

RCH Care Homes Limited

# Park View Care Centre

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Park View Care Centre is a residential care home providing personal and nursing care to up to 88 people. The service provides support to people aged 18 and over, some of whom live with dementia or require complex nursing care. At the time of our inspection there were 58 people using the service.

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

People and relatives told us the service had improved since the last inspection and they felt safe living at Park View Care Centre, however, further improvements were still required.

The provider had increased their oversight of the service and a new manager had been employed since the last inspection. The provider had identified shortfalls within the service and had worked to rectify these. However, this action had not always been successful. Potential risks to people's health and welfare had not been consistently assessed and there was not always person centred guidance in place for staff to mitigate risks. Accidents and incidents had been recorded, analysed and changes had been made to reduce the risk of them happening again.

Medicines were not managed in a consistently safe way, medicine records were not accurate and there was not always guidance for staff about when to give when required medicines.

The provider had put systems in place to improve the quality and continued oversight of the service, some of these systems had not yet been embedded or had time to be fully effective.

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

People and relatives told us the culture within the service had improved and they were now confident their concerns would be taken seriously and investigated. There was now a system in place to make sure the provider's policy was followed.

People and relatives told us the food had improved. Staff had received training in the provision of textured diets, to help to keep people at risk of choking safe. Staff training had increased, staff told us they had the skills they required to complete their roles. Improvements had been made to staffing levels and there were enough staff to meet people's needs. Some relatives and staff raised concerns about the staffing levels in the future when new people came to live at the service. The provider told us they would take this into consideration when new people were assessed before moving into the service.

Staff knew people well, people told us they received care in the way they preferred and had the opportunity to take part in activities.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 24 November 2023) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made but the provider remained in breach of regulations.

This service has been in Special Measures since 23 November 2023. On 21 June 2023, we imposed urgent conditions on the provider's registration to ensure that risks relating to choking, malnutrition and dehydration were safely managed. We also requested the provider reviewed their quality assurance systems to ensure effective oversight of these risks, and that the relevant investigations were completed. We requested the service provided regular updates to CQC. We also restricted any new admissions to the service. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures and the conditions imposed have been removed.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified breaches in relation to risk management, medicines and governance at this inspection.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Park View Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 4 inspectors and 2 Experts 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.

#### Service and service type

Park View Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park View Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and had applied to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with 8 people who use the service and 15 relatives about their experience of the care provided. We spoke with 18 members of staff including the manager, head of quality and governance, deputy manager, clinical lead, the provider, executive chef, operations director, nursing staff, senior care staff and care staff including agency staff. We spoke with representatives of the external consultancy. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including 11 people's care records and multiple medicine administration records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, such as audits, meeting minutes, monitoring, and training were reviewed. After the inspection we spoke with the local authority.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

At our last inspection, the provider had not fully assessed, mitigated, or monitored the risks to people's health and welfare which included choking, malnutrition and dehydration. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the last inspection, people were not protected from the risk of choking, malnutrition, and dehydration. Improvements had been made to the management of choking risks. People now received the special diets they were assessed for and were positioned safely while eating. However, other risks to people had not been consistently assessed.
- Some people required support to move safely around the service using equipment. People had risk assessments in place, but these were not detailed. One person had specific moving and handling needs to keep them safe, the guidance in place did not address the person's specific needs. The guidance did not support staff to stay safe when moving the person, this placed both the person and staff at risk.
- When people were not able to express their anxiety or distress in a calm way, they may express themselves physically or verbally which may seem aggressive. There were care plans in place, but these did not always include information about the triggers, what to do to support the person and how to manage situations.
- The guidance to manage risks in people's care plans were not always accurate as they had not been updated when people's needs changed. For example, a person's care plan stated they had a catheter, to drain urine, but this had been removed in October. Another person's risk assessment showed they were at risk of falls whilst walking with a frame, however, they were now supported in bed.

The provider had not consistently assessed and provided guidance to mitigate risks to people's health and welfare. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they were continuing to update care plans and risk assessments and were prioritising people most at risk. After the inspection, the provider sent us copies of updated care plans.
- Checks had been completed on the environment and equipment used by people to make sure they were safe. Regular checks had been completed on the fire safety equipment and water temperatures were checked to reduce the risk of scalding.

## Using medicines safely

At our last inspection the provider had failed to manage medicines safely which put people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Previously, people had not always received their medicines as prescribed. At this inspection, people had received their medicines, however, systems and processes in place to ensure people received their medicines safely were not always followed.
- Where people were prescribed PRN (when required) medicines, there were supporting documents in place. There were good examples of person-centred support plans for people who expressed their emotions in ways which may challenge staff or pain. However, this was not consistent as there were PRN protocols that were either incorrect or not in place for some medicines. This could lead to people not receiving their medicines in a way that supported their needs.
- Staff had not always complete records relating to why a person's insulin had not been given or given late and where people had experienced distress. Staff had not always recorded how they had supported the person or what action they had taken.

The provider had failed to ensure people received their medicines safely. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were given medicines disguised in food or drink (covert administration), staff had contacted the pharmacy for advice and best interest decision were in place to support staff to the administer the medicines safely.
- Medicines were ordered, stored, and disposed of securely. There were systems in place to ensure medicines were available to people when they needed them.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to protect people from the risk of abuse and neglect. This was a breach of regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 13.

- At our last inspection, the provider did not always act appropriately to investigate and address lessons learnt from accidents and incidents. At this inspection, improvements had been made, accidents and incidents were recorded and investigated. Action had been taken to mitigate the risk of them happening again, for example, people who had fallen had sensor mats put in place or increased observation.
- Incidents which were caused by staff actions, had been investigated. The outcome of the investigations had been communicated to all staff and guidance given to reduce the risk of them happening again. Staff were required to sign to confirm they had read and understood the new guidance.
- Staff had received safeguarding training and were able to describe different types of abuse and how to recognise them. Staff understood how to report concerns and were confident the management team would take appropriate action. Staff had reported concerns to the manager who had investigated and acted to

mitigate the risk to people.

- The manager had recorded any concerns raised and referred them to the local authority as required. They had taken appropriate action and worked with the local authority and the police to keep people as safe as possible.

## Staffing and recruitment

At our last inspection there were not enough staff to support people safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection, there were not enough staff to meet people's needs. At this inspection, there were enough staff to support people safely. The number of people living at the service since the last inspection had reduced, we discussed with the manager how staffing would be managed when new people were admitted to the service. The manager told us, people with low needs would be admitted to the service to make sure their needs would be met. Staff told us, staffing was adequate now, but they were concerned when numbers increased.
- Previously people had not spent time in the communal areas due to staffing levels. At this inspection people who wanted to spend time in the lounge were able to. One relative told us, "There is always staff around now. There was a time when they did not have enough staff, but this has got better."
- Any gaps including sickness and annual leave, was covered by staff or regular agency staff. There were vacancies for nurses, these were covered by regular agency staff, an agency nurse told us, they enjoyed working at the service and knew people well.
- Staff had been recruited safely. Checks including obtaining references, photo identification, full employment history and Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Additional checks were completed on the nursing staff to make sure they were registered with the Nursing and Midwifery Council and were safe to practice.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
  - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
  - We were assured that the provider was admitting people safely to the service.
  - We were assured that the provider was using PPE effectively and safely.
  - We were assured that the provider was responding effectively to risks and signs of infection.
  - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
  - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have visitors, during the inspection there were visitors present including some family members who stayed most of the day.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to make sure people received person-centred care and treatment which was appropriate, met their needs and reflected their personal preferences. This was a breach of regulation 9 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been made and the provider was no longer in breach of regulation 9 but further improvement is required.

- At the last inspection, there had not been a holistic assessment of people's needs following best practice guidance. Previously, pre-admission assessments had not been detailed and had not been accurate when recording people's needs and preferences. There have been no admissions since the last inspection, the provider had designed a new comprehensive assessment. The new assessment covered all areas of a person's life and agreement the staff could meet the person's needs had to be obtained by the manager before the person would be admitted.
- People's needs had been assessed and guidance given such as their position being changed regularly to reduce the risk of skin damage. Staff understood and moved people regularly but did not always record or follow the guidance. One person needed to be moved every 4 hours, but this had not always been recorded, there were examples of gaps up to 7 hours between each turn, the person did not have any skin breaks.
- Previously, people's oral care needs had not always been met. At this inspection, people had an oral care plan and risk assessment. Staff had recorded when oral care had been given and there were no signs people had not received the support as recorded.

Staff support; induction, training, skills and experience

At our last inspection staff did not always have the right skills, knowledge, and experience to support people safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been made and the provider was no longer in breach of regulation 18 but further improvement is required.

- At our last inspection staff had not received training appropriate to their role. Improvements in the

compliance of staff training had been achieved. Most staff had completed all their training and competencies had been completed for medicines and the preparation of different dietary textures. There was an induction process in place, records confirmed staff had completed their induction and training as required.

- Previously staff had not received training to provide end of life care, they had not always recognised when people were reaching the end of their lives. At this inspection, staff had still not received end of life training, though, improvements had been made in responding to changes in people's health.
- There was a new system in place, where the management team were responsible for the supervision of a group of staff. However, this system had not been embedded, while some staff had already received supervision others had not. Newer members of staff told us they had received supervision, while long term staff had not received supervision for a long period of time.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider failed to ensure they obtained consent to provide care and treatment and they follow MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 11.

- At the last inspection when people were found not to have capacity, there were not always records of how decisions had been made. At this inspection, improvements had been made and staff had recorded how they had assessed if people had capacity. When people did not have capacity, decisions were clearly recorded.
- One person had been assessed as not having capacity to understand the impact of refusing their medicines. There was a clear record of how the decision to give medicines covertly had been made and the professionals and relatives who had been involved. Staff understood the restrictions as to which medicines could be given covertly, as only essential medicines to the person's health were included, staff had not given the medicines not included if the person had refused.
- Staff worked within the MCA. People were asked about all aspects of their day, including where they wanted to spend their time, what they wanted to eat or drink and the activities they wanted to take part in.
- When required staff had applied for DoLS authorisations and any conditions had been met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- At the last inspection people had not always been effectively supported to access healthcare services. At this inspection people had been referred to healthcare professionals when their needs changed. People had been assessed by the dietician when they had lost weight and people had been assessed by the speech and language therapist (SaLT) when people had difficulty with their swallow. Staff had followed the guidance given and this had been recorded in their care plans. One relative told us their loved one had lost a lot of weight in hospital but he had gained weight since being at the service.
- People had been supported to attend optician and dentist appointments. One person had been supported to attend dental appointments for a long term condition. The GP attended the service weekly and reviewed people as needed.

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

- At the last inspection, people had not always been supported to eat and drink well, at this inspection improvements had been made. People were supported to eat their meals by staff, where they wanted, some people ate their meals in the communal dining rooms while others ate their meals in their rooms. Some people varied where they ate during the 2 days of inspection and joined people in the communal area on the second day.
- Since the last inspection all staff had received training, by the executive chef, in supporting people with specific dietary needs including different textured meals. Staff had been given the skills to test the meals provided were of the correct texture for each person. Staff knew what they should not do, such as add gravy to puree meals, which would change the texture of the meal. The executive chef visited the service regularly and checked the meals met people's needs and guidance from SaLT, to keep people safe.
- People's opinions of the food were mixed but they all agreed there was always an alternative available. One person told us, "Bit hit and miss but you get a choice if it is something you do not like." Another relative told us, they were really pleased with how well their relative looked and "It was great to see her eating so well."

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

- The service was purpose built and there were adaptations such as assisted bathrooms. However, the units supporting people living with dementia did not meet best practice guidance as published by dementia support groups such as The Alzheimer's Society. The provider had commissioned a 'Dementia Care Delivery Audit' which had highlighted the shortfalls within the units. There was a plan in place to improve the environment in the units, the provider confirmed work had started the week following the inspection.
- People's room had been personalised with their photos and objects which meant things to them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had not always treat people with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- At our last inspection staff had not always responded when people were distressed, people or their relatives had not routinely been involved in developing their care plans and people were not always treated with dignity. At this inspection relatives told us improvements had been made under the new manager.
- Staff understood people and respected their wishes. Staff told us and we observed people being addressed by their chosen term, which the person was pleased about. Care plans had been updated to include people's wishes, GP notes confirmed people had been asked about their care and treatment.
- Staff promoted people's dignity, they knocked on people's doors before entering and spoke with people in a respectful way. Staff supported the inspection team to introduce them to people and ask if they were comfortable to have a visit from a person they did not know. People told us staff respected their decisions about what the activities they wanted to do.
- Relatives said staff were thoughtful and kind. A relative told us, on their wedding anniversary, the staff organised a card, some flowers from their partner, and had a cake made. The cake had both their names on it, which had made it special to them.
- People were supported to be as independent as possible. Staff made sure people had their walking frames and the corridors were clear from clutter. People were supported to wash their hands before and after meals, and were asked if they wanted to wear a clothes protector during their meals. Staff made sure people had the correct cutlery so they could eat their meals independently.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider did not take reasonable steps to ensure people received person-centred care meeting their social and emotional needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

Enough improvement had been since the last inspection and the provider was no longer in breach of regulation 9.

- Previously, people had not always been supported to follow their interests or participate in activities relevant to them. At this inspection people were being supported to take part in activities. People were given a weekly programme of activities which they had the opportunity to join, and told us they were given the choice to join or not. One relative told us, "There was always something going on, they recently made poppies for Armistice Day." They also told us, "They always make an effort to include my relative and adapt the activity for them."
- Activities had been personalised for people, one person did not enjoy communal activities, but they loved gardening, and had a mini garden on their windowsill. People had gone on trips which reflected their interests, for example, to an airfield when they had an interest in flying. People were supported to maintain their spiritual needs, we were told, "You could go to church if you wanted to and (at Christmas) they did bring services to the home too."
- People and their relatives had been involved in making sure their choices and preferences are included. One relative told us they had worked with staff to ensure their relative was offered food they enjoyed as an alternative when they refused their meals.

### End of life care and support

At our last inspection the provider had not taken reasonable steps to ensure people received person-centred care meeting their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

Enough improvement had been made since the last inspection and the provider was no longer in breach of regulation 9.

- At our last inspection people had not always received compassionate care at the end of their lives. At this inspection, improvements had been made, each person had an end of life care plan. Staff had recorded people's preferences and choices or if they did not want to discuss it.
- People and relatives had worked with staff and the GP to develop anticipatory plans about when people wanted to be admitted to hospital or stay in the service to be treated. The plans were used by healthcare professionals to make decisions about people's care in line with their wishes.
- Staff had identified with the GP when people were approaching the end of their lives and medicines to relieve symptoms such as pain and sickness were available.

#### Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to appropriately investigate and learn from complaints. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made since the last inspection and the provider was no longer in breach of regulation 16.

- Previously, there was no effective system in place to respond to and investigate complaints. At this inspection complaints were logged on an electronic system, where the process could be followed through and recorded when each stage had been completed. There had been one formal complaint since the last inspection, and this had been recorded on the system with a clear outcome and the action taken to reduce the risk of it happening again.
- People and relatives told us they knew how to complain and were now confident action would be taken, following changes since the last inspection. One relative told us, "If I had a complaint or a comment I talk to the (deputy manager). I was concerned about the quality of the cleaning and I mentioned it and a couple of weeks later it was better."

#### Meeting people's communication needs

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

- Previously the service had not always been compliant with the Accessible Information Standards. At this inspection, pictorial signs had been put on doors and in corridors to enable people to find their way around the service. There were people living at the service where English was not their first language. The signs on doors had included their own language and information had been included in their own language.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to operate effective governance and quality monitoring systems to ensure people receive safe and good quality care. The provider had failed to assess, monitor, and improve the quality and safety of the service; and mitigate the risks relating to the health, safety, and welfare of people. The provider had failed to maintain securely an accurate, complete, and contemporaneous record in respect of each person receiving care. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had made improvements since the last inspection. However, they continued to be in breach of regulations for the fourth consecutive inspection, there were still concerns around some elements of risk management, medicines and maintaining accurate records.
- The provider had increased their oversight of the service, employed a new manager and an external consultant to continue to improve the service. They had identified shortfalls within the service and had worked to rectify these. However, this action had not always been successful, care plans did not always contain guidance for staff to mitigate risks to people's health and welfare. Medicines records were not always accurate or contain guidance for staff.
- There had been systems put in place to improve assessment of people's needs, care plans, complaints management, the culture within the service and support of staff. These systems had not yet been embedded or had time to be fully effective.

The provider had failed to maintain an accurate, complete, and contemporaneous record in respect of each person. The provider had failed to consistently assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to seek feedback from relevant persons and other persons on the services provided for the purpose of continually improving the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this element of regulation 17.

- At the last inspection the culture within the service was not open, transparent and person centred. At this inspection, there had been a change in the management structure. There was a new manager in post and a dedicated clinical lead for the service.
- During the inspection, the manager spent time on the units, understood people's needs and people knew who they were. Some relatives told us they had met the manager including, "I have met (the manager) and there have been lots of changes, things are improved. (They are) very proactive. I see changes being implemented." Other relatives told us they had not met the manager but agreed improvements had been made. One relative told us, "I have had no contact with the new manager. I went in 10 days ago and saw improvements. Communications are better since the new (manager)."
- Relatives told us the deputy and clinical manager were accessible and always ready to investigate any concerns they had. Relatives told us, they always received a prompt response, and they were open when things had gone wrong. Relatives told us they were kept up to date about any changes, a relative told us, "This week they said he had been seen by the GP about his swallowing action. I get lots of updates if anything changes or anything of concern."
- Staff told us they felt more supported by the new manager. One staff told us, "The manager is very supportive." Another staff member told us, they felt supported by management and could talk freely and with confidence on any concerns.

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

- Relatives and staff had the opportunity to attend meetings to give feedback about the service. The manager had held a relative meeting, but this had been poorly attended, relatives told us the meetings were not always at times convenient for them to attend. The manager was aware of this and was planning to hold a couple of meetings at different times and include a remote option if this was popular.
- Staff had attended a meeting, the manager had been open about the changes which were needed and what was expected of staff. Staff had been asked for suggestions about activities, food and training they wanted to be included.
- Staff had improved how they worked with others. The service had worked with the local authority to make improvements and learn from safeguarding concerns. People had access to healthcare professionals and staff supported people follow the guidance provided.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had not consistently assessed and provided guidance to mitigate risks to people's health and welfare. The provider had failed to ensure people received their medicines safely.
Treatment of disease, disorder or injury	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to maintain an accurate, complete, and contemporaneous record in respect of each person. The provider had failed to consistently assess, monitor and improve the quality and safety of the service.
Treatment of disease, disorder or injury	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.