Centenary Care Homes Limited

Centenary House

Inspection report

70 Charlton Road
Shepton Mallet
Somerset
BA4 5PD

Tel: 01749342727
Website: www.centenarycare.co.uk

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service:

•Centenary House is a care home registered to provide personal care and accommodation to up to 13 people. The home specialises in the care of older people. At the time of the inspection 12 people lived at Centenary House.

People's experience of using this service:

•Systems and processes to monitor the service were not effective, did not drive improvement and the provider had poor oversight. As a result, the quality of care provided to people had not improved since the last inspection.

•The service was not safe because people were not always protected against the risks associated with medicines.

•Records did not identify what people had to eat and drink each day which meant people at risk of weight loss were not monitored.

•Care records did not reflect the needs and preferences of people using the service. They were task orientated not person centred. The lack of detail meant care and support may not be given effectively.

•There was a lack of stimulation for people using the service. Several people said they would like to see improvements in this area. Very few activities were offered and those that were did not always consider individual interests, preferences or abilities.

•Some aspects of the premises were not clean. Poor infection control standards were found throughout the service. Some environmental risk had not been identified.

•We saw positive interactions during the inspection, with staff being kind, friendly and patient when assisting people.

•Staff and visiting professionals felt the registered manager was trying to make improvements with the resources available.

More information about the detailed findings can be found below.

Rating at last inspection:

•At the last inspection the service was rated Requires Improvement (December 2017). Following the last

inspection, we carried out a focused inspection that was also rated Requires Improvement (June 2018). At this inspection we found the service had not improved and remains rated as requires improvement overall.

Why we inspected:

•This inspection was a scheduled inspection based on the previous rating and aimed to follow up on concerns we found in June 2018. In addition, we had received some information of concern prior to the inspection which we explored as part of this inspection.

Enforcement:

•Full information about CQCs regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

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 not always caring Details are in our Caring findings below.	**Requires Improvement**
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 well-led Details are in our Well-Led findings below.	**Inadequate**

Centenary 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

•On day one of the inspection, two adult social care inspectors carried out the inspection. On day two of the inspection, one adult social care inspector, one registered nurse, who had experience of working with older adults in care homes, and one expert by experience carried out the inspection. 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:

•Centenary House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered manager who had been in post since July 2018. The registered manager was recently 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:

•The inspection was unannounced on the first day. The inspection site activity started on 7 February 2019. The second day inspection site activity was unannounced and took place on 11 February 2019.

What we did:

•Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

•We looked at the information in the PIR and other information we held about the service including safeguarding records, complaints, and statutory notifications. Notifications are information about specific important events the service is legally required to send to us. We also reviewed concerning information sent in from members of the public.

•During the inspection, we spoke with 12 people who lived at Centenary House. Some people were not able to fully communicate with us so we observed how those people interacted with staff throughout the inspection process. We also spoke with four family members who were closely involved in their relative's care and support. We met with the registered manager and spoke with five staff members and two visiting health and social care professionals.

•We looked around the premises, and reviewed 12 peoples care and support plans. We also looked at other records associated with people's care and support such as daily care notes, 12 risk management plans and 10 medicine records. We also reviewed records relevant to the management of the service, this included staffing rotas, policies, incident and accident records, six recruitment files, training records, meeting minutes and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

At the last inspection in December 2017 we found people were not fully protected from risks relating to unsafe premises, this included poor cleanliness of the home and unsafe management of medicines. This was a breach of Regulation 12 and 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service had not improved and the rating remained as requires improvement.

Using medicines safely; Assessing risk, safety monitoring and management; Preventing and controlling infection.

•Safe practice was not followed to ensure people's medicines were safely administered.

•Staff did not record the temperature of the room where medicines were kept or the medicines fridge which meant staff could not be certain if peoples medicines were effective.

•There was not enough information for staff, on how, and when, to offer and administer PRN medication. For example the MAR sheet only said 'as required' and we could not find any additional information in the person care plan. Staff had also not recorded the outcome for the person after receiving the medicine. This meant the efficacy of the medicine could not be reviewed.

•There was a monthly medication audit checklist but no actual audit tool to sign off all checklist criteria and identify any actions that need to be taken. Which meant the provider could not identify shortfalls and monitor improvement.

•Staff competency checks were carried out, although these checks did not highlight any of the issues found throughout the inspection.

We recommend the provider reviews how they manage peoples medicines to ensure they administer medicines in line with current national guidance

•There was a fire risk assessment but it had not identified how fire doors did not shut fully and two doors did not have a fire stop guards or fire strips down the side of them. This meant people continued to be at risk of harm if a fire occurred in the home.

•One person had a history of choking, there was no plan in place to guide staff how to support this person

and we observed staff administering liquid medicines whilst the person was lying down which could increase the risk of them choking.

The above concerns demonstrated a continued failure to prevent avoidable harm or risk of harm which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

•The environment was not clean. One toilet had faeces on the toilet seat and there was a distinct smell of urine that lasted through out the duration of the inspection.

•Bedrooms had cobwebs hanging from ceilings and cupboards were dirty and sticky. We observed uncovered commodes in people rooms that had been used in the morning, when we returned at lunch time these commodes had still not been emptied. Following the inspection, the provider has informed us they have employed a cleaner and implemented a more robust cleaning schedule.

•Staff had received training on infection control but did not understand their role in preventing the spread of infection within the home.

•Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons.

Staffing and recruitment

•Staffing levels were not sufficient to meet people's needs. This was due to the complex needs of some people living at Centenary House.

•The registered manager said staffing levels were based on people's individual needs, but they did not use a specific dependency tool to assess people's needs, and currently they had one person living at the home who's needs could not be met by the provider. The provider had referred this person back to social services confirming they could not meet their needs.

•However, the registered manager had not carried out any needs assessment, completed any care plans or provided additional specialist training to support staff, even though this person had been living at Centenary House since September 2018.

•One relative told us, "They need more staff, sometimes there is no one around". People we spoke with said, "We have to wait so long to go to the toilet". And, "They don't come quickly when I call the bell".

•Social care professionals told us, "We often wait ages to be let in because of staff shortages". On the both inspection days we observed one person wandering around unsupported, and one person asking multiple times for their breakfast and a drink in the morning".

The failure to effectively employ enough suitably qualified and skilled staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•Recruitment processes minimised the risk of employing unsuitable staff. Staff records had references, and a Disclosure and Barring Service (DBS) certificate. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups. Although interview questions did not explore gaps in three staff members employment history.

We recommend that the provider reviews their current recruitment policy and looks at ways of exploring

gaps in employment when interviewing potential new staff.

Systems and processes to safeguard people from the risk of abuse

•Staff demonstrated an understanding of what constituted abuse and how to report concerns to the manager, provider or the Care Quality Commission (CQC).

•Some staff were not aware of the role of the local authority or that they could contact them directly. The manager was fully aware of their responsibility to inform the local authority and the CQC about any safeguarding concerns.

•People living at Centenary House told us they felt safe. Comments from the people included, "Yes, I do, (named staff member) has come back and I'm pleased". Relatives told us, "(Persons name) has been here quite a few years". Adding, "It's just general things, the staff are really nice".

Learning lessons when things go wrong

•Staff knew the reporting process for any accidents or incidents. Records showed that the registered manager had acted where necessary, and made changes to reduce the risk of a re-occurrence of the incident. Lessons learned were shared with staff.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met

At the last inspection in December 2017 we found the service was effective and awarded a rating of good. At this inspection we found this had not continued, and reduced the rating to requires improvement.

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

•Assessments had been carried out, and care plans were in place. The registered manager told us when they started working at Centenary House in July 2018 people didn't have any care plans. They said, "My priority was to review current information held about people and create care guides so that staff knew what needs had to be met".

•The registered manager also told us how they planned to review all care plans now the basics were in place. They said, "I want to involve people and their families now so we can meet people's needs".

•We asked people if they felt they had choices in their care we had mixed comments that included, "We mostly work out any changes together". Another person told us, "I've had a bath this morning but it's not regular, I get one when I'm lucky".

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

•People did not have a nutrition and hydration care plan in place which meant staff did not know what people's nutritional needs and choices were.

•At lunch time we observed staff offer one person a cooked meal and when they refused it they took it away without any encouragement. We asked what the person would have instead. Staff told us they would have a complan which is a nutritional drink but this was not recorded in their care plan.

•When we asked people about the food, comments included "The food is alright. They leave it on the bedside table for me". And, "They always make tea if I want it".

•People received numerous cups of tea and coffee throughout the day. Cold drinks were available in the communal area. We saw people in bed offered and being given drinks on a regular basis,

We recommend the provider review all care plans in line with current legislation and best practice.

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

•Where people required support from healthcare professionals this was organised and staff followed guidance provided. One professional told us, "Since the new manager has started the staff are much better at working with us". Adding, "Last year, we had serious concerns about the home but this manager is keen to work with us".

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

•The home supported people living with dementia. No assessments had been carried out to assess what alterations and adaptations were required to assist people to orientate themselves. For example, there was no signage available or names on rooms so people knew which was their room.

•The provider had a refurbishment plan that was put in place following the last inspection in 2017. We saw some of the action points had been completed, for example some carpets had been replaced but there was still a lot of redecorating that needed to be done.

•When we discussed this with the registered manager they told us about the works they intended to carry out in 2019 that included identifying people's rooms, decorating the bedrooms and communal areas and creating a sensory area outside.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, three out of 12 people had applications into the local authority to deprive them of their liberty.

•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.

•Staff had received training in MCA but did not understand fully how to implement this training when working with people.

•The kitchen had a stable type door preventing people from entering, but the provider had not carried out any risk assessments which meant this was an inappropriate restrictive practice. We discussed this with the registered manager who told us it had always been there but people could go in the kitchen if they wanted to. The registered manager removed the door immediately.

•Two people had stair gates on their door way. The registered manager told us the families wanted them in place. However, they had not recorded this in the persons best interest. Following the inspection the provider held best interest meetings with people and their families and confirmed people are happy for the

stairgates to remain in place.

•We saw care staff explaining to people what they were about to do. For example, when assisting people to mobilise during the day. We saw staff patiently explain to people that it was lunch time and they were going to help them get to the dining area.

Staff support: induction, training, skills and experience

•The provider had a training matrix to monitor what training staff had completed and what was still required. Staff told us they received an induction when they started working in the home.

•People told us they thought staff were knowledgeable and carried out their roles effectively. One person said, "Yes they seem to know what they are doing". Another person said, "They are trained I think".

•Staff told us they had received support through supervision and appraisal. One staff member told us, "The new manager is really supportive they are always available". There had been a turnover of staff which meant new staff had not yet had an appraisal. The registered manger confirmed that these would be due in October 2019.

Requires Improvement

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

At the last inspection in December 2017 we found the service was caring and awarded a rating of good. At this inspection we found this had not continued, and reduced the rating to requires improvement.

Respecting and promoting people's privacy, dignity and independence

•People and their relatives said staff were kind and caring and were trying their best to support them. However, we observed people were not always well-supported, cared for or treated with dignity and respect.

•At lunch time a staff member gave one person their lunch in bed, there was a used commode next to the bed whilst the staff member was offering the person food.

•One person was lying in bed in their room. Their bed was facing a glass door that looked onto the conservatory. People were in the conservatory throughout the day and able to see this person in their bed as staff had not made sure the curtains were closed.

•Another person was in their room, there was a strong smell of urine in the room, when we asked staff about this they agreed they could smell it and said, "They wear a pad it might be that".

•People we spoke with told us, "One lady tries to come in and go through my drawers". We observed this person who was quite agitated and clearly confused but staff took little notice of them and they spent the day searching for their loved ones.

Ensuring people are well treated and supported; equality and diversity

•Care was task orientated and not personalised to reflect people's likes, dislikes and preferences. Which meant it may impact on people's individual needs.

•Staff did not have time to spend with people other than when delivering care. This meant people had few opportunities to explore new experiences. Some people said they were bored and had little to do during the day.

•We observed two people in bed all day. There was very little interaction from staff throughout the day.

•Another person explained that one person often visited their bedroom uninvited during the day and? disturbed their belongings. This was up-setting for the person. Staff had not protected the person from unwanted visitors.

The above concerns demonstrated a lack of understanding of how to provide considerate and dignified care to people which was a breach of Regulation 10 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

•Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example, on the grounds of their gender, race, sexuality, disability or age.

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

•Staff showed a lack of knowledge relating to people's individual preferences and people were not fully involved about decisions. For example, the TV was playing in the lounge area. People had not been asked what channel they wanted of if they preferred the radio or no noise. One person said, "I don't get to watch what I like". Another person sat sleeping in the chair all day and a third person wandered around the home looking for family members.

•There was no mechanism in place to hear the experiences, thoughts and feelings of people using the service. Although, people did tell us they could make choices and these were respected. For example, one person said, "I will say what I want and they sort it".

•People's relatives felt their family member was listened to and their preferences were always respected. One relative told us, "If (person's name) wanted to stay in bed late then they could and are not rushed to get up for breakfast".

•People were supported to maintain relationships with those important to them. One person told us their family came to visit them any time they wanted.

•There were relatives and friends visiting people in the home during the inspection. Relatives told us that they were known by the staff team and always made to feel welcome. One relative told us, "When I first came to the home I was made to feel very welcome".

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

At our last inspection in Dec 2017, we found people did receive care and support that was responsive to their needs. At this inspection we found this had not continued to be the case and awarded a rating of requires improvement.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•Care plans were not person-centred and lacked information about people's needs, wishes and preferences.

•People had care plans but the detail staff knew about people's preferences was not always recorded in their care plans. For example, one person told us they liked to have a bath every day but staff were not aware of this and there was nothing written in the persons care plan. Which meant this person was not having their preferences considered.

•One person who had been admitted into Centenary House in September 2018 for respite care did not have a care plan in place. This meant that staff did not have the information to care for this person in the way they preferred.

•During the inspection this person was displaying behaviours that may challenge others and staff did not know how to manage their behaviour so they were left wandering around the home agitated, which had an impact on other people's emotions.

•The registered manager told us this person did not have a completed care plan as they initially came for respite and they were not sure if they were staying. This was in September 2018.

•Other people we spoke with told us they thought staff did meet their needs, but people were not involved in writing their care plan and no one we spoke with knew how the provider stored the information they kept about them.

•Comments from people included, "Not aware of a care plan". "Not aware of care plan but I have an established routine". And, "Yes, a care plan I'm not involved in putting it together".

•We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 which requires the service to identify; record and meet communication and support needs of people with a disability, impairment or sensory loss.

•The provider did not assess people for disability related information or communication needs. People did

not have individual communication plans or receive information and correspondence in formats they could read and understand. For example, in audio or large print. No one we spoke with knew where the provider kept their information. This meant the provider was not meeting the Accessible Information Standard.

•There was a lack of stimulation and occupation for people using the service. The provider employed an activity coordinator but people told us they were bored. Care records did not contain details of people's past hobbies and interests which meant they did not have the opportunity to engage in old hobbies or develop new ones.

•On both days of the inspection we observed people spent most of their time without stimulation and minimal engagement from staff. Throughout both days of the inspection, people were sitting either in the lounge or their rooms, the television was on in the lounge but people were not watching it.

•Three people we spoke with said they would like to go out on trips, one person said, "I'd love to just go to the beach". Some people spent most of their time in their room, which put them at risk of social isolation.

•We discussed this with the registered manager who told us people only went out with their families and no outings were organised for people by the home. They also said they had a plan in place to improve people's daily activities this year. The home development plan confirmed this.

Improving care quality in response to complaints or concerns

•There was written information provided to tell people how to complain formally and people and their relatives told us they would speak to the manager if they had any concerns.

•One person said, "Oh yes I would tell the manager, he's ok he listens to me". Another person said, "I've told them if they don't do what I want I'll tell the manger". Relatives told us" Yes (Managers name) is very good they would sort it I'm sure".

•We viewed the complaints file and saw that people's complaints were investigated and responded to. The registered manager had put measures in place to reduce the likelihood of these issues reoccurring. However, there were no outcome letters to people or analysis of complaints to identify themes or make improvements at a service level.

End of life care and support

•People did not have end of life care plans in place. This meant that staff were not aware of how people would like to be cared for at the end of their life.

•Staff had received training on end of life care, and healthcare professionals were involved as appropriate.

The failure to provide care and support that met people's needs and preferences was a breach of Regulation 9 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

At the last inspection December 2017, we found the provider had failed to implement systems and arrangements to ensure people received a safe and effective service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there were still significant shortfalls in the overall governance of this service. The providers oversight did not assure the delivery of high-quality care and the rating had deteriorated to inadequate.

Continuous learning and improving care

•Following the last inspection, the provider had failed to act fully where recommendations were made or breeches were identified, in areas such as, unsafe premises, risk management infection control and medicines management.

•At this inspection we found additional concerns around person centred care, nutrition and hydration, and overall governance of the service.

•Systems and arrangements were still not robust enough to assess monitor and improve the quality and safety of the service. For example, recognised tools to assess peoples care needs were not in place.

•The provider had failed to ensure people received formal assessments of their needs this had led to people living in an environment that was unsuitable and staff could not fully meet their needs.

•Trends from complaints were not used to improve the quality of care and support at the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•Leadership did not ensure person-centred, high quality care was delivered. The provider had failed to ensure there was sufficient oversight and governance at the service. This has been demonstrated in the other domains of this report.

•Systems had not been effective in identifying shortfalls and unsafe practices. As a result, standards had not improved since out last inspection.

•People were not protected from varying staffing levels as the provider had not completed a needs analysis and risk assessment for the basis of deciding sufficient staffing levels.

•Staff felt frustrated that they could not deliver what was expected of them due to poor resources. One staff member said, "We don't have time to do it all". Another staff member said, "It's the owner, they won't spend money on things we need". Adding, "It took weeks to get a new mop and bucket". Although the registered manager told us, "The provider has agreed everything I have asked for so far".

•Staff did say they understood the registered managers vision and they were hopeful the registered manger would improve the service in the future.

•Staff demonstrated commitment to the people living in the home and told us they wanted to provide good quality care to the people living there.

•The registered manager was aware of many of the concerns we raised during the inspection and was committed to improving the service.

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

•The service had experienced an unsettled period due to a change in management and staff turnover. The impact of this had not been adequately assessed or planned for by the provider to ensure people received safe, effective, responsive care.

•A new manager had been appointed in June 2018. The registered manager did not have adequate resources available to them to make the necessary improvements.

•The provider had not ensured there was an effective management system in place to monitor the care provided. They had also failed to ensure staff were given the support they required to provide safe, effective, responsive care.

•Lack of effective oversight meant people were living in an environment which was poorly maintained. For example, the provider had failed to identify several fire doors which did not close properly, posing a risk should there be a fire at the service.

•On the second day of the inspection, the registered manager had worked the waking night and stayed up all of the next day covering other staff as they did not have a deputy manager to cover their absence.

•The senior care worker also completed double shifts on both days of the inspection to cover staff shortages.

•This meant the registered manager and senior staff were at risk of making mistakes due to tiredness.

•At this inspection we found the quality assurance processes continued to be ineffective and did not pick up on the issues identified at inspection. These included concerns with, risk management, medicines management and a lack of person centred care.

•Some audits were in place but these were a tick list exercise and did not contain any identified actions. Medicine audits did not identify the concerns we found with medicines.

•Accident and incident audits were also tick list and accidents and incidents were not analysed so trends or patterns could be identified. There were no other completed audits in place.

•Staff expressed their confidence in the registered manager and said they were willing to work with them to introduce changes and improvements. A relative said, "I feel positive about the new registered manager and feel they are competent to do the job".

•The manager had several good practice ideas but had been unable to implement them fully due to staff shortages.

The above concerns are a continued breach of Regulation 17 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

•Feedback was sought but there was no recorded action about how improvements had been made. For example, one person had written in their feedback form how they would like to go to the beach. This person also told the inspection team they had mentioned it to staff several times. No discussions had taken place to make this happen.

•This meant that the views from people involved with the service had not been considered or acted upon to make improvements. Meetings were held for staff but the minutes of these did not demonstrate that staff views had been sought.

•It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection and a summary of the report was on display in the entrance.

•The registered manager and provider were aware of their responsibility to inform us of significant events including significant incidents and safeguarding concerns.

Working in partnership with others

•The service worked in partnership with other organisations to support care provision. For example, district nurses visited people regularly. The registered manger told us, "We work closely with the local GP who comes in on Fridays now to have a chat with people and staff in-case there are any areas of concerns".

•Medical visits were recorded in peoples care plans. One professional told us, "Things are getting better, staff are definitely engaging with us more". Adding, "Last year we had serious concerns about the provider". Another professional said, "The new manager seems to want to get it right, there's a long way to go yet though".

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people received person centred care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure people's privacy and dignity was maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected from risks and avoidable harm. The management of people's medicines was not always safe. People were not adequately protected from the risk of infection. People were not adequately protected from the risk of fire.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems of governance were not operated effectively to assess, monitor and continually improve the quality of the service.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to effectively employ enough suitably qualified and skilled staff.

The provider had not ensured staff were suitably trained and effectively supervised.