

N & I Healthcare Limited

Keele House

Inspection report

176/178 High Street
Ramsgate
Kent
CT11 9TS

Tel: 01843591735

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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 responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Keele House is a residential care home providing personal care to 21 older people at the time of the inspection. Keele House accommodates up to 31 people in one adapted building.

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

People and their relatives told us they felt safe at Keele House. However, we found that people's medicines were not always managed safely by skilled staff. Effective checks and audits were not completed to identify any shortfalls at the service.

The provider had made some improvements at the service since our last inspection however further improvements were required. The registered manager had not developed a culture in the service which reflected the provider's aim for a supportive and inclusive service where everyone's views and opinions were valued. Staff did not always feel supported by the registered manager and some concerns they had raised had not been acted on.

People, their relatives and healthcare professionals were now fully involved in planning people's care, including their end of life care. People's care reflected their needs and preferences. Staff worked with health care professionals to keep people as well as possible. Staff knew how to identify safeguarding risks and any concerns had been discussed with the local authority safeguarding team. Lessons had been learnt when things had gone wrong or complaints had been received. People's care or other processes had been changed to reduce the risk of things going wrong again.

People were supported to continue to do things they enjoyed. Information was available to people in ways they understood. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they enjoyed the food at Keele House and meals were prepared to reflect their needs and preferences.

Risks related to people's care and the building were managed. The garden was now safe and accessible to people who enjoyed spending time there. There were enough staff to provide the care and support people needed and staff had been recruited safely.

The provider had followed all government guidelines during the COVID-19 pandemic and we were assured infection control risks were managed. People were supported to receive visitors in a safe way and regular COVID-19 tests were completed.

People, their relatives and staff had been asked for their views of the service and changes had been made following their feedback. The registered manager was working with health care professionals to ensure effective and open communication about people's health care needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 October 2019). 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 in some areas and the provider was no longer in breach of three regulations. Enough improvement had not been made in other areas and the provider was still in breach of one regulation. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 5 and 6 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, safe care and treatment, safeguarding service users from abuse and improper treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Keele House on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 ●

Keele House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was completed by two inspectors.

Service and service type

Keele House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

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 safeguarding team, commissioners and Kent Fire and Rescue Service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager, care workers, cleaners and the cook.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records, staff rotas and quality assurance records. We spoke with one visiting professional and four staff. We spoke with five relatives.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

- People's medicines were not always managed safely. Records of medicines requiring special handling arrangements were inaccurate and incomplete. These records are important to reduce the risk of medicines being misappropriated. No records had been kept about one person's medicine. The stock for another person's medicines was incorrectly recorded. The stock balance recorded was 18, however there were 74 tablets held in stock. The provider put new processes in place after our inspection, to check medicines were correctly recorded after our inspection.
- People did not always receive their medicines as prescribed. One person was prescribed a pain relief patch. This had not been applied. Staff were not able to tell us why the patch had not been applied. Another person's pain relief patch had not been administered every seven days as prescribed. Staff were not able to tell us if the person had a patch on at the time of our inspection. This left both people at risk of pain and discomfort.
- Some people were prescribed medicines 'when required', such as pain relief. Guidance about the administration of some when required medicines did not contain all the information staff needed to administer the medicines safely. Such as the signs and symptoms staff would see when the person needed the medicine or the time between each dose. No guidance had been provided about other 'when required' medicines. There was a risk people would not receive their medicines safely and consistently.
- A stock of Vitamin D drops provided by the government to support people's general health and keep their bones and muscles healthy during the COVID-19 pandemic, was held at the service. The registered manager was not able to tell us where the stock was or when it had been delivered. Guidance around the administration of vitamin D had not been obtained from people's GP in line with government guidance and the drops had not been administered. This left people at risk of harm.
- The date that bottles of medicines were opened was not recorded. This is important as some medicines have a short life span once they are opened. One person was prescribed eye drops. The manufacturer's advice was to dispose of the bottle four weeks after it was opened. The medicine had been dispensed on the 12 March 2021. No opening date had been recorded and staff could not be assured the medicine continued to be safe to use.
- Some medicines required special storage arrangements to reduce the risk of them being misappropriated. An issue had occurred two days before our inspection and the medicines were not held securely. The registered manager arranged for new storage to be ordered the day after our inspection. Following our inspection, the provider sent us evidence to demonstrate new storage arrangements were in place.
- Following our inspection the provider took action to address the shortfalls in medicines management. We will check their actions have been effective at our next inspection.
- Staff supported people to keep their skin as healthy as possible. They knew why creams had been prescribed and where and when they needed to be applied. Guidance was in place for staff to follow and the

application of creams was recorded.

The provider and registered manager had failed to ensure staff followed safe and consistent processes when managing medicines. This placed people at risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to operate effective systems and processes to identify and investigate potential abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- People were protected from harm and abuse and told us they felt safe at Keele House.
- Action had been taken to keep people safe. Since our last inspection the registered manager had identified incidents of potential vulnerable person to vulnerable person abuse. They had discussed these with the local authority safeguarding team and informed the Care Quality Commission (CQC).
- All staff had completed training to identify and report potential abuse. Staff were confident to raise any concerns they had with the management team or provider. Staff knew how to whistle blow to outside organisations, such as CQC.

Assessing risk, safety monitoring and management

At our last inspection the provider and registered manager had failed to consistently assess risks to people and take action to mitigate risks. This was a breach of regulation 12 (Safe Care and Treatment) 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 part of regulation 12. Risks to people had been assessed and action had been taken to mitigate risks.

- Risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risks. Since our last inspection risks relating to smoking had been assessed and action taken to protect people from burns. People were supported to smoke outside and were supervised by staff. Safety equipment, such as smoking aprons, were available if people required them.
- Some people were living with diabetes. There was guidance for staff on how to support people when they became unwell. Staff had followed the guidance when one person became unwell. Their doctor confirmed the action taken had kept the person as well as possible.
- Some people required assistance to move in bed or around the service. There was clear guidance in place for staff to support people safely. People told us they felt safe when staff moved them. When people passed urine through a catheter tube there was guidance for staff to support people to maintain the effectiveness of the catheter and recognise any infection.
- Each person had a personal emergency evacuation plan containing information about how to support the person to evacuate the building safely. Kent Fire and Rescue Service had completed a routine inspection of the service and the provider had an action plan in place to rectify the shortfalls. The majority of the action plan has been completed with the rest due to be completed shortly.

Learning lessons when things go wrong

- There were systems in place to monitor and review accident and incidents monthly. When patterns had

been identified, for example when people fell, action had been taken to reduce the risk of them happening again.

- When a concern was raised about how people were being moved in bed and protecting their skin integrity action was taken. Staff now support people to move in bed with specialist slide sheets.

Staffing and recruitment

- There were enough staff to provide the care people wanted. The provider and registered manager considered people's needs and preferences, when deciding how many staff to deploy on each shift. People told us staff were there when they needed them and attended promptly when they used the call bell. Staff responded immediately when the emergency bell sounded.

- Staff knew people well. They responded to their requests for support and gave them time to chat when they wanted. Staff had the time to support people on an individual basis.

- Staff were recruited safely. Checks on staff's character and previous employment, including dates of employment and reasons for any gaps in employment, had been obtained. Criminal record checks with the Disclosure and Barring Service had been completed.

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 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 accessing testing for people using the service, staff and visitors.

- 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.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff had not always been supported to develop the skills they needed to fulfil their role or tasks delegated to them. It was the provider's policy that staff administering medicines completed medicines training. The registered manager had not followed this policy and staff administering medicines had not completed training. They had been shown how to administer medicines by a member of the management team. However, these staff had not completed additional development in medicines or how to train staff. Staffs' lack of skills and knowledge had led to poor medicines practice which placed people at risk of harm. Following our inspection, the provider ensured all staff completed online medicine training.
- One staff member had been made responsible for completing all the checks and audits in the home but had not been trained to complete these. Following our inspection, the provider put a process in place to develop some senior staff to undertake checks and audits with support from the management team.
- Systems in place to support staff to develop in their role and share any development needs were not effective. Staff met regularly with a supervisor, however these meetings were not always valuable. Staff told us their development needs were not always discussed and they were not encouraged to develop and improve their skills. One staff member told us, "Everything is always perfect at my supervision. Life isn't like that. I need to be challenged to develop by skills".
- Staff had completed an induction when they began to work at the service. This included online training as well as training in practical skills. Refresher training for moving and handling and first aid was planned for shortly after our inspection. We observed staff supporting and encouraging people to stand and walk safely.

The provider and registered manager had not ensured staff were suitably qualified, competent and skilled to meet people's needs safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to act on advice from health care professionals to keep people well. This was a breach of regulation 9 (Safe care and treatment) 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 9.

- When people's health needs changed, staff referred them to health professionals for guidance and support. One relative told us, "They call the nurse when needed and they come straight away."
- When people's care needs had changed, staff supported people to be assessed by health care professionals. One relative told us, their loved one had been assessed when their needs changed, and they were now receiving the support they need.
- People had been referred to the GP and emergency services when they had become unwell. One relative told us, when their loved one had been unwell, staff called the emergency services. They had been kept informed of all the changes in their relative's condition.
- During the inspection the GP and clinical nurse specialist had reviewed people and their needs. Staff had provided them with up to date information about people's needs.

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

- An assessment of people's needs was completed before they moved into the service. During the Covid-19 pandemic, restrictions meant assessments could not be done face to face in line with the provider's policy. The registered manager had reviewed information received from health professionals to make sure staff could meet the person's needs, before they moved into the service.
- People and their relatives had been asked about the person's life history. This helped staff to understand people's choices and preferences. This included people's care preferences, sexuality and their family relations.
- People's needs had been assessed using recognised tools. Staff had assessed people's moving and handling needs and skin integrity. These assessments had been used to help plan people's care and support.

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

- People were supported to eat and drink enough. People told us they enjoyed the food at Keele House and they always had enough to eat and drink. Staff knew people's meal preferences. One staff member discussed the options for tea with a person. They gave them all the choices saying, "I think I know which one you will choose, it's your favourite". The person agreed, confirming it was their favourite and what they would like for tea that evening.
- Food was prepared to reflect peoples' individual needs and preferences. This included vegetarian meals and low sugar meals for diabetics. When people were at risk of losing weight, their meals were fortified with high fat foods, including cheese and butter. This was effective and people had gained weight. One person on a reducing diet, told us they were pleased to have lost weight.
- People were offered a choice of meal. When people did not want the meals planned, they were offered an alternative. We observed several different options were prepared for lunch.

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 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 and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions about their care had been assessed. There were detailed assessments for different areas of people's care. The assessments showed what decisions people were able to make. Staff supported people to make decisions about their daily life.
- People's decisions such as the use of bedrails and the reason, had been clearly recorded in their care plans.
- When people were unable to make decisions about their care, best interest meetings were completed. Relatives told us they had been included in decisions about people's care. Applications for DoLS authorisations had been made in line with the MCA. Any authorised DoLS were recorded in people's care plans.

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

- The building had been designed to meet people's needs. There were three large communal areas where people were able to spend time together. People moved freely between these areas and spent time where they wished. Other people chose to spend time in their bedrooms which were comfortable. People were encouraged to bring personal items, such as photographs and ornaments with them to make their bedrooms more of a home from home.
- People enjoyed spending time in the garden. The garden was accessible to everyone and people came and went as they pleased. The weather was warm during our inspection and people enjoyed sitting and chatting together in the sunshine. The unsafe garden shed had been removed. During the COVID-19 pandemic people had received visitors in the garden, with their relatives chatting to them from at least 2 meters away over the garden wall.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- Each person had a care plan containing information about their choices and preferences. There were details about how people wanted to be supported with their personal care and daily activities.
- Relatives told us staff understood their loved ones and how to support them. One relative told us, "Staff know what my relative wants and when they are feeling unwell. They do not need to say." Another told us, "My relative living at Keele House has eased my mind, they are up and dancing and helping out. They have flourished."
- Staff supported people to make decisions about their day to day care and respected the decisions they made. When people wanted to stay in their rooms, relatives told us people were supported to do this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we recommended the provider seeks advice from a reputable source about meeting the requirements of AIS. At this inspection we found improvements had been made.

- People had access to information in ways they understood. The provider used technology to support people to access information about the service and the wider world. These included a speaker to help people communicate during video calls with friends and family. Information was available in large print and audio formats.

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

- Staff had recorded people's interests and previous hobbies in their care plans and had used this information to develop activity plans. Care plans included how people liked to spend their time and how staff supported them to do this. One person was watching a cowboy film and told us these were their favourite. They were able to watch their favourite films when they wanted.
- Relatives told us people were stimulated and encouraged to take part in activities. One relative told us, "My loved one is stimulated by being there and the activities she is constantly active." People enjoyed chair based exercises during our inspection.
- Relatives we spoke to told us they were now able to visit the service and spend time with their loved one.

One relative told us, "The staff have been very accommodating and go out of their way to make sure I can visit when I want." Another relative told us, they were supported to visit their loved one when they were seriously ill during the COVID-19 lockdown. Relatives told us they had kept in touch with phone calls. They were encouraged to call whenever they wanted, staff were always friendly and kept them informed.

- People were able to have a meal with their relative when they visited, and everyone told us they enjoyed this.

Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise any concerns they had with the registered manager and staff. Staff encouraged people to raise any day to day issues, so they could be resolved before they became a complaint.

- Relatives told us they knew how to complain but had not needed to. One relative told us, "I have no complaints, if I ask them something, they will give me a straight answer." Others told us they were confident the registered manager would deal with any complaints they had.

- A process was in place to receive, investigate and respond to complaints. Complaints received had been investigated and responses had been made to the complainant. Complaints had been resolved to people's satisfaction.

- Complaints were used as learning opportunities. The provider had improved their systems and processes following complaints to make sure the issue did not arise again. For example, a relative had complained when there was a delay in the registered manager responding to their email. The registered manager had been on leave and their emails were not monitored in their absence. Following the complaint, a new email address was set up for people and their relatives. This email address was accessible to the whole management team and did not rely on one staff member being on duty to respond to any concerns or questions raised.

End of life care and support

At our last inspection the provider and registered manager had failed to design service users end of life care with a view to achieving their preferences. This was a breach of regulation 9 (Person centred care) 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 9. Each person had an end of life care plan in place.

- People, their relatives, staff and healthcare professionals had discussed people's wishes regarding any treatment, including hospital treatment. Some people had decided not to receive active treatment and remain at Keele House at the end of their life. Other people had decided to receive hospital treatment.

- There was detailed guidance in place in the form of Treatment Escalation Plans (TEPs). These had been written with people, their family, staff and healthcare professionals to ensure people received the support they preferred. Relatives told us health professionals spoke with them about their loved one's wishes. One relative told us when their loved one had become unwell they had been involved in the decisions about their future care. Staff shared TEPs with visiting health care professionals, such as paramedics to ensure they received consistent care.

- When required staff had liaised with the GP and district nurses to ensure medicines to keep people comfortable at the end of their life were available and administered.

- Some people had made do not attempt cardiopulmonary resuscitation decisions, with their family and health care professionals. Again, staff knew about these and they were shared with visiting healthcare professionals to ensure people's wishes were respected.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care

At our last inspection the provider and registered manager had failed to operate effective systems to assess, monitor and improve the quality of the service people received. This was a breach of regulation 17 (Good governance) 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 implemented an auditing system but audits were not completed by skilled and competent staff.

- The registered manager and provider did not have the required oversight of the service. The provider had introduced new governance systems to drive improvements at the service. However, the registered manager had not followed these to ensure they had oversight of the service. To reduce the risk of the spread of infection during the COVID-19 pandemic the provider had not visited the service as often as they usually did and had relied on the registered manager's audits. The registered manager had stayed at the home during the pandemic to support staff, however they had not identified some shortfalls and addressed them.
- Checks and audits of the service had not been effective. The registered manager had delegated the audits to a staff member and had not checked to ensure any shortfalls had been identified. The staff member completing the checks had not been sufficiently trained and told us they felt under pressure to record there were no shortfalls.
- The provider's audit system required completed audits to be verified by a member of the management team, this had not always happened. On some occasions other staff had verified the audits or there had been no verification. The medicine audits had not identified shortfalls found at this inspection and had not been checked by a member of the management team. Audits did not contain information about what files or records had been reviewed to ensure different records were reviewed each month.
- When shortfalls had been identified within the environment, an action plan had been put in place. However, there were no dates for when the work should be completed by and very little work had been done. The action plans for January and February 2021 showed only five actions out of twenty had been completed. There were no records to indicate that the action plans had been followed up to check the progress. For example, both action plans stated the strip light in the kitchen was not working. It had been ordered but not replaced.
- The provider commissioned a consultant to complete regular quality checks at the service. The last one was completed on 8 April 2021. They had not identified the shortfalls in medicines management and

training we found at our inspection. Other shortfalls they found had been addressed.

The provider and registered manager had failed to operate effective systems to assess, monitor and improve the quality of the service people received. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider and registered manager had failed to act on people's feedback develop and improve the service. This was a breach of regulation 17 (Good governance) 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 part of regulation 17. People, their relatives and staff have been asked for their views of the service.

- A process was in operation to obtain and respond to the views of people, relatives and staff. They had completed quality assurance surveys about the service. People were asked about the meals provided. Relatives were asked about all aspects of the service. The results were mainly positive and action plans had been put in place to address the issues raised. There had not been enough time since the changes were made to assess if the actions had been effective.
- Staff had been asked for their opinions on all aspects of their role. Some issues had been identified and the provider had put a plan in place to investigate the concerns. Again, the feedback was recent and there has not been enough time to assess the impact of the provider's action.
- Staff and people had attended meetings and were given the opportunity to express their opinions and ideas about the service. People requested changes to the menu, some suggestions were implemented immediately such as different fruit juice being available.

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

- The provider had completed 'lead to succeed' training and had reviewed the culture of the service using a recognised set of tools. Staff concentrated on people, while the provider had a strategic view of the service. However, the culture was not always open, and staff were not always confident to challenge practices without a fear of blame from the registered manager. Following our inspection, the provider met with staff to understand their concerns and acted to improve the culture of the service.
- Five of the registered manager's relatives worked at the service. Strategies were in place to manage any conflict of interests. However, these were not clear to staff, who did not know who to raise any concerns to. Staff told us when they had raised concerns, these had been addressed.
- The provider had introduced a new vision and values for the service. These included dignity and respect and a commitment to listening and continually improving. Staff demonstrated the values and treated people with dignity and respect. However, they did not always feel listened to by the registered manager and felt changes they suggested were not considered. Following our inspection, the provider put plans in place to attend staff meetings so they could listen and respond to any concerns or suggestions staff had.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest when incidents happen within the service. Relatives told us the registered manager had been open and honest when incidents had happened. One relative told us, "The communication is outstanding. When my relative fell over and cut themselves, they

rang and told me, kept me informed of what was going on".

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

- A new governance system had been introduced at the service, including some new policies and processes. These had been introduced at staff meetings and in training. Everything was stored in a logical order and was accessible to the registered manager and staff. All of the policies were available to staff on the handheld devices, so they could refer to them at any time. Visiting professionals told us the service was more organised. The registered manager was able to give us the information we needed quickly.
- Staff were motivated. Staff confidence in the registered manager varied but all staff we spoke with felt support by the deputy manager. The staff group worked as a team with the deputy manager to provide the service people want.
- The provider had introduced new systems to recognise staff who demonstrated the vision and values well. These included 'continuous and never-ending improvement' awards. Staff were nominated for these by people, relatives and their peers.

Working in partnership with others

- The provider continued to work with visiting professionals, including local authority commissioners and CQC staff. They had encouraged the registered manager to do the same. Visiting professionals told us the registered manager was working with them more closely than before. We found the same.
- Since our last inspection the GP surgery supporting the service had changed. The relationship between the registered manager and healthcare professionals was not always positive. However, this had been identified and both parties were working to improve communication and agree ways of working.

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 The provider and registered manager had failed to ensure staff followed safe and consistent processes when managing medicines. 12(1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had failed to operate effective systems to assess, monitor and improve the quality of the service people received. 17(1)(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager had not ensured staff were suitably qualified, competent and skilled to meet people's needs safely. 18(1)(2)(a)