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# Montague House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place on 27 April 2017.

Montague House is a privately owned care home providing long and short term residential care for up to 19 older people. The service is in a residential area of Ramsgate and is a short distance from local amenities. On the day of the inspection there were 10 people living at the service, some of whom were living with dementia.

The service was run by a registered manager with the support of a deputy manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

We carried out an unannounced comprehensive inspection of Montague House in September 2016, the service was rated 'requires improvement'. There were breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 and we asked the provider to take action to make improvements. We issued requirement notices relating to the cleanliness of the service, mitigating risks, deployment of staff, consent, deprivation of liberty, a lack of activities and a lack of effective auditing systems. The provider sent us an action plan. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made and the breaches met. However there were still areas for improvement.

People told us that they felt safe living at Montague House. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe. People received their medicines safely and on time. Medicines were stored safely. The service was clean.

Risks to people had been identified, however the registered manager had not consistently provided staff with clear guidance on how to provide the right support to keep people safe and minimise risks. Staff had been given guidance from a health professional and were changing the risk assessments.

The provider had recruitment and selection processes in place, which were followed, to make sure that staff employed were of good character. There were sufficient staff on duty during the day. However, we recommend the provider review their staffing levels along with people's levels of dependency to make sure people are safe, particularly at night, in an emergency.

Staff completed training and had one to one supervision meetings with the registered manager or deputy manager. There were some gaps in staff training and refresher courses had been booked to cover these.

There were assessments in place to establish whether people had capacity or not to make decisions. When

required meetings were planned with the relevant people to make sure decisions were made in their best interest. People were offered choices about what they wanted to do and how they wanted to spend their time.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People's health was monitored and staff worked with health and social care professionals to make sure people's health care needs were met. People had enough to eat and drink and had a choice of home cooked food. People told us they were happy living at Montague House and staff respected their privacy.

Staff interactions were positive. Staff spoke with people in a kind and caring way. Staff knew people well including their likes and dislikes.

Staff were responsive to people's needs. Assessments were carried out before people moved into the service. People's care plans were reviewed by staff to ensure they reflected the care and support people needed. However, people and their loved ones were not consistently involved with these reviews. The registered manager and deputy manager had booked additional training to support them in writing care plans in a better and more individual way.

People took part in a variety of activities within the service. However people's views on the quality of the activities offered varied. There was a complaints policy in place and people's relatives said they knew how to complain if they needed. People's relatives could visit when they wanted to and there were no restrictions on the time of day.

People knew the staff and registered manager by name and told us they could rely on them to provide the right support. Audits were being completed and recorded. When shortfalls were identified, and action was needed, the registered manager had noted who was responsible for taking action and when it needed to be completed.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

We last inspected Montague House in September 2016 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection improvements had been made, however we found one continued breach of regulation. You can see what action we have asked the provider to take at the end of the full report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risks to people were identified, however, did not consistently provide guidance for staff on how to reduce risks and keep people safe.

There were sufficient staff during the day, however, we spoke with the registered manager about reviewing their staffing and dependency levels at night.

People were protected from the risks of abuse and avoidable harm.

Safe recruitment processes were followed to make sure staff employed were of good character.

People received their medicines safely and on time. Medicines were stored, managed and disposed of safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff completed training and had one to one supervision meetings. There were some gaps in staff training and refresher courses had been booked.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were offered a choice of home-cooked meals. People were supported to maintain good health and were referred to health professionals when needed.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with kindness, dignity and respect.

Staff knew people and their relatives well.

People's confidentiality was respected and their records were stored securely.

### Is the service responsive?

The service was not consistently responsive.

People's care plans were reviewed by staff. However, people's loved ones were not consistently involved with these reviews.

People took part in a variety of activities within the service. However, some people would have liked to have been more involved in daily chores.

People and their relatives knew how to complain or raise concerns and felt confident to do so.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

People were asked for their input into the day to day running of the service but their ideas were not consistently acted on.

Audits were being completed and recorded. Action was taken when shortfalls were identified.

Notifications had been submitted to CQC in line with guidance.

**Requires Improvement** ●

# Montague House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 April 2017 and was unannounced. This inspection was carried out by one inspector 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury. We spoke with the Kent local authority and a Clinical Nurse Specialist for Older People in Care Homes.

We met and spoke with eight people living at the service and spoke with two relatives. We spoke with the cook, domestic, care staff, the registered manager and the provider. During our inspection we observed how the staff spoke with and engaged with people.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. People talked to us about their care and support. We reviewed three care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was managed.

We last inspected Montague House in September 2016 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. The service was rated Requires Improvement.

# Is the service safe?

## Our findings

People told us they felt safe living at Montague House. One person said, "We feel very safe here; the staff are lovely. They do everything for us and they look after us very well". People were relaxed in the company of each other and staff.

At the last inspection in September 2016 the service was not clean and hygienic and there were no cleaning schedules to give staff guidance on what should be cleaned each day / week / month. We asked the provider to take action.

At this inspection improvements had been made. The service was clean and free from unpleasant odours. The flooring in en-suite bathrooms that were highlighted at the previous inspection of needing attention had been replaced. Toilets and frames were clean. A cleaning schedule had been implemented. The registered manager told us they also checked the environment weekly and records showed that identified shortfalls had actions and timescales to complete any necessary work. The breach in regulation found at the last inspection had been met. However, there were areas of the service which were still in need of painting, some carpets were badly stained and the paper on the lounge ceiling was coming off. On the day of the inspection the provider was painting the outside of the building and told us they were at the service five days a week carrying out redecoration to improve the standard. We will check the progress on this at our next inspection. People told us they liked the décor and said their rooms, the bathrooms and communal areas were kept clean. A relative told us, "I have definitely seen an improvement in the cleanliness at Montague House".

At the last inspection in September 2016 risks to people had not always been identified, assessed and mitigated risks. We asked the provider to take action. At this inspection improvements had been made and risks had been identified. Some risks were written on one assessment and were unclear. The risk assessments were not consistently completed and did not provide staff with clear guidance on how to provide support to people and minimise risks. For example, risk assessments did not provide clear guidance regarding supporting people to move. Staff told us they had been provided with advice by the Clinical Nurse Specialist for Older People in Care Homes and were in the process of changing the risk assessment records to make them more detailed.

When people were at risk of self-neglect there was guidance for staff on how to support people to wash and dress. However, the risk of people neglecting themselves had not been assessed.

When people were at risk of developing pressure areas they had special cushions to sit on. At the time of the inspection the registered manager told us that no-one had any pressure areas. People told us staff helped them keep their skin healthy. One person said, "The staff are very good at putting the cream on my legs. It's made such a difference".

The provider failed to ensure care and treatment was provided in a safe way. The provider failed to assess risks to people and do all that was practicable to mitigate any such risks. This was a continued breach of

At the last inspection in September 2016 the provider had failed to deploy sufficient staff to meet people's needs and keep them safe. We asked the provider to take action. At this inspection people told us there were enough staff to provide support when they needed it and their call bells were answered in good time. Staff were not rushed and spent time with people. Some staff, for example, the cook and domestic, were also trained care staff and able to provide additional support when needed.

Staff knew how to respond and support people to leave the building in the case of an emergency. Each person had a personal evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service. Fire exits were clearly marked and regular fire drills were completed and recorded. However, at night there were two staff, one of whom was awake and one who was able to sleep. There was a risk that people may not be kept safe in the case of an emergency, such as a fire at night. We spoke with the registered manager about reviewing their staffing levels along with people's levels of dependency to make sure people would be safe in an emergency.

People were protected from the risks of abuse and discrimination. Staff knew what to do if they suspected incidents of abuse. Staff told us they received training on keeping people safe. Records confirmed most staff had completed this training and four staff were due to complete refresher training on 10 May 2017.

Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with people. These included a full employment history and written references. Staff told us that checks were carried out before they started working at the service. Discussions held at interview were recorded. Disclosure and Barring Service (DBS) criminal record checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People's medicines were stored, managed and disposed of safely. One person told us, "Staff always check I have taken my tablets". Staff, trained to administer medicines, made sure people had taken their medicines before they signed the medicines record. They checked people knew what they were taking and why they needed them. For example, one staff member asked a person, "Are you going to take your chewy tablet today?" After a 'yes' response they went on to say, "That's good, they help to keep your bones strong". The medicines given to people were recorded accurately. People's medicines were reviewed by their doctor to make sure they were still suitable.

# Is the service effective?

## Our findings

People told us they received support from staff when they needed it and that the staff were trained to provide the right support. One person told us, "The staff know what they are doing and are trained". A relative commented, "The staff all know what [my loved one] needs and they respect their choices".

At the last inspection in September 2016 the provider did not have any processes in operation to make sure that care was only provided with the consent of the relevant person. We asked the provider to take action.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection improvements had been made. The registered manager had noted on the Provider Information Return, 'We are ensuring that all service users mental capacity assessments are carried out making sure that each individual is able to consent to the care they receive and that each person has a full understanding of why they are here'. There were assessments in place to establish whether people had capacity or not to make decisions. The registered manager had been provided with advice by the Clinical Nurse Specialist for Older People in Care Homes. Some people had signed their care plans to show that they were in agreement with the content and gave their consent to being cared for and supported at the service. Some people were living with dementia and were not able to give their valid consent to care and support or make complex decisions. The registered manager told us that when a person needed major medical intervention, such as an operation or dental treatment, a meeting was held, with the relevant health professionals, to make sure decisions were made in the person's best interest.

Some staff had completed refresher training regarding MCA and Deprivation of Liberty Safeguards (DoLS). However, other staff had still not completed this. The registered manager had booked the remaining staff for June 2017. During the inspection people were offered choices about what they wanted to do and how they wanted to spend their time. People's choices were respected by the staff. For example during the inspection most people's bedroom doors were kept closed and some had a sign on them informing staff they did not wish to be checked on at night. Staff told us this was up to each individual. People confirmed this and one person told us, "I don't need checking. I will call if I need anything and if they come in. It wakes me, so I have asked not to be disturbed. They respect my wishes. That's important".

At the inspection in September 2016 the provider failed to ensure people were not deprived of their liberty unlawfully and the registered manager did not have a good understanding of their responsibilities. We asked the provider to take action to ensure risks of people being detained unlawfully were mitigated.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At this inspection improvements had been made. The registered manager and deputy manager had updated their knowledge of MCA and DoLS. They had a good understanding of their responsibilities under the MCA to submit applications to the 'supervisory body' for a DoLS authorisation when needed. Assessments had been completed and applications had been made in line with guidance. The breach in regulation found at the last inspection had been met.

People told us they enjoyed their meals and that they had plenty to eat and drink. One person commented, "The food is lovely; it's not very adventurous but we have no complaints. It's always hot and well cooked. I'm not as agile as I used to be so I have little appetite these days. The staff are very obliging if I ask for something different". Staff told us that people could choose something different if they didn't want what was on the menu. On the day of the inspection we observed staff offer one person scrambled egg as an alternative.

During the lunchtime meal staff were very attentive and checked that people had everything they needed. Food was served hot and the portions were generous. The lunchtime meal looked appetising and people ate well. People were offered drinks throughout the day and encouraged to stay hydrated. People were encouraged to sit together in the dining area. However some people told us they would prefer to have the dining area set out with separate tables and didn't know why most people sat round one large table and two people sat at a small table together. When people chose to eat in their room this was respected by staff. One person told us, "If I don't go to the dining room at lunch time, staff are quick to come and check if I'm ok. I'm not a social creature. I like my own company. Staff respect that; it is person centred. The staff let me do what I want; they do a damn good job".

Staff checked people's weights and referred people to the relevant health professionals when needed. For example, when a person's weight had reduced they liaised with a dietician and the speech and language team and followed the guidance given to them. One member of staff told us that a person had been prescribed a fortified drink and said, "We have been looking at different ways to encourage them to drink them. We have used it in milk jelly and also in ice cream. There is a chocolate hazelnut one which we made into a hot drink and they really enjoyed it".

Staff monitored people's health and took action when they noticed any changes. When they had a concern they contacted health professionals, such as dieticians, community nurses and GPs, for advice. Staff followed guidance given to make sure people stayed as healthy as possible. People told us staff supported them to see doctors, dentists and opticians. People also said that staff supported them to attend appointments and stayed with them if requested.

Staff completed an induction when they started working at the service. New staff completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. They shadowed experienced staff to get to know people, their routines and their preferences.

Staff met with the registered manager or deputy manager on a one to one basis for supervision. Staff said they felt supported in their roles and told us what training they had completed. One member of staff said, "We have been doing a lot of training to get back up to speed". The registered manager told us some staff were behind with their refresher training and action had been taken to remedy this. They agreed this was an area of improvement. A training schedule had recently been completed. The registered manager monitored staff training needs and refresher courses had now been booked in advance to make sure staff

were up to date with the necessary skills and knowledge to carry out their roles effectively. This did not have an impact on people. When we spoke with staff they were knowledgeable and told us how they provided people with the care they needed and preferred.

## Is the service caring?

### Our findings

People told us they were happy living at Montague House and that staff were kind and caring. People said, "They [staff] are lovely, very kind and I get on with them all very well" and "They're very good. I feel very cared for here. They do all of the things that I would struggle to do if I lived alone. They take good care of me" and "It is lovely here, much better than my previous home". A relative commented, "The staff are excellent".

At the previous inspection we noticed that people were not always treated with care, compassion, dignity and respect. At this inspection staff interactions were positive. Staff spoke with people in a kind, gentle and patient way. They bent down to speak with people to make eye contact and sometimes held their hand as they spoke with them. All the staff knew people and their relatives well. Staff spoke with people about things that were important to them.

People were encouraged to be as independent as possible. Staff told us how much people could do for themselves and what level of support was needed. Staff patiently supported people with their walking aids and staff were heard saying, "Take your time" and "Don't rush".

People maintained their friendships and relationships. People told us their loved ones could visit whenever they wanted and there were no restrictions. The visitors' book confirmed that friends and relatives visited at various times of the day. The registered manager commented, "We do not have any restrictions with visiting times ensuring people can receive visitors whenever they choose to". Staff knew people and their relatives well. Staff told us that they had worked with some people to create 'memory boxes' containing things to remind them of the past. They were planning to support more people in putting these together. Staff sat with people and went through the boxes and were able to chat with them about familiar things.

People told us their privacy and dignity was respected. They said staff always knocked and waited for an answer before entering their room. People were referred to by their preferred names and were relaxed in the company of each other and staff. Staff knew when people wanted their own space and respected this. People told us that they were able to choose if they would like a male or female carer although no-one we spoke with had a preference. The registered manager confirmed this and commented, "People are given a choice of receiving support with personal care from a male or female member of staff, however we have never had a specific request".

People said they and their families were involved in planning their care and that staff explained things to them and discussed any changes to their care and support. People's confidentiality was respected and personal records were stored securely. Care plans and other records were located promptly when we asked to see them.

People personalised their rooms in line with their particular likes and preferences and this was encouraged by staff. Some people had decorated their rooms with pictures of things that were important to them such as family members or loved ones. One person told us, "In my previous home they wouldn't let me have my

display cabinet in my room so it was the first thing that my family asked about when we were looking at this home. I love having it here in my room. It's full of the things I love and holds many dear memories. It is very important to me".

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs. People knew how to complain and felt comfortable telling staff if they needed to. One person said, "The manager is ok. I get on with them ok. If I needed to speak to them, I would, but I don't need very much. I'm happy here. I have no complaints". Relatives told us they would speak to the staff if they had a complaint.

At the last inspection in September 2016 the provider had not ensured people's care and treatment was designed to reflect their preferences and ensure their hobbies and interests were supported. We asked the provider to take action. At this inspection improvements had been made. The breach in regulation found at the last inspection had been met, however there were still areas for improvement. The registered manager told us, "Staff are being encouraged to spend more time providing one to one activities, as through talking to people, it has become clear that people really enjoy chatting one to one". An activities board on display noted what activity was available each day. People told us, "I'm not really interested in bingo or an old time movie. I have lots of movie dvds that I can watch in my room. It would be lovely to have some organised trips to places of interest and I have suggested this, but I am not convinced it will happen", "They [the activities] are not very exciting and most people stay in their rooms" and "I could organise things so much better. They are all very kind and caring but nothing much happens here. They do what they have to do. It's very quiet here and there's not many residents but I like it that way. There is more that could be done but I am sure it's about resources in this day and age – everything is!"

Staff told us they celebrated people's birthdays and other special occasions. One member of staff had written some feedback to the registered manager. It noted, 'We had a wonderful day today. We celebrated X's birthday. [Two people] helped make the cakes and we set up a tea party with music and we all sang happy birthday'.

People told us the registered manager had held a meeting with them, since the last inspection, to get ideas from them as to what things they would like to do. Records of the meeting noted one person 'would like to try some baking' and another 'will try some knitting'. The registered manager had kept a record of who had taken part in which activities over the previous few months. These noted that two people had been baking and that others had begun knitting with the support and encouragement of staff. Other activities people had enjoyed included, movie afternoons, reminiscence days, quizzes, adult colouring, manicures, and armchair exercise sessions. One person told us, "I like sitting in bed knitting. My daughter comes and takes me out, other than that I'm happy to stay in my room". Another said, "I have plenty of books and the television. I like sitting in the garden when the weather is nice. I used to go out with my family, but not so much now as getting about is more difficult". Some people told us they could probably help with some dusting and cooking but they had not been offered the opportunity to do this. Some people had made 'memory boxes' but people and their relatives had not all been offered the opportunity to make these. We recommend the provider seek advice and guidance from a reputable source about providing meaningful activities for people living with dementia.

The registered manager or deputy manager met with people and their representatives to talk about their

needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted. From this information a care plan was developed to give staff the guidance they needed to look after the person in the way they preferred.

People and their families were initially involved in the planning of their care and support. However, people and their loved ones were not actively encouraged to be involved with care reviews. Staff knew people well and were able to tell us about people's individual needs and preferences. However, some care plans lacked personal detail. For example, some care plans had very basic information about the person's preferences and others, when completed by a relative, were very detailed. Care plans were not consistently dated when they were written or updated. Staff were updating the format of the care plans and had sought advice from health professionals. The registered manager told us they realised this was an area for improvement and had already booked themselves and the deputy manager on a 'person centred care' training course.

There was good communication between the staff team and a handover was completed at the beginning of each shift to make sure they were up to date with any changes in people's needs. Staff told us, "We are a good team. We all muck in and help to make sure people have everything they need" and, "Some staff can do more than one role which really helps".

The provider had a policy in place which gave guidance on how to handle complaints and copies of this were displayed in the service. When complaints had been made they had been investigated and responded to appropriately. People and relatives told us they would raise any concerns with the registered manager or staff and felt that they would be listened to and their complaint properly addressed. One person said, "The staff would always sort things out if I had a problem but I have no reason to complain". Another said, "I have no complaints. They [the staff] are all very obliging and approachable, but there is nothing I want".

# Is the service well-led?

## Our findings

People knew the staff and registered manager by name and told us they could rely on them to provide the right support. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in September 2016 the provider had not identified shortfalls, by way of effective audits and checks. They had also failed to monitor, assess and improve the quality of the services provided, including the experience of people living at Montague House, relatives, staff and health professionals. We asked the provider to take action.

At this inspection improvements had been made. The registered manager told us, "We have been improving on auditing throughout different areas, these include care planning, infection control, medication and cleaning. Through auditing we can determine whether the quality of the service provided is adequate and if not the actions we need to take to improve".

Audits were being completed and recorded. Regular quality checks were completed on key things, such as, fire safety equipment, hot water temperatures and infection control. When shortfalls were identified, and action needed, the registered manager had noted who was responsible for taking action and when it needed to be completed. Environmental audits had identified areas of the service needing attention and action had been taken to remedy these. The deputy manager carried out medicines audits to make sure people were supported to take their medicines safely. No medicines errors had been identified through the auditing.

At the last inspection in September 2016 people, relatives, staff and health professionals were not asked for their views about the service.

Before this inspection the registered manager completed a Provider Information Return. They noted, 'Service users and visitors to the home are given questionnaires to complete this assists management to be able to find out the views of persons living here and their family and friends making sure that persons are being cared for correctly and in what areas we need to improve'. At this inspection some improvements had been made. People had been supported to complete a quality questionnaire. Staff had begun to write feedback about the service. However, not all people's representatives had been offered the opportunity to provide feedback on the quality of the service. A relative told us, "I have never been asked to provide feedback". The registered manager told us they had received positive verbal feedback from GPs and a community nurse but this was not recorded. This was an area for improvement.

The registered manager told us they had been holding residents meetings to obtain further feedback and to make sure people were involved in the day to day running of the service. Records of the meetings were kept but were not available for people and their relative's to read. People's relatives were not invited to the

meetings. People were encouraged to tell staff their ideas on improving the service. However, action was not always taken to support people to implement change. For example, records showed that one person had said at a recent meeting that they 'would like to introduce a suggestion box'. The notes also showed, 'all agreed this would be a good idea'. We spoke with the person and they told us they would still like to do this but staff had not talked to them about it. The person's relative told us they were not aware of the request. This was an area for improvement.

The registered manager and deputy manager worked with staff each day. The registered manager understood their responsibilities in recording and notifying incidents to the Kent local authority and CQC. All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager notified CQC in an appropriate and timely manner and in line with guidance.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure care and treatment was provided in a safe way. The provider failed to assess risks to people and do all that was practicable to mitigate any such risks.</p>