

Seacole's Limited

# Pelham House

## Inspection report

5-6 Pelham Gardens  
Folkestone  
Kent  
CT20 2LF

Tel: 01303252145

Date of inspection visit:  
25 January 2023  
26 January 2023

Date of publication:  
16 March 2023

### 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Pelham House is a residential care home providing care and support to up to 22 people, some of whom were living with dementia. At the time of the inspection there were 15 people living at the service.

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

At this inspection we identified concerns with the oversight and governance, the environment – in particular the heating and hot water provision, and the training of staff. Further areas for improvement around the management of medicines were identified.

People, their relatives and staff commented that the heating and hot water were not always working. People told us they were sometimes cold.

Checks and audits were not consistently effective. Shortfalls found during the inspection had not been identified through the service's checking processes. When shortfalls had been identified, follow up actions had not always been taken to ensure these were addressed.

Staff training had not been completed or refreshed as required. There was a lack of oversight of staff training needs.

Accidents and incidents were recorded, and people had been referred to health care professionals when needed. However, there was no overview of these to ensure any patterns or trends could be identified. The quality and compliance officer provided this during the inspection.

Risks to people's health, safety and well-being were assessed and measures were in place to reduce risks to people. Some risk assessments required further development.

People received their medicines safely. We identified some areas for improvement with the medicines management to ensure the service followed best practice.

People were supported by enough staff who had been recruited safely. People told us they felt safe living at Pelham House and their relatives told us they were generally cared for well. A relative said, "[My loved one] is treated with kindness. Staff always give them time and are patient."

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

People told us they enjoyed their meals and they were offered choices. People were supported to see health care professionals, such as chiropodists and dentists, as needed.

People were supported by staff who were patient, kind and caring. Staff knew people and their needs and preferences well. People were able to participate in various activities and there were links with the local community, such as local school children visiting.

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 24 October 2022). There were breaches of regulation and the service was placed into Special Measures. This service has been in Special Measures since 24 October 2022.

At this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. However, we identified breaches of regulation. The service has been rated requires improvement or inadequate for the last five inspections, where a rating has been given.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well-led sections of the report.

#### Enforcement

We have identified breaches in relation to staff training, the environment and good governance 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.

**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 caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Pelham 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 was carried out by 2 inspectors, a medicines inspector and 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. The Expert by Experience spoke with people's relatives.

#### Service and service type

Pelham 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. Pelham House is a care home without nursing care. The Care Quality Commission (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 CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, however an application had been submitted.

## Notice of inspection

This inspection was unannounced.

## What we did before the 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 reviewed information received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

## During the inspection

We spoke with 6 people living at Pelham House, a visitor and 9 relatives about their experience of the care and support provided. We spoke with 4 care staff, the deputy manager, operations manager and quality and compliance officer. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 4 people's care records. We reviewed 8 medicine administration records. We observed medicines administration and spoke to a member of staff who was trained to administer medicines.



# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our inspections on 25 January 2022 and 11 August 2022 there had been problems with the heating system and hot water. At this inspection there continued to be problems with both.
- Three people told us the service was cold. They said, "It is chilly, but you get used to it" and, "I put an extra jumper on." One member of staff commented, "Some parts of the house is cold. Room [X] is really cold, no heating and she's shivering. Room [X] gets pretty cold and room [X]. [Person] sometimes wears jumpers and dressing gowns. Doesn't seem to work fully on one side of the house."
- Minutes from a residents' meeting on 16 January 2023 noted, 'Rooms [X] and [X] asked about the heating. They commented that the heating was on, but it just didn't feel like it was.' A relative told us their loved one had a portable heater in their room and, although they had raised concerns with the manager, the hot water "Has never been satisfactory".
- Maintenance staff checked the radiators in the service regularly. These checks showed, between 27 December 2022 and 24 January 2023, there were 6 rooms identified on several occasions where radiators were not working correctly.

The provider failed to do all that is reasonably practicable to mitigate risks and ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment

At the last inspection on 11 August 2022 the provider failed to ensure care and treatment were provided in a safe way. Risks to people's health safety and welfare had not been consistently assessed, monitored and reviewed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12. These improvements need to be embedded into day to day staff practice.

- Risks to people's health, safety and welfare were assessed. At the last inspection, areas such as the laundry, were not locked when not in use, to protect people living with dementia from environmental risks. At this inspection, there were signs to remind staff to keep the door locked to keep people safe from accessing chemical products and very hot water. Minutes of a staff meeting, held in November 2022, confirmed staff had been reminded to keep these doors locked.
- Some risk assessments, for example for the use of bedrails, needed further development. The quality and

compliance officer was in the process of reviewing risk assessments and had identified that there were some environmental risk assessments which needed to be implemented.

- At the last inspection in August 2022, there was no overview of accidents and incidents. At this inspection there was still no overview to monitor and trends or patterns. However, during the inspection this was completed.
- At the last inspection when people fell, staff had not considered seeking medical advice to establish any underlying causes for the falls or considered moving a person to a ground floor room. At this inspection, people had been referred to the relevant health care professionals.
- Other risks to people's health, such as living with diabetes, were assessed and measures in place to reduce risks. There was guidance for staff about signs to observe which may indicate a deterioration in a person's health.

#### Using medicines safely

At the inspection on 11 August 2022 the provider failed to ensure care and treatment was provided in a safe way to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12. These improvements need to be embedded into day to day staff practice.

- Medicines were not always managed safely, and we found areas where improvements were needed. There were no medicines care plans in place for individual people. Staff knew people well but there was no information recorded to support staff meet people's individual preferences. This was an area for improvement. However, there were risk assessments in place for people who were prescribed medicines that cause bleeding or bruising and creams that contain paraffin, which can be a fire risk.
- The majority of 'when required' medicines (PRN) protocols, such as for pain relief, were in place. However, these had not always been fully completed and did not state what to do if the medicine was not effective. Staff had not always contacted a healthcare professional when people were taking PRN medicines regularly. This was an area for improvement.
- People received their medicines safely and as prescribed by staff who were trained to administer medicines. Medicines were administered at set times of the day using a paper-based system which supported staff to follow the prescriber's instructions. One person told us, "I have my medicines at funny times and the staff make sure I always have them at the right time."
- There were systems in place to ensure medicines were ordered, stored and disposed of safely. People's medicines were reviewed regularly by their GP.
- The deputy manager carried out regular audits of medicines and had identified errors and areas for improvement. However, some of the issues we found at the inspection had not been captured in regular auditing. Where errors had been identified action was taken, and the required improvements made.

#### Preventing and controlling infection

At the last inspection on 11 August 2022 the provider failed to assess the risk of preventing, detecting and controlling the spread of infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12. These improvements need to be embedded into day to day staff practice.

- We were assured that the provider was preventing visitors from catching and spreading infections.



- 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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visitors were welcomed to Pelham House and there were no restrictions. A relative commented, "During lockdown they set up outside visiting arrangements in the summerhouse. They always facilitated visits."

## Staffing and recruitment

At the last inspection on 11 August 2022 the provider failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvement had been made and the provider was no longer in breach of Regulation 19. These improvements need to be embedded into day to day staff practice.

- At this inspection staff had been recruited safely and there were enough staff to meet people's needs. There remained areas for improvement, for example, new staff Rights to Work in the UK had not been kept in staff files. We identified 1 staff file where references had not been sought in line with best practice, such as from the most recent employer. On other staff files references had been obtained and interview notes were on file. Gaps in employment were explored and proof of identity was noted. Disclosure and Barring Service criminal record checks were completed to make sure new staff were safe to work with people.
- People were supported by enough staff who had time to spend with them. The management team used a dependency tool to establish the number of staff needed. People told us staff came when they rang a call bell. One person commented, "[Staff] always come when I press my bell. I feel very safe here. They help me on the stairlift so I can spend time downstairs when I want to."
- Relatives views around staff levels varied. Some relatives felt there were not always enough staff. Others felt there were always staff when they needed to speak with them. One relative said, "[Our loved one] doesn't ring their bell because they don't feel they can disturb the staff as they are so busy". Another relative said, "I think there are enough staff. If you need to find one it is easy to do." Staff felt they 'Could do with one more member of staff on the floor during the day'.
- People were supported by a core team of staff. One member of staff told us, "We have a consistent staff team now. It has meant the level of care is so much better." The provider was using agency staff at night whilst they continued to recruit. Staff had built trusting relationships with people and their relatives. A relative commented, "We think the staff are wonderful; without them we wouldn't have a life."

## Systems and processes to safeguard people from the risk of abuse

- Systems and process were in place to reduce the risk of abuse to people. Staff understood the potential signs of abuse and knew to report any concerns to the management team. One staff commented, "I would always talk to or ring the deputy manager. They are amazing. I know they would address any concerns." However, not all staff were clear about who they could contact outside the service, such as the local

authority safeguarding team.

- People told us they felt safe living at the service.
  - The management team informed the local authority safeguarding team of incidents appropriately.
  - Since the last inspection the nominated individual had completed training about keeping people safe.
- The training matrix, received after the inspection, showed there were 9 staff who needed to complete safeguarding training, including the manager.

# 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 inspection on 14 March 2018, when this key question was last inspected, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not completed all required training and regular supervisions were not in place. There was no management oversight to monitor when staff refresher training was required. Training had not been consistently completed in line with the care and support needs of people using the service. Minutes of a staff meeting, held in November 2022, noted the nominated individual had reminded staff to complete mandatory training, however it was clear from training records this had not been followed up.
- Since July 2022 all registered health and social care providers must ensure that their staff receive training in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability. Only 5 staff had completed autism training.
- Staff supervisions had not been completed regularly. However, this had been identified as a shortfall and a schedule implemented. Supervisions with staff had started.

The provider failed to ensure persons employed by the service provider received the appropriate support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Staffing.

- Staff were knowledgeable about people's individual needs and preferences and knew how to provide people with their care and support in the way they preferred.
- Staff competences were completed in some areas, for example infection control and medicines management. When staff had requested to undertake additional qualifications, arrangements had been made for this.

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

- The home was accessible, but we found some areas of the service were in need of and undergoing redecoration to improve the environment. A relative commented, "The home is tired and run down."
- People were able to bring their personal belongings to help make their rooms feel more homely. People had important items, such as paintings and photographs, displayed in their rooms.
- People were able to access a secure garden and told us they enjoyed sitting in this during the warmer weather. Some people sat near windows and a door leading to the garden so they could enjoy the view and watch the birds. One person commented, "It is a lovely view."

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

- Initial assessments were completed when people began using the service. These assessments detailed people's needs and preferences, medical needs and likes and dislikes. People were given the opportunity to discuss their lifestyle choices, including sexuality, religion and disability to make sure they could continue to live their lives as they chose.
- Staff worked closely with people, their relatives and health care professionals to ensure transitions between services were as smooth as possible. Staff were observant in noticing any signs of deterioration in a person's health.
- People's health care needs were assessed using recognised, evidence-based tools, such as Malnutrition Universal Screening Tools to check if a person was at risk of malnutrition.

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

- People were supported to eat healthily and drink plenty to maintain a balanced diet. People made suggestions during residents' meeting about foods they would like to have. However, it was not clear how this information was relayed to kitchen staff.
- People told us they enjoyed their food. A person commented, "We love the cook here, she's very good." However, during the inspection staff did not engage with people to ensure mealtimes were social occasions. Staff felt they did not want to interrupt on people's mealtimes so sat quietly observing people eat.
- People's likes and dislikes around eating and drinking were noted in their care plans. Any allergies or food intolerances were also recorded. Kitchen staff were knowledgeable about people's preferences. When people chose to have vegetarian meals, this was catered for.

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

- People were supported to stay as healthy as possible and staff monitored people's health and contacted health care professionals when needed.
- Relatives provided mixed feedback about the support their loved one's received with their health care. A relative commented, "I am confident with the care." Another relative told us the staff had recently contacted their loved one's GP to obtain antibiotics as they were concerned about them having a cough. They told us staff had kept them informed. However, another relative told us they felt staff did not always contact them in a timely manner when something had happened to their loved one.
- Staff worked with health care professionals, such as speech and language therapists and GPs, to support people to stay healthy.
- People had access to health care professionals, such as dentists, chiropodists and opticians. People's oral health was assessed and included in people's care plans.

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.

- Staff worked within the principles of the MCA and DoLS applications had been submitted. A shortfall had been identified that DoLS renewals had not been submitted when they should have been, and the management team was submitting these.
- Staff had not completed / refreshed MCA training to ensure they were up to date with best practice. The nominated individual noted on their action plan, following the inspection on 11 August 2022, 'Mental capacity, for example, is not considered mandatory training for all staff.' We have signposted the nominated individual to best practice guidelines.
- When people were unable to make important decisions about their care, staff understood the need to involve other people, such as relatives, health care professionals or an advocate, to ensure decisions were made in people's best interest. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.
- Staff gained people's consent before supporting them. People's capacity to consent was noted in care plans.

# 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 inspection on 25 January 2022, when this key question was last inspected, we rated this key question requires improvement. The rating for this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness, dignity and respect by the staff team. Staff knew people, their backgrounds and their preferred routines well.
- Care plans noted how people preferred their support. This included things such as if a person did not like their hand being held or being hugged. Staff knew people well and treated people with kindness and compassion. During the inspection a person reached out to a member of staff for a hug and the staff member chatted with them and gave them a reassuring hug. Staff understood who did and did not find comfort in these interactions.
- Relatives said, "As a family we are generally happy with the care", "Staff are supportive of [our loved one]. Sometimes they don't eat or sleep at the usual times. They have sometimes sat with the night staff and had a pizza. They seem very settled", and "We are really happy with the home. Staff are really kind. [Our loved one] is well looked after and really happy."

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

- People and their relatives were involved in the planning of their care and support. During the inspection staff spoke with people in a kind and gentle way, checking on their well-being.
- Relatives we spoke with were happy with the care and support their loved ones received and felt involved. They told us, "Staff are very genuine. [My loved one] really likes them and gets on well with them. They are very attentive. They will give them a hug when they ask", and "We have no problem with any of the carers they are all approachable, helpful and friendly."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. Staff supported people to make decisions about what they would like to do each day. People's care plans noted how much people were able to do for themselves. Staff told us how they promoted people's privacy. One member of staff commented, "Some people need prompting but don't always need support, so I look away to make them feel comfortable and close the door."
- Staff told us they felt it was important to encourage people's independence as far as possible.
- People's confidential information was stored electronically on password protected computers.

# Is the service responsive?

## Our findings

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

At the inspection on 14 March 2018, when this key question was last inspected, we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was accessible to people, relatives and professionals. Records of complaints showed that any formal complaints were logged, responded to and lessons learned to improve the quality of care provided.
- People had raised issues during a residents meeting. There was no formal route to record these concerns to ensure action was taken to address people's feedback. This was an area for improvement.
- People told us they would talk to staff if they had any worries. Relatives told us they would speak with the management team if they needed to complain.

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

- People received care and support which was responsive to their needs. Relatives said they had been involved in planning their loved one's care when they moved to the service.
- Care plans centred on people's individual needs and preferences. These included the level of support people needed and where they may need encouragement.
- Important information about people's life history, likes and dislikes was included in care plans. Staff spoke knowledgeably about the people they were supporting.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and care plans reflected people's individual communication needs. When people wore glasses or used a hearing aid, this was recorded.
- Staff changed the way they spoke with people based on their varying needs. For example, staff lowered themselves to ensure they obtained eye contact when speaking with someone who was hard of hearing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a variety of activities and maintain relationships. People's spiritual and cultural needs were considered.
- The service received visits from school children and local clergy throughout the year.

- During the inspection people enjoyed painting with the activities co-ordinator. There was plenty of chat and interactions from staff were positive and encouraging.
- Relatives told us their loved ones were offered activities and if their loved one spent time in their room, staff made sure they spent time with them there. One relative told us they had received photographs of their loved one enjoying activities.

#### End of life care and support

- Staff provided compassionate end of life care and support to people. Staff spoke passionately about being privileged to support people at this time in their life.
- People were asked about their end of life wishes and, when they were happy to discuss them, these were recorded to make sure people's wishes would be respected.
- Staff gave examples of how they had ensured a person, who had no relatives, had the funeral they had wished for. Staff chose hymns and music the person had enjoyed, attended the funeral and read a poem. One member of staff told us a person had been worried about passing away on their own, the staff member stayed at the service overnight to make sure they were with 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to assess, monitor and mitigate risks to the health, safety and welfare of service users and others who may be at risk which arise from carrying out the regulated activity. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance

At this inspection some improvement had been made, however there were still identified shortfalls and the provider remains in breach of Regulation 17.

- There continued to be a lack of oversight of the service. Shortfalls relating to staff training and staff supervision had been discussed at staff meetings, action had not been taken to ensure staff completed or refreshed their training. Management were not consistently leading by example and had not completed their mandatory training. There continued to be a lack of oversight of accidents and incidents.
- Checks of recruitment files had not identified the areas for improvement found during this inspection.
- People, relatives and staff continued to raise their concerns with regard to the heating and hot water at the service there remained issues with both. This risks around these systems continued not to be managed adequately. As a result, people had complained about being cold.
- People's relatives were not all clear who was running the service on a day to day basis. One relative told us they rarely saw the same manager so were unsure who the responsible person was. Another said they did not know who to contact due to management changes.
- There had been improvements with the auditing of medicines management, however, there were still improvements to be made and sustained. Checks had not highlighted areas for improvement which we identified during the inspection.

The provider failed to assess, monitor and mitigate risks to the health, safety and welfare of service users and others who may be at risk which arise from carrying out the regulated activity. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The quality and compliance officer had identified shortfalls in the auditing processes and was implementing further audits to continue driving improvements.
- Relatives also told us they felt the communication had improved in the last 6 months. Relative's

comments included, "The manager is very pleasant", "We have no issues with communication" and, "If there is an incident, they tell me about it. The managers are approachable, but I do not know who is in charge of what. I would like to have one person to contact."

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

- Staff interactions were positive and centred on people's individual needs. The atmosphere was happy and relaxed. Staff took their time with people and they were not rushed. Staff spoke passionately about the people they supported.
- People knew the staff by name. People had built trusting relationships with staff.
- Staff felt the morale, culture and teamwork had improved over recent months.
- Staff had received several written compliments from relatives. A recent compliment noted, 'What a difference compared to one of our previous visits about 18 months or so ago. The staff were all so welcoming and friendly and lovely in the way they treated and spoke to [our loved one]. This time not only were we made to feel welcome, but we were asked if we would like to have lunch with [our loved one] which was great.'

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 nominated individual was aware of their legal responsibility to be open and honest when things go wrong.
- Reportable incidents, such as a death or a serious injury, were reported to the Care Quality Commission in line with guidance. When needed, the local authority safeguarding team were informed.

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

- People, relatives and staff were engaged by the management team. People were given the opportunity to feedback about the day to day running of the service, including meals and activities. However, when people had raised issues there was no clear process for these verbal concerns to be actioned.
- Relatives meeting had been held online. Whilst a copy of the video was shared with relatives, some felt they would prefer a copy of minutes. The provider's action plan, received following the last inspection, noted there would be monthly friends and family surveys. Some relatives told us they had not been asked to complete any surveys.
- There was a schedule to hold staff meetings. Minutes of staff meetings were completed; however, it was not clear how actions required were followed up to ensure they were completed.
- Staff said, "I really enjoy my work. I just love helping people. I think I treat them how I would like to be treated. I find it very rewarding" and, "There have been changes here and I feel supported. I love my job. We have a good staff team now."

Working in partnership with others

- Staff worked with people's health care professionals, such as community nurses and GPs. Arrangements were made to support people with footcare and dental care.
- People were referred to health care professionals when needed and advice given was followed by staff.