

# Belmont Sandbanks Limited

# Madeira Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Requires Improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires Improvement	

# Summary of findings

## Overall summary

About the service:

Madeira Lodge is a residential care home that provides personal care and support for up to 28 older people, some of whom have dementia. At the time of our inspection there were 23 people living there.

People's experience of using this service:

People told us they felt safe at Madeira Lodge. Relatives we spoke with felt staff knew people well and understood their support needs.

Potential risks to people's health and welfare had been assessed, there was guidance for staff to reduce risks and keep people as safe as possible. However, some environmental checks and audits had not been fully effective. This was because some planned safety checks had lapsed and other checks had not resulted in risk being reduced. Additionally, fluid monitoring measures, intended to support people to drink enough were not sufficiently developed to support people effectively. Management oversight of the service had not identified or addressed these concerns and was not therefore effective.

We observed people being treated with kindness and compassion. People were supported to be as independent as possible.

Medicines were stored, managed and administered safely; improvements suggested during the inspection were put in place immediately.

People's needs were assessed and used to develop a care plan. These were reviewed regularly and, where possible, people agreed their care plan and they and their relatives were involved in reviews.

Accidents and incidents were recorded, investigated and action taken to reduce risk. Risk assessments were reviewed and updated to ensure they were effective.

People told us there were enough staff to support them as they preferred. Staff had been recruited safely and they received appropriate training and supervision.

Staff and the registered manager understood their responsibility to protect people from abuse. Staff spoken with could explain how any suspected abuse would be reported.

People were encouraged to make decisions about their care and how they spent their time. They received access to healthcare professionals and were supported to be as active as possible.

People knew how to complain and were comfortable to raise any issues with the registered manager.

Rating at last inspection:

The service was rated Requires Improvement at the last inspection on 07 February 2018 (Report published 20 April 2018). This service has been rated Requires Improvement at the last two inspections. This is the third consecutive time the service has been rated as Requires Improvement.

**Why we inspected:**

This was a planned inspection based on the rating at the last inspection.

**Follow up:**

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

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** 

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** 

### **Is the service caring?**

The service was not always 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** 

# Madeira Lodge Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Madeira Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection in February 2018. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. Providers are required to send us information to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection we looked at the following:

The environment, including the communal areas, bathrooms and some people's bedrooms. We spoke with seven people living at the service and three relatives who were visiting. Some people were not able to tell us about the care and support they received, so we discreetly observed their interactions with staff in

communal areas. We spoke with the regional operations manager, the registered manager and five staff, including senior carers and care assistants. We received feedback from a local authority commissioner and safeguarding team.

We looked at a selection of records including six people's care records as well as aspects of other care plans. We also checked medicines records, records of accidents, incidents and complaints, the provider's and registered manager's monitoring and audit records, four staff recruitment files and staff supervision records. We reviewed staff training, staffing rotas, records of meetings with relatives and staff and also fire, health and safety and maintenance records

After the inspection the registered manager sent us additional information we requested in a timely manner.

# Is the service safe?

## Our findings

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

Requires Improvement: 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..

At the last inspection on 07 February 2018, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of Safe. There was a breach of Regulation 12, Safe Care and Treatment, because although risks relating to people's care and support had been assessed, there was a lack of information to guide staff about how to keep people safe. Additionally, while accidents and incidents had been recorded, there was not always detailed information to confirm what action had been taken to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- At this inspection, some improvement had been made. People's support plans contained detailed risk assessments linked to their support needs. Where some people presented behaviours, which could become challenging for other people, clear guidance was available about how best to support them. This informed staff of triggers for some people's behaviour, when it was most likely to occur and how to support them. For example, one person had formed friendships with other people and could become agitated if other people sat with them or approached them. Risk assessments guided staff about the person's posturing as an indicator before they may become challenging. Guidance set out how to de-escalate potential confrontations by engaging the person in conversation, or asking them to help with a task, or guiding them toward an activity, or offering a drink or a snack. Additionally, a referral had been made to the mental health team. Incidents logs showed a reduction in confrontational behaviour.
- Another person was at high risks of falls but could become very agitated if they felt staff were supervising them; they found this intrusive and unnecessary. Professional advice had been sought and the person wore hip protectors to cushion any impact in case of a fall. We observed staff proactively making sure the person had walking aids to hand when they felt they would mobilise, then staff observed at a discreet distance to provide support if needed. Other measures, such as installation of a pressure mat alarm in the persons bedroom, enabled staff to offer support if needed. Accident records showed a reduction in the persons falls.
- However, recent hot water temperature checks showed the temperature of water at some taps was hotter than it should have been. Where risks had been identified that some people may not drink enough, control measures in place were insufficient to guide staff to effectively support people. We discussed these issues with the regional and registered managers who, during the inspection, arranged remedial action. Following the inspection, we received confirmation that checks had taken place any potential risk was mitigated. However, until pointed out during the inspection, risks had not been recognised or mitigated. This was an area identified as requiring improvement.
- Emergency plans were in place setting out how people needed to be supported in the event of a fire and fire drills took place regularly. Fire safety and checks of the building and equipment used were completed regularly.

## Using medicines safely

At our last inspection 07 February 2018, medicines were not always managed safely. This was a breach of Regulation 12, Safe Care and Treatment because records of some medicines given were not always accurate or complete.

- At this inspection, improvement had been made; medicine administration records (MAR) fully reflected the medicines given. Where medicines were given from blister packs, records detailed the quantity given and the stock figures checked matched the quantities of medicines held. Medicines were stored safely.
- PRN (as and when required) medicine protocols were in place. However, when PRN medicines were administered, the reason for administering them was not always recorded on the MAR chart. We discussed this with the registered manager who immediately ensured all staff were aware of this requirement and how to record it.
- A system was introduced during the inspection which provided staff with additional information about how and where some prescribed skin creams should be applied. This helped to ensure consistent understanding of all staff.
- Staff were suitably trained to give medicines and competency checks ensured staff practiced safe medicine administration.
- There were no gaps or omissions in medicine administration records (MAR) which indicated people received their medicines as prescribed.
- People's medicines were reviewed by their GP to ensure their use and dose remained appropriate and to avoid any risk of overmedication.

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

At our last inspection 07 February 2018, staff had not consistently investigated incidents or reported those warranting it to the local safeguarding team. This was a breach of Regulation 12, Safe Care and Treatment because the provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety.

- At this inspection improvement had been made; we looked at records of incidents, accidents and complaints and found referrals had been made to the local safeguarding team as needed.
- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff we spoke with could describe what abuse meant and tell us how they would respond and report if they witnessed anything untoward.
- Staff told us the provider and registered manager were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew how to raise and report concerns outside of their organisation if necessary.

## Learning lessons when things go wrong

At our last inspection 07 February 2018, staff had not consistently investigated incidents. This was a breach of Regulation 12, Safe Care and Treatment because the provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety.

- At our last inspection, accidents and incidents had been recorded, however, further analysis was required to identify patterns and trends.
- At this inspection, accidents and incidents were analysed. The information had been used to inform staff deployment and for referrals for falls, medication reviews and tests for urinary infections, which can contribute to falls and changes in behaviours.
- The registered manager had shared incident and accident information with the local authority when

potential safeguarding concerns had arisen.

- Accidents and incidents were recorded by staff and monitored by the registered manager to try to prevent similar incidents being repeated. For example, about falls and behaviour which could become challenging.

#### Preventing and controlling infection

- We observed the environment was clean, however, on occasion there was an odour of urine. This was discussed with the registered manager. They gave their assurance the odour was noticeable in one area as a person had a urinary infection which made their urine smell strongly and personal care had just been delivered to them. An automatic air freshener was renewed and the odour dispersed.
- Wooden handrails around some of the service were rubbed down to bare wood through cleaning. We explained to the registered manager that bare wood absorbed liquid and fluids and was difficult to clean at an anti-bacterial level. Once pointed out, the hand rails were varnished, forming an impermeable barrier to liquid absorption.
- There were systems in place to reduce the risk and spread of infection, these included deep cleaning processes for carpets and soft furnishings as well as the use of anti-bacterial solutions.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.
- The registered provider carried out infection control audits.

#### Staffing and recruitment

- People told us, and the rotas showed there were suitable numbers of staff to provide the care and support people were assessed as needing.
- Agency staff were used if regular staff were not able to cover absences. Domestic staff, laundry staff and cooks were employed so care staff could concentrate on providing people's care and support.
- The registered manager made sure they followed a robust process when recruiting staff to make sure only staff who were suitable to work with people living in the service were employed. Application forms were completed, any gaps in employment were investigated, references and proof of identity were checked. Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services.

# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection 07 February 2018, although staff had received training appropriate to their role, this had been limited to online training and workbooks. There had been no face to face training for topics such as moving and handling, challenging behaviour and first aid, to show the practical element or an assessment of staff competency. This was a breach of staffing under Regulation 18 because the provider had failed to ensure training was provided to enable staff to have the skills and competencies to perform their roles.

- At this inspection improvements had been made. A head of training had been recruited and programme of face to face training had been delivered, together with competency assessment checks of staff.
- Staff received the training they needed to carry out their roles. New staff received an induction into the service which included mandatory training and shadowing more experienced staff to get to know people and familiarise themselves with the service.
- Staff told us they felt training had improved, they were happy with the quality of training and felt they were able to gather the skills and knowledge necessary to support people.
- Additional training was delivered to make sure staff had the skills to meet people's specific needs, such as diabetes and dementia awareness, together with oral hygiene training. Training about supporting people with epilepsy was due to be delivered.
- The manager had engaged with the training services offered by the local council and had received training and input from an occupational therapist about supporting people to mobilise and transferring them from beds to chairs. Guidance was present about which lifting slings should be used and how to use them safely.
- Staff told us they were happy with the management support they received and had regular one to one supervision with their manager and an annual appraisal plan of their development. Staff files confirmed staff had the opportunity to have a one to one meeting with the registered manager or a delegated senior member of staff, and to plan their personal development each year. The service did not experience a high turnover of staff, which promoted continuity of care and building of relationships between people and staff.
- Another member of staff was being supported by the provider to undertake their Diploma Level five in social care.

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

- The service was in a large property which had been considerably extended and was set within a semi-rural coastal position. A pleasant garden was accessible for people to use, with access points from more than one part of the service. One access to the garden was locked but staff told us people could go out if they wanted to, another access was unlocked, and we saw one person supported to walk in the garden. There were ramps and handrails to help people access the garden safely, the garden was gated to help ensure people's

safety.

- The building had been maintained to a reasonable standard, although some visitors we spoke with commented that some décor would benefit from updating.
- The registered manager had placed signs around the service to help people, particularly those living with dementia, to find their way to communal areas such as bathrooms, lounges and the dining area.
- All toilet doors were painted the same colour, which was different to bedroom doors. This along with pictorial and written toilet signs helped remind people where the toilets were. We saw people accessing the toilets independently and staff reminded some people the toilets all had blue doors.
- More than one communal area was available for people to sit together and quiet areas to meet with visitors if people wished, such as a conservatory lounge opposite to the main entrance.

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

- Staff were aware of how to help people to maintain diet. They described how they observed how much people ate and the amount of fluid they drank.
- Where concerns were identified if people weren't eating or drinking enough, fluid monitoring sheets were completed. However, the fluid intake monitoring sheets did not set a target amount for people to drink. This made it difficult for staff to know if people were on target to drink the required amount and, therefore, to know when to encourage people to drink more. We discussed this with the registered manager who revised the fluid monitoring charts by introducing target amounts about how much some people should be encouraged to drink each day.
- Staff told us they used different ideas to encourage people to drink more, such as providing milkshakes and fruit smoothies to people who liked them and giving people ice lollies in the hotter weather.
- People were weighed regularly, there were no current concerns about significant or sudden weight loss.
- People had a choice at mealtimes and could ask for something else to eat if they did not like either option on the menu.
- Nobody at the service followed a diet specific to their cultural needs, although if needed, staff were happy to accommodate it.
- Alternative diets were catered for, such as when people were diabetic. People's dietary needs were highlighted in their care plans. The cook was aware of people's needs and kept an up to date record in the kitchen. These included who had allergies to food, softened diets and fortified foods.
- People's preferences for food and their likes and dislikes were clearly recorded which helped staff to assist people with choices and decisions when they may have forgotten.
- People who were able to tell us about the food said they were happy with the quality and choice. We saw other people, who were not able to give verbal feedback either ate their food well, or where they did not start eating, staff responded by encouragement, supporting them to eat or giving them another choice, such as a sandwich or an omelette.
- A relative told us the food was good; their family member didn't have a big appetite but ate well and seemed to enjoy their food.

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

- Where people required support from healthcare professionals, this was organised, and staff followed guidance provided. Information was handed to other agencies if people needed to access other services such as the hospital.
- GP's and district nurses visited the service regularly to help people to maintain their health. People were supported to access services such as dentists, chiropodists and opticians. Relatives told us they were usually kept informed if there were any concerns about people's health.

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

- Initial assessments were undertaken with people, and their relatives where appropriate, before a decision was made for them to move into the service. This meant the registered manager was able to assess if they had the numbers of staff who had the skills necessary to provide the support needed.
- A range of care plans and risk assessments were developed in order to provide people's care and support in the way they needed. Care plans included, communication needs, oral health, mental health, emotional needs, activities and end of life support. The provider proposed to trial an electronic system of care plans, for staff to record the care provided.

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 were supported to make decisions and choices on a day to day basis. Staff told us how they supported people to make decisions and what their role was in supporting this. One staff member gave an example, "If people are refusing care, I would check the care plan to see if it says anything in there about what to do and if a capacity assessment had been completed. It may be that we would need a best interest meeting if there was something specific they didn't want to do and would negatively affect them."
- Where people lacked capacity to make certain decisions, capacity assessments had been undertaken and best interest's decisions had been made when necessary.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had made appropriate applications when people were considered to be deprived of their liberty. One application had been declined and other applications for other people were awaiting responses from the local authority.

# 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

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; equality and diversity

- The people who were able to speak with us said the staff were kind and treated them well. One person told us "They are all nice, they are good to me." We saw staff and people chatting together, sharing humour and laughing in the communal areas. People responded to staff warmly and willingly. When one person became agitated, a member of staff supported them by holding and stroking their hand until they settled.
- Staff were confident supporting people with different needs. We spoke with staff about equality. One member of staff told us, "Everybody needs to be treated individually, but equally. It doesn't matter to me about their race, religion or colour, it's about making sure everyone has the same opportunity."
- Staff described the service as a good place to work. They told us, "We care about all the people here, very much." They volunteered they would be happy for a family member to live there and when asked if they would recommend the service to people, they told us, "I often do."
- People's relatives and friends were welcome to visit at reasonable times, although one relative told us staff tried to dissuade them from visiting at meal times. We discussed this with the registered manager who told us that some people using the service had difficulty in focussing to eat. They explained that visitors at meals times often distracted people from eating and sometimes it was not possible to re-orientate people back to eating. They told us relatives were not excluded from visiting at lunchtime and could make arrangements to do this in advance. This would enable visitors to meet loved ones in other areas of the service, rather than the dining area.
- One relative told us they were made to feel welcome but did not normally visit at mealtimes. Another relative told us they found staff caring and welcomed the support and interaction their relative received from staff.

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

- One person told us how staff respected their choices, "I like a good wash every day, I can do most of it and staff help when I need it. I like to be as independent as I can, I always chose what I'd like to wear."
- Some people had signed their care plans showing they were involved in decision making and they had agreed with what the plan said.
- Some people were not able to be as involved in planning their care or some preferred their relatives to be involved. One relative told us they had been involved with their loved one's care plan, they had told staff about their likes and dislikes and her daily routine. They did not have any concerns and were happy with the support provided.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people to maintain their privacy and dignity. They described, and we

heard, for example, how they orientated some people to remind them where the toilet was.

- Staff told us they made sure curtains were closed as well as people's bedroom doors when they provided personal care. They also helped people to be as covered up as possible when providing their personal care.
- The importance of confidentiality was understood and acted upon, information was locked away in cupboards or filing cabinets in secure rooms. Computers and electronic devices used by the provider and staff were password protected to keep information secure.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

At our last inspection on 07 February 2018, care plans were not reflective of people's current needs. This was a continued breach of record keeping under Regulation 17, because the provider had failed to ensure accurate records were in place for each person or that care plans reflected people's assessed needs and preferences.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- At this inspection improvement had been made. Care plans were informative, they reflected people's current needs and provided clear guidance and reference material to inform consistent staff working practice.
- Some people's behaviour challenged themselves, staff and others when they were anxious. Care plans and risk assessments described if there were triggers to how some people behaved as well as a description of behaviours. For example, some people shouted, became tearful or anxious, some paced around the service and some were possessive of other people. There was guidance about strategies to support people, including proactive support to prevent some behaviour from starting. Staff patiently chatted to some people to try to alleviate anxieties, or when some people approached other people, staff spoke with them about subjects of interest to try to divert their attentions.
- Daily notes and incident records reflected support given to people. The registered manager reviewed these and we saw referrals were made to health care professionals, such as the mental health team when needed.
- All staff took part in activities, which was termed as wellbeing, people joined in and enjoyed the interaction with staff and each other. The service had signed up to Oomph, an initiative to provide training and support to enable care home staff to deliver high quality exercise, activity classes and days out. An activities program included reminiscence sessions talking about and looking at items of interest to people to prompt memories and promote conversations. There was food tasting and music. The service had recently subscribed to an online store to access films of people's choice for cinema afternoons. A wellbeing leader oversaw staff contribution and evaluated people's engagement. Garden events had been planned for later in the year when the weather warmed. We observed several staff engaging with smaller groups of people who enjoyed games, films, music and quizzes.
- Where people preferred to stay in their bedrooms, there was a butterfly picture on their door. This discreetly identified them as people who may not engage or engage well in group activities and reminded staff to visit them in the rooms to avoid them feeling isolated. Staff told us sometimes they dropped in to chat with people, read to them, massaged their hands and sat with them. Staff recorded their visits to people who preferred not to engage in group activities.
- Care plans followed a person-centred approach and included information to enable better outcomes for people. For example, indicators which may point to a decline in people's mental health, such as changes in

patterns or behaviours or becoming withdrawn.

- Some people followed a religion and wished to continue practicing while at the service. This information was recorded in the care plan and a minister visited the service to enable this to happen.
- Some people wore hearing aids and or glasses. Staff were aware of their needs and we saw one member of staff cleaning a person's glasses and handing them back to them. The person put them on commenting, "That's better."

Improving care quality in response to complaints or concerns

- Complaints had been received since the last inspection, these had been recorded and addressed in line with the service's policy.
- A copy of the complaint policy and process was available at the main entrance and within people's care plans. The information was in larger bold print to help people read it and make it more accessible to them.
- People we spoke with told us said they knew how to make a complaint if they needed to. One person said, "I am very happy with everything."
- People and visitors said they would complain to the registered manager or provider if they were unhappy about anything and said they would be comfortable doing this if they needed to.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, people had end of life care plans which set out people's last wishes such as whether they wanted to be buried or cremated. Some people's end of life care plan recorded special requests, for example, particular music they wanted played at their service.
- Staff and the registered manager told us how they had previously cared for people at the end of their lives, this had included the provision of extra staff when needed to ensure people had a comfortable and dignified death.
- The service had developed family support meetings, occurring quarterly. The meetings encourage families to support each other during their loved one's stay at the service and beyond.

# 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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection on 07 February 2018, the provider had failed to assess, monitor and mitigate risks relating to the health, safety and welfare of people. This was a continuing breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At this inspection some improvement had been made. Risk assessments were in place in relation to people's care and specific support needs, they were relevant, reviewed and updated. However, checks and audits carried out at the service had not been used to their expected potential and had not ensured people lived in a safe environment. For example, water management checks intended to control the risks of legionella had lapsed, there was no water management plan to detect or manage the risk of legionella. Other water management checks intended to prevent the risks of scalding identified water temperatures, albeit in unoccupied bedrooms, higher than the recommended maximum. Although these temperatures had been recorded, staff had not taken any action to resolve them and therefore reduce any risks. Although infection control audits were completed, they did not identify the risks of porous wooden handrails, due to the absorption of liquid and the difficulty presented to properly clean it. Where people needed to support to encourage them to drink enough, there was not enough guidance for staff to consistently enable them to do this.

The provider had failed to establish and effectively operate appropriate systems to assess, monitor and improve the quality and safety of the services provided. This was a continuing breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

At our last inspection in February 2019 the registered manager had failed to notify the commission of some events which they were a legal requirement to do so. This was a breach of Regulation 18, of the Health and Social Care Act 2008 (Registration) Regulations 2009.

- At this inspection improvement had been made. The registered manager understood the responsibilities of their registration. The registered manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a

rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the last inspection rating was prominently displayed at the main entrance, there was a link to the report on their website.

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

- Staff told us that they were able to share their ideas and felt listened to. Comments from members of staff included, "The manager is always available, she is approachable and supportive." One person told us, "The manager and girls [staff] are always here, you can have a chat if you want to." A relative told us, "We feel involved and planning care as much as we want to be, [person's name] is pretty capable of making their wishes known."
- Formal feedback was sought annually from people and their relatives. This was collated and analysed, most was positive attracting comments about food, menu planning and activities. during care reviews. Any negative comments were addressed individually by the Registered manager.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us the registered persons encouraged a culture of openness and transparency. A member of staff said, "I can speak to the manager at any time about any issue or idea."
- People and relatives were fully involved in care planning and were regularly asked what they thought about the service provided.
- Feedback received about quality of care was positive, people felt the support they received reflected their wishes, meeting their needs and expectations.

Continuous learning and improving care

- The registered persons kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- The registered persons made use of training sessions provided by the local authority, specialist nurses and occupational therapist to ensure care delivery and training remained in line with current thinking and best practice.

Working in partnership with others

- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, dietician or mental health team.
- The registered persons worked with people's relatives and advocates to support an ethos of joined-up working in meeting and reviewing care delivery needs.
- The service had developed links with the local community including a local dementia café, a choir and local schools and colleges for apprenticeships and work experience.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to establish and effectively operate systems to assess, monitor and improve the quality and safety of the services provided.</p> <p>Reg 17(1)(2)(a)</p>