

DFA Care Limited

Darenth Grange Residential Home

Inspection report

Darenth Hill
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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Darenth Grange Residential Home is a residential care home providing personal care to up to 29 people aged 65 and over. There were 18 people living at the service at the time of inspection. People had varying care needs, including, living with dementia, Parkinson's disease and diabetes. Some people could walk around independently and other people needed the assistance of staff or staff and equipment to help them to move around.

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

People's experience of using this service:

- Although the service met the characteristics of Good in Effective and Caring, there were three areas, Safe, Responsive and Well Led that Required Improvement.
- The medicines people were prescribed to take were not always recorded and managed in a safe way.
- Risks within the premises and environment had not always been identified to make sure management plans were in place to reduce the risks to people.
- Measures were not always in place to make sure the spread of infection was suitably controlled.
- People were not always provided with activities to meet their interests and avoid social isolation. Care plans did not always provide individual guidance and a person-centred approach to people's care.
- Opportunities were missed through the provider's monitoring and auditing systems to identify the areas of quality and safety that needed improvement, so that action could be taken in a timely manner.
- Complaints were not always fully responded to with outcomes clearly set out. We have made a recommendation about this.
- People were supported to make their own decisions on a day to day basis.
- Staff knew people well and many staff had worked at Darenth Grange for a number of years. Staff told us they were happy in their work and felt well supported.
- People were supported to maintain their independence and staff were careful to respect people's privacy.
- People were encouraged and supported to express their views.
- The provider had enough staff to make sure people received the care and support they needed.
- People were happy with their meals and were able to eat in a large comfortable dining room.

Rating at last inspection:

Requires Improvement (Report published 30 March 2018). This service has been rated Requires Improvement at the last two inspections and had previously been rated Inadequate.

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' section towards the end of this report.

Follow up:

We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Requires Improvement.

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 caring

Details are in our Caring findings below.

Good ●

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 ●

Darenth Grange 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. 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 two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, older people and residential care.

Service and service type:

Darenth Grange Residential Home 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 people's bedrooms
- We spoke with nine people living at the service and two relatives who were visiting
- We spoke with the provider, the registered manager and five staff, including care staff, activities staff, domestic staff and a cook.
- We received feedback from a local authority commissioner
- Three people's care records
- Medicines records
- Records of accidents, incidents and complaints
- Monitoring and audit records
- Two staff recruitment files
- Staff supervision records
- Staff training records
- Rotas
- Records of meetings with relatives and staff
- 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.

RI: 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 our last inspection, in February 2018, we rated the service as requires improvement in safe. The inspection before this, in July 2017, we rated the service as inadequate in safe. The service had made many improvements at the February 2018 inspection, but we still found some concerns in relation to the recording and reviewing of individual risks and environmental risk assessments. At this inspection, we found improvements had been made to individual risk assessments, however, we still had concerns around environmental risks. We also found concerns with the management of people's medicines and infection control procedures.

Using medicines safely

- Prescribed medicines were not managed in a safe way. There were gaps in recording on the medicines administration records (MAR) for some people. One person was prescribed a medicine to be taken four times a day. The MAR showed they had not been given the teatime dose of their medicine on 13 and 14 March 2019 and the night time dose on 11 and 16 March 2019. Staff had not recorded why the medicine had not been given.
- End of life medicines were in stock for some people. These medicines require specific safe storage and recording by law. Although the names of medicines were recorded in the records, the strength of the medicine in stock was not recorded. This meant a complete and accurate record was not kept to ensure safe keeping and monitoring.
- Two people had been prescribed antibiotics. Neither of these had been recorded on the MAR charts when they were delivered to the service. This meant people may not get their antibiotics as needed and prescribed.
- Another person was prescribed a painkiller PRN (when necessary) 100 tablets had been delivered and recorded on the MAR. Two tablets had been given which meant 98 tablets should have been left. However, 34 tablets were in the medicines trolley and 100 tablets were in the stock cupboard, totalling 134 tablets. Staff said medicines had been carried over from previous stock, but this had not been recorded on the MAR. This meant it was not possible to monitor if the medicines had been given correctly as they could not be properly audited.
- Prescribed creams and ointments had not been recorded on the MAR or a topical creams chart, so staff could sign to say they had been given. Body maps were not in place to show staff which precise area of the body the creams were prescribed for. People who had been prescribed liquid paraffin cream did not have a risk assessment in place to advise staff of the risks of using a flammable substance, or a management plan to keep people safe.
- One person was prescribed a nutritional supplement drink to take as and when necessary. The registered manager told us the supplement drinks were stored in the kitchen and the person did take them at times. However, the supplements had not been signed into the service and none had been signed as given by staff

on the MAR. This meant the registered manager could not monitor the amount of supplement drinks the person was taking to supplement their diet, or if they were effective. They could also not check to make sure the amounts given tallied with the amounts left in stock.

- Some people had been prescribed patches to place on their skin every seven days to help to control their pain. Body maps were not used to show where on the body the patch had been placed each time. Placing patches on the same area of skin can cause skin irritation. The pharmaceutical company guidelines recommend rotating the area where patches are placed each week.

The failure to ensure the safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Medicines were ordered and stored safely. Staff were trained in medicines administration and the registered manager made sure their competence was checked regularly. However, staff had made errors when administering medicines, as described.

Preventing and controlling infection

- There were areas of infection control that were not robustly managed to keep people safe. Some people needed the assistance of a hoist when staff supported them to move around. Although staff used the correct size and type of sling, all slings were shared amongst people. Each person should have their own sling to use to prevent the risk of contamination and the spread of infection. The registered manager said they understood slings should not be shared among people and said they would rectify this straight away as they had enough slings to make sure each person had their own.

- A range of different toiletries were in the communal bathrooms, kept in bathroom cabinets and on open shelves. Other personal items that individual people used in the bath were left on the side of the bath in one bathroom. This presented an infection control hazard as people may share toiletries or staff may use the same products for different people. This meant there was a heightened risk of spreading infection around the service.

The failure to ensure systems were in place to keep people safe from the spread of infection is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Staff had access to personal protective equipment to help prevent the spread of infection. There were no unpleasant odours present. Domestic staff were employed to provide cleaning services. They had a schedule of cleaning and recorded the tasks carried out on a daily basis.

Assessing risk, safety monitoring and management

- Health and safety concerns were present around the premises. Some pipes serving the central heating system radiators were not boxed in or covered by protective material to prevent the risk of people or staff receiving burns. A hallway on the first floor had a radiator, which did have a radiator cover, however, hot water pipes at floor level and down the full length of the wall to the floor fed into the radiator. These pipes were hot to touch and were not covered. This posed a serious risk of burns to people who may fall or lean against them. We pointed this out to the registered manager and the provider who confirmed they had not noticed until we pointed this out. Other hot water pipes in the property had been covered and we were assured they would take immediate action to make the hot water pipes safe.

- Some doors to hazardous areas were not locked when they should have been. A linen cupboard, a sluice room (where used bed pans, commodes and urine bottles were cleaned by a specialist machine) and the laundry room all had notices on the doors saying they must be kept locked at all times. These doors were all open, with no staff in attendance, throughout the day. Another unlocked door led up a flight of steep and

winding stairs to an attic floor. No bedrooms or rooms used by people were on this floor. One room was full of rubble on the floor where a part of the ceiling had recently fallen down. The ceiling itself had been temporarily repaired. These areas posed a concern to people's safety as potential threats were open to them if they ventured through any of these doors unaccompanied. We spoke to the registered manager and provider about these concerns. They assured us they would make sure the doors were locked at all times and monitor the situation.

- People who needed the support of staff with the assistance of equipment such as a hoist did not have suitable personal emergency evacuation plans (PEEPs) to make sure they were safely evacuated to a safe area by staff in the event of a fire or other emergency. At the last inspection, we found this area needed to be improved and the manager told us they would take action to address this. At this inspection, we found that although people did have a PEEP, those with mobility needs stated they, 'will need to be moved by the fire brigade as needs hoisting. Reassure, make sure bed rails are up and close door. Wait for the fire brigade to evacuate'. Staff did not know that people had a PEEP, what their purpose was or where they were kept. This meant people may not receive the assistance necessary to move to a safe area of the building, or out of building if appropriate. should a fire break out.

The failure to ensure systems were in place to keep people safe is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People had individual risk assessments to provide staff with the guidance needed to prevent harm. Risks had been identified and plans to guide staff in managing the risks were recorded. Risk assessments had been developed according to people's needs as identified in their care plans. This meant that people were protected from harm.

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. The service was not at its full complement of people receiving care, therefore the registered manager was actively recruiting new staff to make sure they had a full staff team when more people moved in.

- Agency staff were used if regular staff were not able to cover absences. Domestic staff, laundry staff and cooks were employed so staff could concentrate on providing people's care and support. The provider and registered manager had looked at ways to deploy staff in different ways to support the busiest times. A member of staff was employed to cover the breakfast time so they could make sure people got their breakfast when they wished and did not have to wait when staff were busy supporting other people.

- 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 with no gaps in employment, references and proof of id were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services.

Systems and processes to safeguard people from the risk of abuse

- 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. The staff we spoke with could describe what abuse meant and 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 where they could go outside of the organisation to raise their concerns if necessary.

Learning lessons when things go wrong

- The provider and registered manager had worked with the local authority when safeguarding concerns had been raised. Accidents and incidents had been recorded by staff and monitored by the registered manager to try to prevent similar incidents being repeated. Preventative action was discussed with staff in staff meetings and one to one supervision meetings.

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.

RI:□ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the inspection in July 2017 we rated the service as requires improvement in effective. At the inspection in February 2018 the rating in effective remained requires improvement. Although some improvements had been made, we found a breach of Regulation 11 in relation to capacity and consent. Investment needed to be made on the premises to provide a safe and comfortable environment for people living at the service. At this inspection, we found improvements had been made to arrangements for consent and assessing people's capacity to make decisions. Although the premises continued to need ongoing maintenance and investment, the provider had an improvement plan in place.

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, "I would check the care plan to see if it says anything in there about what to do if people are refusing care." 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). The registered manager had made appropriate applications when people were considered to be deprived of their liberty and was awaiting responses from the local authority. 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 and was awaiting responses from the local authority.

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

- The service was in a large older property within a semi-rural position. A pleasant garden was accessible for people to use, with access from more than one part of the service. However, the building was not well maintained and needed considerable investment to maintain and improve the accommodation. The provider was aware of the areas that needed improvement within the property. They had an improvement plan in place which they updated to make sure essential works were carried out.

- The registered manager had placed more 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.
- 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 overlooking the garden and fields beyond.

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 used an electronic system for recording all care plans and where staff recorded the care they provided throughout the day and night. Staff understood how to use the electronic system and were positive about using it to record the care they provided.

Staff support: induction, training, skills and experience

- 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 one to one meetings with the registered manager or a delegated senior member of staff, and to plan their personal development each year.
- 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. Most training courses were accessed and completed online. Staff told us they were happy with this and felt they were able to gather the skills and knowledge necessary. Some training was completed face to face when practical skills needed to be taught, for example, moving and handling training. Additional training was in place to make sure staff had the skills to meet people's specific needs, such as Parkinson's disease, diabetes and dementia awareness. Staff confirmed the training they had received and said their understanding was checked following training by an examination to test their knowledge.

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

- People had a choice at mealtimes and could ask for something else to eat if they did not like either option on the menu. Some people living in the service followed a diet specific to their cultural needs. Alternative diets were catered for, such as when people were diabetic, and 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. Although no people had been advised to follow a specific diet by a dietician at the time of inspection, the cook was able to tell us about the various diets they had previously catered for.
- 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. The people who were able to tell us about the food said they were happy with the quality and choice. We saw that 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 giving them another choice, such as an omelette. One relative told us they thought the food was good. They told us their loved one, "Eats every bit." Some people regularly ordered a take away meal in the evening and were supported and encouraged with this.

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 kept informed if there were any concerns about their loved one's health and that their health needs were met, "(Loved one) has been very well since she's been here. She's really strong."

- Staff were aware of how to help people to maintain their health. They described how they were observant to how much food people ate or the amount of fluids they were drinking. If they had concerns they raised this with a senior member of staff or the registered manager in order to seek the appropriate help. Staff told us they were aware of the levels of fluid older people should drink each day. If they had concerns, they recorded this in the electronic recording system which totalled the amount people had drunk so staff knew how much more they needed to encourage through the day.

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: □ 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 said, "They are nice girls and they are good to me." We saw staff and people chatting together and laughing in the communal areas. Staff were joining in dancing during an afternoon activity, helping people to join in. Staff knew people well and were able to tell us about their needs and how they liked to be supported.
- Staff were confident supporting people with different needs who had differing beliefs and preferences. One staff member said, "Equality is about making sure everyone has the same opportunities regardless of their race, religion or colour, making sure that everything is fair for everyone." They went on to give individual examples, showing their knowledge of people.
- Staff described the service as a good place to work with a comfortable atmosphere. One staff member said, "I think the home is very caring and that residents are well cared for, most of the staff have been here for many years which I think means that staff are happy here and they are treated well."
- People's relatives and friends were welcome to visit at any reasonable time. Relatives told us they were always made to feel welcome. One relative told us they found the staff to be caring and they appreciated staff's interaction with their loved one. They said their loved one "was always smiling and has been smiling since coming to the home."

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

- One person we spoke with told us how staff respected their choices, "I have a proper wash every day and choose my own clothes. I like to be independent."
- Some people were not able to be involved in planning their care and some preferred their relatives to be involved. One relative told us they had been involved in developing their loved one's care plan and had told staff about their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people to maintain their privacy and dignity. They described, for example, that they made sure curtains were closed as well as people's bedroom doors and always helped people to remain as covered up as possible when providing their personal care. One member of staff said, "I always speak to people in a low voice in the communal areas if they need to go to the loo rather than shouting out so everyone can hear as this could be embarrassing for them."
- Confidentiality was supported. Information was locked away as necessary in a secure cupboard or filing cabinets. 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.

RI: □ People's needs were not always met. Regulations may or may not have been met.

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

- An activities coordinator was employed who worked two afternoons a week. External activities were commissioned to provide further opportunities for people who used the communal lounge two further afternoons a week. Staff were responsible for providing activities at other times. There was little activity in the morning, apart from the television which most people were not watching. Staff did try to engage people in some games but when people said they did not want to do the activity, other interests were not explored to encourage stimulation. An activities programme was not clearly displayed so people could see what was on offer and choose, or be supported to choose, if they wished to be involved and plan their day or week ahead.
- There were few opportunities for people who were cared for in bed or who chose to stay in their room. The activities record for one person who was cared for in bed showed they had little stimulation outside of staff support with their personal care tasks. Records were completed once or twice a week with recordings such as, 'has been in room today due to care needs, and 'has had interaction with staff at times of contact'. The person's care plan said they were sociable and liked to chat, however, their activities records did not show they were given social stimulation to avoid isolation.
- Although some care plans followed a person-centred approach, others missed some vital information to enable better outcomes for people. Where people were at risk and may require support with their mental health, this was not always captured in the care plan as a priority. One person's mental health care plan said they did not have any mental health needs, however, their emotional needs care plan recorded quite serious mental health needs in the past and that they continued to be prone to depression. The potential risks if the person's mental health deteriorated had not been captured so staff were aware and could recognise early signs or triggers and how to respond.
- Some people's behaviour challenged themselves and others when they were anxious. For some people, this was very often. Care plans and risk assessments did not always describe if there were triggers to how people behaved. A description of the behaviours that proved to create the most difficulty was not recorded, for example, shouting, being tearful or pacing around the service. Positive strategies to help individual people to maintain safety and consistency, to alleviate their anxiety and to make sure staff time were able to use their time with people fairly were not in place. We saw staff patiently chatting to people to try to alleviate their anxiety, however, this did not always work, and a consistent approach was not taken or recorded. A considerable amount of staff time was used responding to specific people which may have prevented staff spending time with others.

The failure to ensure an individual approach is taken to meet people's needs and preferences is a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- One person followed a particular religion and wished to continue to practice while living in the service.

This information was recorded in the care plan, however, the role of staff in providing support with their spiritual needs, and what this support would entail to meet the person's preferences was not identified in the care plan. The provider, the registered manager and staff could describe what support the person required and how they assisted with this, however, new staff or agency staff may not understand what was expected of them. This meant the person may not receive the necessary support to practice their religion which was clearly very important to them.

We recommend the provider and registered manager seeks guidance in meeting people's religious and spiritual needs from a reputable source.

- One person's care plan in relation to bathing said they preferred to have a shower and they liked it to be hot. They would shout if the water was not hot enough. Staff were guided to make sure the person could have a hot shower but needed to make sure they were safe and explain to them each time the reasons why the shower could not be as hot as they would like.
- Some people wore hearing devices to help their communication needs when they were hearing impaired. Staff were aware of their needs and we saw one member of staff patiently adjusting one person's hearing device until the person said they could hear better.

Improving care quality in response to complaints or concerns

- Complaints had been received since the last inspection and these had been recorded. However, responses to the complainant on the outcome was minimal. One complaint showed a letter had been sent in response, however, this gave little information to the person who had made the complaint, even though an investigation had been carried out. Another complaint record showed the registered manager responded by saying an investigation would be carried out, however, no further record was made of the outcome and a final letter had not been sent to the complainant to inform them of their findings and the action taken.
- We spoke to the registered manager about the lack of records regarding their response to people's and relative's complaints. They told us they always responded verbally to complaints but did not always follow this up with a letter. This meant the provider and registered manager could not successfully monitor complaints in order to learn from mistakes, so improvements could be made to prevent future occurrences. The registered manager told us they would make sure they responded appropriately to any future complaints and keep more accurate records.

We recommend the provider and registered manager seeks guidance from a reputable source to improve their responses to complaints received.

- People who were able to speak with us said they knew how to make a complaint if they needed to. One person said, "I am happy with everything." They said they would complain to the provider if they were unhappy about anything. Relatives also said they would be comfortable speaking with the provider or registered manager if they had a complaint. One relative said they had recently raised a concern with them both and they had received a favourable response and felt confident the action they suggested would be taken.

End of life care and support

- No people were receiving end of life care at the time of our inspection although some people were frail and cared for in bed. However, people did have an end of life care plan which highlighted if people had special wishes they wanted to share such as whether they wanted to be buried or cremated. Some people's end of life care plan recorded that their loved ones knew their wishes and would take care of arrangements, particularly people with specific religious and cultural needs. Staff told us how they had cared for people

who had previously needed to be.

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

RI: 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, in February 2018, we rated the service as requires improvement in well led. The inspection before this, in July 2017, we rated the service as inadequate in well led. The service had made improvements at the February 2018 inspection. We found the provider needed to embed the improvements made to demonstrate further continuous improvement. At this inspection, we found areas that continued to require improvement.

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

- Daily charts were used for staff to record the care they had given when people were at risk of acquiring pressure sore, for example, when they had lost mobility or their skin was frail. Position change charts were not always completed accurately by staff. One person was cared for in bed and their care plan identified they were at high risk of pressure sores and therefore needed staff to change their position every two hours. Staff had not recorded they had changed the person's position every two hours. For example, on 16 March 2019 staff had recorded they had changed their position at 6am, 10am, 2pm, 4pm and 7.39 and on 15 March at 9.20am, 12.15pm, 4pm and 8pm. On 12 March 2019 the person's position was only changed twice, at 2pm and 7pm. We spoke to the registered manager about this who said they had noted this and intended to speak to staff. However, the accuracy of recording and the risks to people had not been identified earlier to ensure people's safety was not compromised.
- The registered manager carried out a range of audits to monitor the quality and safety of the service provided. Regular audits included, care plans, infection control, medicines and health and safety. However, these had not been effective in picking up the areas of concern we found in all these areas. No areas had been identified as needing improvement in any of the audits. Although the registered manager delegated some monitoring tasks to members of staff to support their personal development, they had not made sure they oversaw this work to check the auditing skills of staff. This meant there was a missed opportunity to identify areas to improve to ensure a safe and good quality service.

The failure to ensure a consistent and robust approach to record keeping and quality assurance is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The provider had developed a service plan to make sure visits and trips to external events were underway for the year. For example, arranging six theatre trips throughout the year and planning an Easter fete in the service and garden. Replacing the roof on the summer house and redecorating it to use as a tea room in the summer months had already been completed.

- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's 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 found the provider had displayed a copy of their ratings in the main entrance to the service.

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

- Staff knew people well and were in tune with their needs and when there were changes. One relative told us, "I don't feel I have to come in to keep an eye on things. I know (my loved one) is well treated." However, the documents kept, care plans and risk assessments, did not always give the individual guidance needed to support staff to provide consistent care that met people's preferences and needs.
- Relatives told us they were kept informed when things changed, such as their loved one becoming unwell.

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

- The provider and registered manager held regular meetings with people to ask them their views and if there was anything people wanted to change. Areas discussed were mainly around food and meals and activities. Although regular meetings with relatives were not held, they invited relatives when specific information needed to be passed on, such as following a CQC inspection. They told us they had set up regular meeting dates but few relatives attended so instead they caught up with relatives when they were visiting, or rang them if there was information they needed to pass on. The provider sent a satisfaction survey to relatives once a year as another way of gaining their views. The most recent was returned in January 2019 with all positive views and compliments about the service.
- The registered manager held staff meetings every one to two months. This gave them the opportunity to update staff, provide them with information needed and discuss areas for improvement. Staff were able to raise and share ideas as well as aid communication and develop as a team to create better outcomes for people.
- Staff told us they found the provider and registered manager very approachable and they felt listened to. One staff member said, "I feel I can go to them any time if I have any concerns here or at home, I find them both very understanding and kind."

Working in partnership with others

- The provider and registered manager attended local provider forums and kept in contact with other providers in the local area, sharing good practice at times. They worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider and registered manager failed to ensure care was planned to meet peoples need and preferences. Regulation 9 (1)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager failed to ensure medicines were managed safely, environmental risks were identified and managed and that the risk of infection was controlled. Regulation 12(1)(2)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure a robust approach to keeping accurate records and improving the quality and safety of the service. Regulation 17 (1)(2)