Kent House Care Home Limited

Kent House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Kent House Residential Home is a care home providing personal care to up to 25 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 21 people using the service. Accommodation is arranged over three floors and a lift is available to assist people to get to the upper floors.

People's experience of using this service and what we found
Relatives view of the service varied. One relative told us they were angry and upset by the care their relative had received. Another relative told us their loved one was "well looked after".

The service was not consistently well managed and this left people at risk. A poor culture had developed, and care was not always centred around people's needs and equality and diversity rights. Records of people's care were not accurate and complete.

Some areas of the service had improved since our last inspection. However, some areas had deteriorated, and others required further improvement. The provider's checks and audits had identified shortfalls and where improvements had not been made. The registered manager had not followed the provider's action plans to address all the shortfalls we found at the last inspection.

Sufficient action had not been taken to ensure people were consistently protect people from identified risks, including choking or injuring themselves. Lessons had not been learnt when things had gone wrong, such as following incidents. People had not been supported to remain as healthy as possible. There had been delays in contacting health care professionals or recognising changes in people's health care needs.

Medicines management processes had improved, and people's medicines were now stored and applied safely. People were offered a balanced diet. However, they had not been consulted about any changes they may want to the menu during the very warm weather. Assessments of people's needs had been completed using recognised tools.

Staff recruitment processes had improved, and people were now protected from staff who were not of good character. People told us there were always enough staff on duty and the staff were kind and caring. Staff had been supported to develop the skills they needed to meet people's needs.

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.

Some areas of the building had been redecorated since our last inspection and people told us they enjoyed using the garden.

The provider had demonstrated their duty of candour. They had apologised when things had gone wrong and invited relatives to work with them, to develop new ways of working to make sure issues did not arise again.

People, their relatives and staff had been asked for feedback on the service. People and relatives' feedback in response to survey's had been positive. The provider had noted a deterioration in staff's experiences of the service and was working to address these.

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 inadequate (published 7 April 2022) and there were breaches of regulation. 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 some improvements had been made but they remained in breach of regulations.

Why we inspected
We carried out an unannounced focused inspection of this service on 16 February 2022. Breaches of legal requirements were found. We served warning notices in relation to safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve staff recruitment processes.

We undertook this focused inspection to check the provider had acted to comply with the warning notices we served following the last inspection. We also checked they had followed their action plan. This report only covers our findings in relation to the Key Questions Safe, Effective 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. 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 Kent House Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to identification and management of risks, record keeping, and monitoring and improving the quality and safety of the service at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 work with the 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 overall rating for this service is 'Requires improvement'. However, this service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Inadequate

Kent House Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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
This inspection was completed by one inspector.

Service and service type
Kent House Residential Home 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. Kent House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 20 July and ended on 5 August 2022. We visited the service on 20 July 2022.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with four people and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care worker, carers, chef and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three health care professionals who work with the service.

We reviewed a range of records. This included multiple medication records and three staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits and action plans were reviewed. We viewed seven people's care records, training records and policies and procedures.

Requires Improvement

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 provider and registered manager had failed to plan people's care to mitigate risks to them. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 12.

- Effective action had not been taken since our last inspection to ensure detailed guidance had been provided to staff about how to mitigate the risk of some people choking. One person's care records contained contradictory information about the risk of them choking. Their risk of choking had increased, and updated guidance had been provided by a Speech and Language therapist. This had not been shared with staff to reduce the risk of the person choking. This left the person at risk of choking.
- People were not protected from the risk of injury. One person often sustained cuts and bruises to their legs. The risk of them sustaining further injuries had been identified but effective action had not been taken and they had injured themselves again. An alert mat had been put in place to inform staff when the person was walking around in their bedroom, however, action had not been taken to establish how they were sustaining the injuries. This left the person at risk of them harming themselves again.
- Some action had been taken to plan care for people with epilepsy, however information available for staff was contradictory. This included what a person's seizures may look like. Important information, such as when to call for emergency medical help was difficult to find and much of the information was not related to the person's needs. Staff we spoke with were not clear about when to obtain medical support. The person had had seizures at the service and this left the person at risk of not receiving the care they needed promptly.

The provider and registered manager had failed to plan service user's care to mitigate risks to them. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Effective action had been taken since our last inspection to manage the risk of people developing pressure ulcers. People told us the equipment was comfortable and items we checked were working correctly. A relative told us their loved one's equipment was changed after our last inspection and the alarm no longer sounded each day.
- Detailed guidance was now in place about how to safely move people. This included the equipment to be

used and how to use it.

Learning lessons when things go wrong
At our last inspection the registered manager had failed to monitor and mitigate risks relating to the health and safety of service users. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 17.

● The registered managers review of accidents and incidents had not been consistently effective and risks to people continued. They had reviewed falls but had not reviewed accidents and incidents adequately, to identify any patterns and trends and stop them from occurring again. One person sustained a suspected burn shortly after our inspection. No action was taken by the registered manager to investigate how this occurred.
● One person had behaviours which challenged the staff at times. Staff had completed antecedent, behaviour and consequences (ABC) forms to record what happened before, during and after the incident. The registered manager had not reviewed the ABCs records to look for patterns and trends in the person's behaviour and plan their support to help them remain as calm as possible.
● Two people living with dementia had left the service without staff's knowledge or support. Lessons had been learnt for one person and they had not left again. However, no lessons had been learnt for the second person who continued to make attempts to leave. Guidance had not been put in place for staff to support the person remain safe. This left the person at risk of harm if they left the building without staff's knowledge and support.
● Monthly reviews of people's weight had failed to identify significant changes. Some people's weight records showed their weight fluctuated greatly for example, one person had gained 2kg in two days. The registered manager had noted these, but no action had been taken to establish if people had lost or gained weight or there were other reasons for the differences.

The registered manager had failed to monitor and mitigate risks relating to the health and safety of service users. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
At our last inspection the registered provider and registered manager had failed to operate effective processes to safely recruited staff. This was a breach of regulation 19(1) 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 19.

● People were now protected by safe recruitment practices. Disclosure and Barring Service (DBS) checks had been completed before staff worked unsupervised with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Robust checks had been completed on staff's conduct in previous roles, to ensure they had they skills and experience they needed. References had been obtained from previous employers. A full employment history with any gaps in employment and the reasons for leaving had been obtained for all staff.

● An audit of staff personnel files had been completed following our last inspection and action had been taken to obtain missing information. This included requesting previous employers to provide references.
● There were enough staff to meet people's needs. People told us there were always staff available if they needed them. One person told us staff came promptly when they rang for assistance. We observed staff spending time with people and supporting them when they needed assistance.

Using medicines safely

At our last inspection the registered provider and registered manager had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12(1) 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 12 in relation to medicines management.

● People's medicines were now managed safely. Staff's competency to administer medicines safely had been assessed. The provider had reviewed and amended their policies to reflect national guidelines, including procedures to dispose of unwanted medicines. Unwanted medicines were stored safely and disposed of promptly.
● Medicines were within their expiry dates. Expiry dates were clearly recorded on medicines prescribed to keep people comfortable at the end of their life. These were reviewed regularly to ensure they remained in date and effective when needed.
● Medicine patches were now applied in line with the manufactures guidance to reduce the risk of people's skin becoming damaged. The guidance was available to staff and records showed new patches had not be applied to the same site for four weeks.
● Medicines had been stored at a safe temperature including during a recent heatwave. Checks were completed on medicines stocks and records to ensure they were accurate and complete. We observed people receiving their medicines when they were prescribed and in the way they preferred.

Preventing and controlling infection
At our last inspection the registered provider and registered manager had failed to fully control risks of the spread on infection. This placed people at risk of harm. This was a breach of regulation 12(1) 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 12 in relation to infection prevention and control.

Since our last inspection the provider has taken action to ensure national guidance regarding Covid-19 was followed at Kent House. New people moving into the service took Covid-19 tests in line with national guidance. The service was now clean. COVID-19 risk assessments were in place for everyone and were in line with current government guidance.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● 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 and staff.
● 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 received visitors when they wanted in their bedrooms or the garden. There were no restrictions on the length or number of visits. Visitors were offered a face mask if they wanted to wear one.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the service. People were confident to raise any concerns they had with staff and the registered manager.
● Staff had completed safeguarding training and knew how to identify risks of abuse. Staff raised any concerns they had with the registered manager or provider and were assured these would be addressed. They knew how to whistleblow concerns to the provider and the local authority safeguarding team.
● The registered manager knew how to share any safeguarding risks with the local authority safeguarding team and the Care Quality Commission. When risks had occurred, action had been taken to stop them happening again, such as changes to staff working methods to keep people safe.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some people had not been supported to remain healthy whilst living at Kent House Residential Home. During our inspection relatives raised concerns with us about the lack of action by the registered manager to keep their loved ones well. We found the registered manager and staff had not been responsive to people's changing health care needs. A health care professional described the care as 'task orientated' and said the registered manager and staff had not analysed information to understand what it meant for each person.
- People did not consistently receive the support they needed to maintain good oral health care. One person was found to have very poor oral health on admission to hospital. The person brushed their teeth without support. However, staff had failed to check they had done this effectively and this had led to poor oral health. There was a risk this had caused the person pain and discomfort. The person was discharged with a detailed oral health plan. This was not included in their care plan and risks to the person continued.
- Staff did not always contact health care professionals for support and advice when people needed it. For example, one person sustained an injury, but staff had not contacted the community nurses for support until the following day. The registered manager told us this was a mistake and the community nurse should have been contacted when the injury was noticed. There was a risk the injury could have become infected in this time and this would have delayed the time it took to heal.
- People had not always been referred to a health care professional when they had unplanned weight loss. Some people had received advice from a dietician and were prescribed supplements to maintain or increase their weight. One person had lost 4kg in June and a further 2kg in July 2022. They had not been referred to the dietician for further advice and there was a risk they would lose further weight.
- Some relatives felt the registered manager did not communicate effectively with them around their loved one's health care. For example, one person was recommended new equipment when their needs changed to help them remain heathy. The registered manager did not inform the person's relatives about the equipment but did expect them to provide it. Following a discussion initiated by the relatives the equipment had been provided, however guidance around it's use had not been included in the person's care plan. A delay in obtaining the equipment or not using the equipment correctly could put the person at risk of becoming unwell again.

The registered manager had failed to do all that is reasonably practicable to mitigate risks. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People told us they enjoyed the food at the service. Menus were not always planned to reflect people's changing needs. The registered manager told us people's appetites had reduced during the hot weather and people had lost weight. However, they had not asked people for their views of the menu and if they would like any changes made, for example having lighter meals or having their main meal at a different time.

● Meals and snacks were prepared to reflect peoples' individual preferences. This included low sugar meals for diabetics. People told us they had a choice of foods. When people were at risk of losing weight, their meals were fortified with high fat foods, including cheese and butter.

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

● People's needs were assessed before they began using the service. The registered manager gathered information about the person's needs from the person, their relatives and any professionals supporting them. They used this information to make sure staff had the skills to meet people's needs.

● The registered manager had begun to ask relatives to share information about people's lives before they moved into the service. This helped staff get to know people and understand what was important to them. People were given the opportunity to share information about any protected characteristics under the Equality Act, such as race and gender.

● The provider used recognised tools to understand the risk of people developing pressure ulcers and becoming malnourished. These were completed each month.

Staff support: induction, training, skills and experience

● Staff had been supported to develop the skills they needed to meet people's day to day needs. New staff completed an induction to learn about people, their needs and preferences and the processes at the service. All staff were required to complete regular on-line training and checks were completed to ensure training was up to date.

● Some staff had been allocated champion roles. A champion is an individual who promotes a particular topic and shares their knowledge and skills of that subject with colleagues. Staff taking on champion roles had not been supported to develop all the skills they needed to complete these roles and support others to develop. For example, staff leading on safeguarding or nutrition had not been supported to complete further training in these areas. This was an area for improvement.

● Staff had completed training in relation to people's needs. Six staff including the registered manager had completed training provided by local health care professionals around pressure area care. The registered manager had checked staff competency to complete specific tasks including moving people and medicine administration.

● Staff now received regular supervision. During these meetings their understanding of different areas of care were discussed to identify any development needs.

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

● The building had been adapted and decorated to meet people's needs. Some areas of the building had been redecorated and plans were in place to redecorate other areas. All areas of the building and garden were accessible to people.

● People were encouraged to decorate their bedrooms with personal items, such as pictures and ornaments. They were all different and decorated as people had chosen.

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.

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● People's ability to make decisions had been assessed. For example, decisions around the use of bedrails. When people were unable to make specific decision, these were made in their best interest by people who knew they well. This included people's families and health care professionals.
● We observed staff supporting people to make day to day decisions. This included choices about what they ate and where they spent their time. Staff gave people the information they needed to make the decisions and showed them options to help them decide.

Inadequate

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. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Leadership at the service had changed since our last inspection. One staff member described it as 'regimented' and not centred around people's wishes and preferences. Many of the staff we spoke with were no longer happy working at the service. Some had resigned and others were considering leaving. We found some staff had been given lots of additional responsibilities and others had not been given any. The registered manager had noted day and night staff no longer worked together as a team but had not taken action to understand their issues and support them to address them. The provider told us they were concerned about staff leaving but no action had been taken to improve staff retention.
- At times staff had not contacted the registered manager for support and this had led to delays in action being taken. For example, when the water supply was cut off during a weekend, staff had messaged the registered manager rather than calling them for support. This led to a delay of approximately 90 minutes in guidance being provided to go out and buy drinking water for people. The provider had not been made aware of the situation and this had prevented them from taking timely action.
- Culture was discussed at team meetings. Staff had been told what not to do rather than how to provide a service centred around people. One staff member described the culture as 'tick box', aimed at meeting regulations rather than people's needs and preferences. Records confirmed this. For example, when people were distressed or anxious staff had recorded 'was agitated, was content' and 'was crying or upset, was content'. 'Was content' was a box staff ticked on the electronic care records system, they had not considered if people were content when they were upset or agitated. This had not been identified and addressed by the registered manager or provider.
- An audit of care plans had identified on several occasions staff had not been provided with important information about people's cultural and spiritual needs. This is important to ensure people's equality and diversity rights are upheld. Despite the continued lack of action by the registered manager the provider had not taken action to make sure this important information was included in people's care plans. We observed staff providing support to people in a kind and gentle way.

Continuous learning and improving care

At our last inspection the registered manager and registered provider had failed to consistently assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of

regulation 17.

● The provider's oversight of the service was inadequate. Despite them carrying out frequent audits they had not brought about the changes necessary to ensure people received a service which was safe or met their needs. Since the last inspection a registered manager had been recruited and although they had addressed some shortfalls, others continued.
● The provider had planned the improvements and developments at the service in two stages. The first was 'find and fix' to address the breaches in regulation found at our last inspection. The second was further improvement to bring the service to at least the standards required for a good CQC rating. The provider was aware their improvement strategy had not been effective but had not taken adequate action to drive the strategy forward.
● The provider and the area manager completed regular checks of the service. The outcomes of their checks were discussed with the registered manager and an action plan was agreed to address shortfalls found. Actions required were clearly described along with who would complete them and by when. However, the registered manager had failed to complete some of the actions within the required timescales. For example, some care plans were not accurate and up to date. The provider's checks had identified this, but neither the provider nor the registered manager had taken effective action to address the shortfalls.
● The provider had commissioned a consultant to audit people's care records. They had identified similar shortfalls to those found during our inspection. Action plans had been developed and reviewed regularly by the provider. Again, the action plans had not been followed completely by the provider and registered manager and shortfalls remained.

The provider and registered manager had failed to consistently monitor and improve the quality and safety of the service. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Other audits had been effective and showed improvements had been made over time. For example, the June 2022 medicines audit showed shortfalls found by the May audit had been addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● People were not protected by accurate, complete and contemporaneous records. Some information, such as communication with and visits by health care professionals had not been recorded. Information about changes in some people's needs and the care they required was not updated promptly. One person's care plan contained another person's name and it was unclear who the guidance referred to. The provider and registered manager were not aware of this shortfall.

The provider and registered manager had failed to ensure an accurate, complete and contemporaneous record was maintained for each service use. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The champion system put in place by the registered manager had not improved the quality of the service. Staff were unclear about the role of a champion and did not realise they remained responsible for completing certain tasks. For example, we discussed one staff's champion role with them. No arrangements had been put in place for action to be taken when they were not available, and this had led to a delay in a person receiving health care. The provider and registered manager had not taken action to ensure staff understood their roles and were held accountable for the practice.

The provider and registered manager had failed to monitor and improve the quality of the service by keeping the culture under constant review. This was a breach of regulation 17(1) 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

- The provider used quarterly surveys to understand the experiences of people, their relatives and staff. The latest surveys had been sent at the end of June and the provider sent us a copy of their analysis after the inspection. An action plan had not been developed at that point.
- The latest feedback from people's relatives showed they remained happy with the quality of the service. Staff feedback showed a decline in some key areas, such as communication from the registered manager and teamwork. The provider was aware of these concerns and was developing strategies to improve these areas.
- The provider valued feedback about the service, including complaints. They had responded to complaints received and offered to meet people to discuss their concerns and agree a way forward. The registered manager had not always responded to all the points raised in complaints. This was an area for improvement.

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 had an open and honest relationship with people and their relatives. When things had gone wrong, they apologised and explained why things had occurred. They encouraged people and their relatives to work with them to identify how things could be improved and to keep these improvements under review.
- The registered manager and some staff had also acknowledged when the quality of the service should have been better and apologised to people and their relatives for this.

Working in partnership with others

- The registered manager had accepted support offered by health care professionals to improve people's care. This had included medicines reviews and the development of treatment escalation plans. They had met regularly with the local authority commissioning team to discuss their progress towards achieving their action plan.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager had failed to plan service user's care to mitigate risks to them. The registered manager had failed to do all that is reasonably practicable to mitigate risks.

The enforcement action we took:

We applied a condition to the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had failed to consistently monitor and improve the quality and safety of the service. The registered manager had failed to ensure an accurate, complete and contemporaneous record was maintained for each service use. The provider and registered manager had failed to monitor and improve the quality of the service by keeping the culture under constant review.

The enforcement action we took:

We applied a condition to the provider's registration.