

Kentwood House Ltd

# Kentwood House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Kentwood House is a care home providing accommodation with personal and nursing care to up to 32 people. The service provides support for people with complex nursing needs including people living with dementia. At the time of our inspection there were 21 people using the service. The accommodation is arranged across two floors with lift access.

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

Risk assessments had not consistently identified and managed risks to keep people safe. Incidents had not been reported and there was no evidence investigations had been undertaken or any lessons had been learned. There were limited systems in place for checking environmental risks and some checks had not been documented, for example, window restrictors and emergency lighting.

People did not always receive care and support that was person centred. Care plans lacked detail about peoples' personal choices, preferences and wishes. There were no meaningful activities happening in the service. One relative said, "There needs to be more for them to do."

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

The provider did not have robust quality monitoring processes in place to identify and address any shortfalls and where checks or audits had been undertaken, these did not identify issues found during our inspection.

Medicines were managed safely, and medicine administration records were completed. The service was clean, but some areas had worn carpets and paint chipping from walls. Visiting to the service was restricted and people still needed to make appointments.

People and their relatives told us they felt safe living in Kentwood House, and they were happy there. One person said, "I feel safe here because I am with other people." Another person said, "I feel perfectly safe here. There is always someone walking around, and the manager wanders around." One relative said, "[Relative] is happy, they really like it there and I like it there too." Another relative said, "[Relative] is safe here, the carers are very nice, and they know what they are doing."

Staff treated people with dignity and respect and people told us staff were kind and friendly. Staff were mindful of peoples' privacy and confidentiality. Staff told us they had done training online, had supervision meetings and the provider was supportive. Staff were happy working in Kentwood House. People, relatives and staff told us the provider was approachable.

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

The last rating for this service was good (published 23 August 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this report. We have identified breaches in relation to safe care and treatment, person centred care and good governance at this inspection. You can see what action we have asked the provider to take at the end of the full report.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Kentwood 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 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 carried out by two inspectors and two 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

Kentwood House 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. Kentwood House 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 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, but they were not in the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We used information we gathered as part of our monitoring activity that took place on 25 August 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority. 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 eight people who lived in the service and 11 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day, including during the lunch service. 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 spoke with six members of staff including nurses, care workers and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager was not in the service nor available on the day of the inspection. We reviewed a range of records including six peoples' care records and multiple medication records. We looked at three staff recruitment files. A variety of records relating to the management of the service were reviewed including policies, health and safety checks, meeting notes, training records and audits.



# 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 good. 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; Learning lessons when things go wrong

- Risk assessments were in place for various aspects of peoples' care, including falls, skin damage and fire evacuation. Some people required bed rails for their safety; but in some cases bed rail protectors were shorter than the bed rail, creating a risk that the person may become trapped. This risk had not been assessed.
- Risk assessments did not provide enough information for care staff to provide safe care and manage risks, for example, where people required pressure relieving mattresses to protect their skin integrity, the required settings were not documented. Although permanent staff were aware of the correct settings, the service used agency nurses so there was a risk some staff would not know the correct settings.
- The service had a fire audit four years ago which stated emergency lighting needed to be subject to monthly testing. This testing had not been completed. Window restrictors were in place but were not checked regularly. Emergency evacuation procedures were not clearly displayed and personal evacuation plans were not readily available for use in an emergency.
- Doors with signs saying 'Fire Door Keep Locked' were not locked. Cupboards or rooms containing chemicals had signs on them saying 'Keep Locked'. These rooms were not locked and chemicals were readily accessible.
- Staff told us they knew what to do if someone had an accident or if there was an incident, but none had reported anything. Accident and incident records were not available during our inspection. One person living in the service told us about an incident they were involved in. The provider confirmed this had happened, however this had not been recorded or investigated in accordance with the provider's accident and incident policy.
- Most other health and safety risks, for example, gas and electrical safety and fire equipment checks had been completed. The provider had a fire risk assessment in place and the fire alarm had been tested. Staff told us they had been trained in fire safety and evacuation.

Preventing and controlling infection

- We were not always assured the provider was supporting people living at the service to minimise the spread of infection. We observed bed rail protectors that were torn in places, which created an infection control risk. We also saw opened containers of creams that were not labelled with anyone's name; we could not be assured these creams were used for only one person.
- We were not assured the provider was using PPE effectively and safely. Masks were not always being worn correctly, they did not always cover the staff members nose and mouth. We told the manager about this, but did not see any change throughout the day.
- We were assured the provider was preventing visitors from catching and spreading infections.

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Visiting to the service was restricted. People still had to make appointments. Staff confirmed visitors had to make appointments and no one was allowed to have visitors during mealtimes or whilst staff were on their breaks. Relatives we spoke to were concerned about the restrictions on visiting. We have reported further on this in the well led section of this report.

The provider had failed to adequately assess risks to people and monitor their safety, including infection control risks. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

#### Staffing and recruitment

- There were not always enough staff deployed to meet peoples' needs. People told us they had to wait for assistance. For example, one person told us carers were not always free to take them back to their room at the time they wanted to go. The provider used a dependency tool to calculate the number of staff needed. However, peoples' dependency levels were not always accurate, for example, some people assessed to be low dependency needed two staff to support them with most of their care needs.
- Staff did not always have time to sit with people and people told us staff were rushed when they were supporting them. One person told us staff did not have enough time for them and tried to rush them when supporting them with personal care.
- Relatives told us they thought there were enough staff, although one said this was 'at a very basic level'. Other relatives told us the door was answered quickly and there were often staff seen in the corridors.
- Recruitment records were in place. Checks had been made with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions. Profiles were in place for staff supplied to the service by an agency.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had been trained and were knowledgeable about safeguarding. They told us they would report any signs of abuse to the manager or a nurse. The provider had made the local authority's safeguarding policy available. However, whilst staff knew how to recognise and report abuse they were not able to tell us how they could escalate concerns externally if they could not raise them with the manager or felt action had not been taken. The manager had recorded and reported safeguarding concerns to the appropriate authorities.
- People and their relatives told us they felt safe living in Kentwood House. One person told us, "I have no worries about my safety here." Another person said, "I always feel safe here, no one can hurt you." One relative told us, "[Relative] is very safe and happy there." Another relative said, "[Relative] is very safe, I wouldn't want to move them."

#### Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines were stored securely in clean,



temperature-controlled conditions. People told us they got their medicines on time. One person said, "My medicine comes on time and if I ask for pain relief they give it to me." Medicine administration records were completed accurately.

- Medicines were administered by nurses. The manager audited medicine administration records, but there was no evidence of a full medicine audit. The manager and the nurse told us they had never had any medicine errors.

# 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.

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.

- Mental capacity assessments had been completed but these were not decision specific. For example, one assessment covered complex decisions, daily care needs and use of bed rails. We did not find any evidence that decisions had been made in people's best interests. For example, staff were not able to confirm why people had bed rails in place, and could not tell us if they had tried any least restrictive options before making this decision. We could not establish whether decisions had been made in peoples' best interests.
- The manager had made appropriate DoLS applications to the local authority and they had a system in place to keep these under review.
- Consent was documented in peoples' care plans. Staff told us they always asked people before carrying out any care or support for them. People and relatives told us staff asked consent before providing care. One person said, "The carers ask before they do things."

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

- The service was arranged on two levels with a lift to access the upper floor. All doors were the same colour and had room numbers on the outside. There were no photographs or names to help people identify their room. Some peoples' rooms were personalised with photographs and other things that were important to them. However, there were all painted the same colour. Different colours can help people living with dementia find their way around.
- People's rooms were cold and their bathrooms did not have hot water. People and relatives told us they

and their rooms were cold. One person said, [Relative] has been very cold. There is a radiator in the room, but it has never been on. They spent two days in bed because they were too cold to get up." Another relative told us, "Nothing has changed with the radiator, it still doesn't work." Other relatives told us they had been told to bring in warmer winter clothes.

- The decoration of the service was variable. Paint was peeling off the wall in the lounge. Carpets in some people's rooms were worn thin and some furniture was chipped. Relatives told us the service needed some attention, for example, one relative said, "The radiators are brown and horrible. It's basic and probably needs an upgrade." We discussed this with the manager; they told us they had a planned programme of refurbishment, but we did not see it during our inspection.

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

- Peoples' needs were assessed before they moved in to Kentwood House. This was to ensure the service was able to meet their needs. Some relatives told us they were involved in the initial care plan, but most said they had not been reviewed this year. People had oral health care plans although some lacked detail.
- Care delivery was largely task driven and many entries in the care notes were the same day after day, but staff had a good knowledge of people and some of their preferences. Staff understood risks, such as, choking, and knew about modified diets to keep them safe.

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

- Although some people told us they had enough to eat and drink this was not consistent. One person told us, "I could eat more food. My relative brings in crisps and biscuits." A relative told us their relative could do with a bit more food; the person had described it to them as a 'children's meal'. People had their meals either in their room or in the lounge, depending on their preferences and mobility.
- People who were at risk of choking had been assessed by speech and language therapists and were protected from risks with modified food and fluids. Staff were aware of people's dietary needs.

Staff support: induction, training, skills and experience

- Nurses and care staff told us they had received training and had the knowledge and skills they needed to safely provide care. Staff said they had induction training and some shadowing shifts when they first started at Kentwood House. People and their relatives said the staff were trained to do their job. One relative said, "They seem to know what they are doing." Staff supplied by an agency told us they had regular training through the agency.
- Staff told us they received supervisions regularly and found them useful. Staff told us they felt supported by the manager. Nurses worked within the Nursing and Midwifery Council's Code of Conduct and revalidated to keep their registration active in accordance with regulations.

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

- Assessments and care plans included peoples' health care needs and nurses updated records when people had been visited by a health professional. Hospital passports containing relevant information were available if someone needed to access hospital services.
- Nurses had knowledge of peoples' healthcare needs and knew how to support them to achieve good outcomes. They requested input from others when required, for example, stoma nurses, diabetes nurse specialists or speech and language therapists.
- People told us they could see a doctor if they needed to. One person said, "I have seen the GP on a video call, and Specsavers came to the home to check out my glasses." Another person confirmed the optician came to the service. Most relatives told us their relatives had been able to access other services, for example, one person had been to the hospital for diagnostic tests and others had been admitted as inpatients

temporarily. However, one relative said, "I would like to see a doctor visiting more often."

# 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 good. The rating for this key question has remained 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

- People told us staff were caring and treated them well. One person said, "The staff are wonderful here. I have no complaints at all." Another person told us, "I am content here, I don't need to do anything. They paint my fingernails." A relative said, "[Relative] loves all the carers and has nothing but praise for them." Another relative said, "[Relative] gets on well with the staff and there are always people around."
- Staff and people knew each other well. Relatives told us the staff were friendly, welcoming and caring. One relative said, "The carers know [relative] and they know me too. I think generally they are treated very well." Another relative told us, "The carers know [relative] so well and they always bring me up to date when I visit." One person said, "Most of the staff know how to look after me and how I like things done. I can tell them if I don't want something done a certain way and they listen."

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

- Peoples' likes and dislikes were documented for some areas. Some care plans detailed what clothing people preferred to wear. Care plans specified gender preferences for when people needed support with their personal care.
- Communication needs were documented so people could be supported in the best way to be involved in decisions about their care. Some relatives had been involved in the initial care planning where this was appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect; their privacy was protected, and they were encouraged to be independent where possible. We observed staff closing bedroom doors whilst people were having their personal care needs tended to. One person said, "The staff respect my privacy generally, and when doing personal care, I stay in bed."
- Staff recognised individual needs and promoted independence. One person told us, "I can't do much for myself, but the staff encourage me." Another person said, "The staff knock on the door and wait before they come in. They try to make me do things."
- Peoples' confidential information was kept securely, accessed only when required and by those authorised to do so. Electronic records were protected with passwords to prevent unauthorised people accessing them.



# 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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Not all care plans were personalised and people did not receive person centred care and support. For example, people told us they were not regularly supported to brush their teeth or to have oral care. Records confirmed that staff didn't always support people to meet their oral hygiene needs. Some people's hair looked like it had not been washed recently and records available could not confirm whether it had been.
- People told us they were not offered a bath or shower; that they could only have a wash in bed, and records confirmed this. One person told us, "The staff help me wash, they come in with a bowl of water, sometimes hot, sometimes cold. I think they have to bring the hot water from the kitchen." Another person said, "I don't really choose what I do. I am washed by the night staff between 5am and 7am". Another person told us, "The night staff get me up; they wash me and dress me. If it is early, like 5am, I have to ask them to put me back on my bed; it is too early for me to get up." Relatives told us care and support had not been person centred for their relative.
- We observed people being provided with lunch; they were not offered a choice of main course or drinks. People and their relatives told us they were not able to choose what food to have. One person's care plan stated they liked to use a cup for their drinks. However, everyone was provided with drinks in plastic beakers, regardless of their specific needs or preferences. There were menus on display. The provider told us staff asked people what they wanted each day, but on the day of the inspection they had not been asked.
- People and their relatives told us they did not get a choice of what to eat and said they were 'set meals'. One relative said, "[Relative] likes the food, but there are no choices for the main meal, they are all set. For example one day it will be curry and [relative] doesn't like curry so they just have to leave it." A person told us, "The food is variable. They don't look at the food that is left, if they did, they could tell what we like and don't like." Another person told us they could cut their own food, but staff insisted on cutting it for them and 'chopped it up too much', which made it less enjoyable for them.
- We observed people sitting in the lounge in a semi-circle with the television on. Most people could not see the television from where they were positioned and people were not able to move themselves independently. People looked bored and disengaged. The provider did not have a programme of activities and no activity staff were employed by the service. Most people told us there was not much to do and they were bored. One person said, "I get fed up sitting doing nothing. I would like to be more occupied." Another person said, "It's boring in these places", and a third said, "There's not much going on in general."
- Relatives told us organised activities had been significantly reduced. One relative said, "There is not a lot for them to do, very minimal activities. It used to be better when they had someone coming in, but not now." Another relative said, "They used to have an activities person coming in, but there's been nothing going on for a while now." All relatives we spoke to told us this was an area for improvement as their relatives were

bored and lacked social interaction with other people.

Failure to ensure care was person centred and responsive to peoples' needs and failure to support people to follow interests and take part in activities that were culturally and socially relevant to them was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### 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.

- People had communication care plans which detailed communication aids, such as hearing aids or spectacles. We observed people using these to aid their understanding. Staff told us if people had difficulties understanding them, they would point to things, such as meals or tablets. During our inspection we saw minimal engagement between staff and people living in the service. We saw tasks being undertaken for people but with no conversation or interaction.
- At the time of our inspection the service was not supporting anyone whose first language was not English so translation of documents into other languages had not been required.
- There were no pictures on communal rooms such as the lounge, dining room or bathrooms to help people find their way around. Bedroom doors were all the same colour and had numbers on them, not the person's name.

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

- The provider had a complaints policy in place and they told us they investigated serious complaints, but they preferred to deal with concerns quickly before they escalated to full complaints.
- People told us they did not have anything to complain about. One person said, "I have no complaints. I would ask to speak to the manager if I did." Most relatives told us they had not made any formal complaints.

#### End of life care and support

- The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service.
- End of life care plans were in place. Aspects of end of life care planning such as recording the treatment escalation plans had been completed. In one care plan we saw evidence of the involvement of the frailty nurse and the family in developing the end of life care plan.
- Staff told us they worked with other healthcare professionals such as specialist nurses or GPs to provide end of life care when required, Medicines were available to keep people as comfortable as possible.

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

- The provider had a manager registered with the Care Quality Commission, but this person was not currently at work. The nominated individual told us they had day to day responsibility for the service.
- The provider did not have robust quality monitoring processes in place. There was a process for reviewing care plans, but this had not identified some of the shortfalls we found during this inspection, for example, repositioning people to protect their skin integrity had not always been recorded and where people used pressure relieving mattresses, the required settings had not been documented. Where concerns were identified on care plan review records, there was no evidence that actions had been taken to address these. Care plan reviews had not been robustly completed, for example, three out of four care plan reviews we looked at were incomplete.
- Staff told us they had received induction training and online training. However, there were no records to confirm what the induction programme included and no records to demonstrate what training people had or required. There were no records to confirm staff had been assessed as competent to administer medicines or for safe moving and handling. We saw training certificates for the chef during our inspection.
- Visiting to the service was restricted and relatives still needed to book appointments, although this guidance had been updated. All relatives we spoke to raised this as an issue and said it needed to improve. One relative said, "The visiting is very restricted and they always say things like, 'we are very busy', I think to make people feel awkward. The hours are 11am to 12.30pm and then 2pm to 4.15pm with no allocated visiting for the evenings." Another relative told us they liked to visit on a Sunday but the nurse was not happy with this. They said, "I like to visit on a Sunday as it can be a lonely day, but the nurse said people who work need to have the weekend visits so now I feel very awkward asking for a Sunday visit, but I would still really like to."

Failure to effectively assess, monitor and improve the quality and safety of the service and failure to maintain accurate records was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they liked working at the service and that teamwork was good. The manager told us they had an open-door policy and staff confirmed they could approach the manager if they had any problems. People told us they thought staff enjoyed their work.
- People we spoke to knew who the manager was, but not everyone knew their name. People told us they



saw the manager around the service or in the lounge. Most people thought the home was well organised. One person said, "It seems to tick over pretty well."

- Relatives told us the manager was approachable and kept them informed of anything new. One relative said, "I like [manager]. I feel comfortable talking to them." Another relative said, "The manager is ok, very pleasant. They keep me informed of any health visits."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.

- Relatives confirmed staff contacted them with updates when necessary. For example, one relative said, "[Manager] phones and keeps us informed of anything we need to know." Another relative told us their loved one had developed an infection and said, "The carers spotted it and phoned me straight away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had never undertaken a staff satisfaction survey, but said the door is always open and people could speak to the manager at any time. There was no formal process in place for obtaining feedback from relatives or professionals that visited the service.

- Staff told us and records confirmed they attended monthly staff meetings where the manager shared updates and discussed concerns. Staff told us they had regular supervision sessions with the manager. Staff attended daily handover meetings where any changes or updates relating to peoples' care and support was shared.

- Most people and their relatives told us they had not been asked for meaningful feedback about the service. Three people said, "I haven't been asked to give feedback about the home." A relative said, "We had a very small form for feedback once, but it was nothing in depth and so not very useful." People and their relatives had never been invited to a meeting to discuss the service.

- We saw three feedback forms had been completed earlier this year by people living in the service, but where comments or requests had been made, there was no evidence any action had been taken to address these. For example, one person had asked to have a daily newspaper as this was one thing they missed. This had still not been addressed almost six months later. The manager told us they had provided a magazine instead; but this was not what the person had requested.

Working in partnership with others

- The manager worked in partnership with local health and social care teams and healthcare professionals visited the service when required.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to adequately assess risks to people and monitor their safety, including infection control risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to effectively assess, monitor and improve the quality and safety of the service and to maintain accurate records. The provider did not have robust quality assurance processes in place and lacked management oversight of the service. The culture of the service did not achieve good outcomes for people. Visiting to the service was restricted.</p>

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure care was person centred and responsive to peoples' needs and failed to support people to follow interests and take part in activities that were culturally and socially relevant to them.</p>

### **The enforcement action we took:**

We issued a warning notice for breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.