspection had been fixed and new furniture and equipment had been bought for people.
- We identified a dining chair that was faulty and a table in someone's room which was worn and beginning to deteriorate. We informed the provider and we received confirmation this had been addressed after the inspection.

### Staffing and recruitment

At our inspection in December 2018, there was not always evidence of robust recruitment checks being carried out before staff started work at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 19.

- Staff files contained evidence that appropriate checks of the character of applicants had been carried out.
- People told us there were enough staff at the service. One person said, "There's plenty of staff for what they do."
- There were sufficient numbers of staff to meet people's needs. There had not been any admissions since our June 2018 inspection and staffing levels had been sustained. People and staff said people's needs met and responded to promptly and this matched our observations.
- People were supervised throughout the day with staff present to intervene when they needed support. Where one person spent the morning in bed, we observed staff passing their room regularly to check if they required any support.

### Using medicines safely

- People said they received their medicines as expected. One person said, "The medicines are just there, I'm lucky."
- Improvements had been made to medicines records. Where people were prescribed medicines on an 'as required' basis, there were detailed protocols in place to inform staff about when to administer them. We



also found medicines records were accurate and up to date, clearly showing what medicines people were prescribed and when staff had administered them.

- Medicines were stored safely and in line with best practice. Staff completed daily checks of the storage environments as well as records and amounts of medicines stored.

Systems and processes to safeguard people from the risk of abuse

- Aside from the bruising reported on above, we saw evidence that injuries and concerns had been shared with the local authority and CQC.
- Staff had received training in safeguarding and this was also discussed at supervision and meetings. Staff were able to describe how they would identify and respond to potential abuse.

Learning lessons when things go wrong

- Records were kept of all accidents and incidents and these were monitored. Since our last visit, the format of these had changed in order to better identify patterns and trends of accidents such as falls. We will follow up on the impact of this at our next inspection.
- Our findings showed that in some areas, lessons had been learned in response to our previous inspections. Work had been carried out to update care records and introduce increased checks, but our findings showed that more work was required as we identified areas where the legal requirements remained unmet.

# 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our inspections in June 2018 and December 2018, we found information about people's healthcare needs were inconsistent and people did not have access healthcare professionals when required. Information about people's nutritional needs and dementia care was also lacking. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 9 in relation to healthcare needs and nutrition.

- Most people were satisfied with the food, but feedback was mixed. One person said, "The food is consistent, it's good." Another person said, "It's not all that good, but I don't say anything." Another person told us, "It's alright on the whole, we have choice. So far there's always something I like."
- We observed lunch and the dining experience was pleasant, with staff on hand to support people where needed. People made choices from menus and staff gave visual choices by bringing round a selection of drinks and desserts. People finished their meals and appeared to enjoy the food served to them.
- There had been recent changes to the menu to ensure more choices. Records showed people had three options for their main meal and the kitchen could prepare alternatives. There had also been recent improvements to breakfasts to offer more choice. People's feedback showed this was not yet impacting positively on all people at the service and we will follow up on this at our next inspection.
- Where people had specific nutritional needs, care was planned around them. Where one person was losing weight, we saw evidence of work with dieticians to identify ways to encourage them to gain weight. Following a recent appointment their care plan had been updated to include information on foods they would eat when they refused meals and increased monitoring of their weight.
- Another person required soft foods due to swallowing difficulties. Where we found a lack of snack options for people with these types of needs at our last inspection, improvements had been made and staff had received additional training in this area. We observed the person receiving softened biscuits which matched the guidelines of their care plan and recommendations from healthcare professionals.
- People attended their healthcare appointments as planned. Trackers were kept documenting people's appointments and these showed people had recent check-ups with GPs, dentist, optician and chiropodists.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our inspections in August 2015, August 2016, June 2017, June 2018 and December 2018 we found inconsistencies in how the MCA was applied. Restrictions had been placed upon people without consent and we found assessments of people's mental capacity were not always carried out when required. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 11.

- People had consented to their care and we observed staff asking for consent before supporting people. Care plans also documented if people had consented to receiving the support within them.
- Where people were unable to consent, the correct legal process had been followed and any restrictions had been shared with the local authority DoLS Team.
- Where one person had been assessed as lacking the mental capacity to decide to live at the service, a best interest decision had been recorded involving healthcare professionals and relatives. Because the best interest decision involved restrictions being placed on the person, an application had been made to the DoLS Team.
- Another person was subject to restrictions due to a certain risk they faced. The person had agreed to the restriction because they had the mental capacity to do so. They had signed to consent to certain actions staff could take if they felt their safety may be at risk.

Staff support: induction, training, skills and experience

At our inspection in December 2018, we found that staff lacked knowledge in areas such as food textures, MCA and dementia care. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 18.

- Staff told us they received training, and this made them confident in their roles. One staff member said, "The training has improved, I understand everything better. I feel like I could approach anyone to ask."
- As part of improvements, training had been refreshed and supervision had taken place in areas such as the MCA, dementia and dignity in care. Records showed these involved discussions amongst staff about how these areas applied to their roles.

- The provider kept a record of training and this showed all staff had received recent training in important areas such as equality and diversity and health and safety.
- Staff told us they received regular supervision and that these sessions were helpful to them. A staff member said, "They are beneficial, they ask your comments and suggestions regarding the care."
- Records showed one to ones took place regularly, but due to the registered manager leaving some recent sessions took place as group supervision sessions to ensure all staff had opportunities to discuss practice.

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

- The home environment had been improved since our last visit. A sensory lounge had been developed with a pub bar area that people said they liked using. We saw photographs of regular events in this area and the garden.
- There was signage throughout the home to enable people living with dementia to orientate themselves. Signage also showed people the date and weather to expect, help them prepare for their day. The home had been adapted so people using walking aids and wheelchairs could move around the service and we observed them doing so.

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

- There had been no new admissions since our inspection in June 2018. There were standard assessment tools in place for areas such as skin integrity, malnutrition and falls risks. We saw these had been applied and were regularly reviewed. However, as reported in Safe more work was required to ensure risk assessments and plans were consistent.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At our inspections in June 2018 and December 2018, staff did not provide support in a dignified manner. People's privacy was not always respected and shortfalls in cleanliness and personal care tasks meant people did not live in an environment that promoted their dignity. This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 10. However, improvements were still in the processes of becoming embedded.

- People told us they liked the staff. One person said, "The staff are reasonable, they are caring." Another person said, "The laundry lady is wonderful. It's just the way she is." Another person told us, "Generally they're excellent."
- However, two people told us they did not always feel staff were caring. This showed that improvements to staff practice had not been in place for long and more time would be required for the positive impact of these improvements to be felt by people.
- Since our last inspection, staff had undergone additional dignity training as well as group supervisions and observed practice sessions. Staff said these had improved their practice and one staff member described how they made them consider the impact of care tasks on people.
- The majority of interactions we observed were positive, but we did observe one instance where a member of staff talked to another staff member about a person in front of them. We informed the provider of this and they undertook supervision with the staff involved.
- Aside from the observation above, staff were observed engaging people in conversation and supporting people in a kind and considerate manner. When a person living with dementia was asking who the inspection team were, staff knelt down to their eye level and used a calm and reassuring tone to introduce us to them.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was upheld. At our last inspection, we observed that people's personal care needs were not always properly met. During this inspection we observed people were well presented and had received personal care when they wished to.
- Staff were respectful of people's privacy. Staff knocked on people's doors and waited for permission before entering. We observed staff offering personal care to a person who had declined it in the morning, they did this discreetly and gave the person choices in this area.

- People were supported in a way that encouraged them to be independent. One person was able to carry out most personal care tasks themselves and this was in their care plan. Staff described how they supported the person in this way and the person told us they were given opportunities to do these tasks themselves.
- Where people were able to go out themselves or with some support, they were enabled to do so.
- Improvements were underway to information gathered about people's religion, culture and sexuality. Life story books had been introduced and staff showed us how they worked through them with people, providing updates and information over time. At the time of inspection, we saw this had started to inform care planning around people's diversity but more detail was required. We will follow up on the progress of these improvements at our next inspection.

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

- As part of the life story project, people had opportunities to express preferences and we saw this was used to inform activities and menu planning. People's care needs were regularly reviewed but we found inconsistencies in care plans that meant personalised information was not always in place.
- People had regular meetings and we saw the frequency of these had increased since our last visit. People had been involved in a recent brainstorming session where they had decided on ideas for activities and outings at the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our inspections in June 2018 and December 2018, care plans were inconsistent and important information about people's needs and preferences was missing. We also found people did not have regular opportunities to go out. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 9

- Improvements to end of life care had not been completed by the time of this visit. Electronic care plans for end of life care remained in place since our last inspection, but these did not contain personalised information. A tool had been introduced and added to paper records, but these had only been completed for one person. The administrator told us this was because they were awaiting meetings with relatives, but they had not updated end of life care plans with existing information they held or with preferences people were able to tell them.
- Care plans did not always reflect people's needs and preferences. At the time of inspection, a paper and an electronic method of care planning were being used simultaneously. We found inconsistencies between the two formats which meant it was unclear what people's needs were. For example, one person's electronic care plan stated they needed support with catheter care, but staff told us and their paper care plan said this was no longer true.
- Where one person had a mental health condition, their care plan for this was not personalised. It contained generic information about how people may be affected by the condition, but there was no personalised information about how it affected this person, such as signs they may be unwell and ways in which staff could respond to changes in their mental health.
- Daily notes were not always personalised. Whilst we did see examples that showed details about what people had done each day and the care they received, we found instances where information was identical between days. The electronic daily records showed one person had identical entries, including typos, for four consecutive days in June 2019. This did not demonstrate a personalised approach to people's care needs.

The shortfalls in care planning and end of life care were a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been improvements to activities and outings, but people's feedback reflected work was still in progress. One person said, "There's no choice of activities, I used to play golf." Another person said, "I'd like to see a full programme of a month."
- People had increased opportunities to go on outings and the provider had booked a bus service to ensure outings could take place. At the time of inspection, dates for outings had been set and people had been taking part in sessions to choose where they wished to go over the summer.
- People had been given opportunities to make suggestions and we saw evidence of a varied programme of activities. These included arts and crafts, entertainment and exercise.
- During the inspection, we observed people participating in a yoga session and it was well attended and people enjoyed taking part.
- Records were kept of activities attended by people and these were accurate and up to date. However, these improvements were still in the process of being implemented and feedback showed time was required for people to feel a positive impact from them.

Improving care quality in response to complaints or concerns; Meeting people's communication needs  
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in accessible formats. Information about how to raise safeguarding concerns or complaints were available in pictorial formats and in large print.
- There was a complaints policy in place which was on display within the home. These were also within people's rooms and where required, people had been given the policy in an accessible format.
- There was a record of complaints including a tracker to learn from them. There had been one complaint since our last inspection in relation to information displays being out of date. This had been responded to promptly with action taken to address the issue. We observed information displays were up to date during our visit.



# 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our inspections in June 2018 and December 2018, we found audits did not always take place or were not always robust enough to identify the concerns we found. We also found a failure to robustly implement action plans in response to our findings. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they had seen improvements, but we received feedback that still people did not always feel they could raise any issues with management. One person said, "It's pretty good really." Another person told us, "It [leadership] is pretty average." Another person told us they felt issues they raised may not be dealt with openly. This feedback showed progression since previous inspections, but showed more work was required to implement and embed improvements so people felt confident in management.
- Since our last inspection, there had been increased audits and checks introduced and these had improved areas such as medicines and cleanliness of people's rooms. However, we identified shortfalls in this inspection that checks had not picked up.
- We found faulty furniture and an ant infestation audits had not found these, so action was only taken in response to our feedback.
- Care records were not accurate and up to date. Despite an action plan being in place since June 2018 which stated shortfalls in care plans would be addressed, we found continued inconsistencies in this area. Where we found daily notes were not personalised, documentation audits had not picked this up. The provider's governance systems were also not robust enough to ensure safeguarding concerns could always be identified and escalated, because we found an instance where identified bruising did not get picked up in handover.
- There had been a failure to implement improvements in a timely manner. Whilst this inspection found the legal requirements had been met in some areas, shortfalls remained in relation to risks, care planning and governance. This showed approaches to improvements were not embedded. The provider continued to rely on external feedback to identify concerns and make improvements.

The shortfalls in governance, auditing and sustaining improvements were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our inspection in December 2018, we found we had not always been notified of events that the provider was legally required to report to CQC. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- At this inspection, the provider had notified CQC of events they were required to do so. We had been informed of a recent injury a person had sustained and the form gave a detailed account of the incident and actions taken to keep the person safe.
- Where people had relatives or advocates involved, we saw evidence of information being shared with them. Where incidents occurred, relatives had been informed and records showed relatives had been invited to reviews.

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

- People said they were given opportunities to make suggestions. One person said, "I was asked for my opinion about the service in a questionnaire a few weeks ago."
- As part of improvement work, people had been involved in making suggestions and comments on the improvements. The home environment had been decorated in places and people had been involved in this, we saw evidence of meetings taking place where people made decisions about outings and food.
- We saw records of surveys that were underway at the time of our inspection. These provided people and relatives with an opportunity to give feedback. The examples seen were positive and include positive comments about the environment, staff and activities.
- Staff told us they felt supported, but the registered manager had left a month before our visit. A new manager was recruited and visited during the inspection. We received confirmation they started in post in July 2019 and submitted an application to register with CQC.
- Staff said they had regular meetings and records of these showed discussions around record keeping, communication and training. Meetings were used to discuss improvements and ensure staff were aware of any areas of practice they needed to improve.
- Links with the community were being developed. These included a local bus service which had been used to arrange outings.
- Improvements had been overseen by the local authority with visits from their quality assurance team and regular meetings. Action plans had been shared with relevant agencies so improvements could be tracked. We saw evidence of people's individual care needs being met by staff liaising with professionals involved.