

New Century Care (Ash) Limited

High View Oast Nursing 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 8 May 2018 and was unannounced.

High View Oast is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. High View Oast accommodates up to 33 people in one adapted building. At the time of the inspection 24 people were living at the service.

The service had a registered manager in post, the registered manager had started working at the service after the previous inspection. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run.

We last inspected High View Oast in March 2017 when one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. We issued a requirement notice relating to safe care and treatment: the unsafe management of medicines.

At our last inspection, the service was rated 'Requires Improvement'. We asked the provider to complete an action plan to show how they would meet the regulatory requirements. At this inspection, the continued breach of regulation had been met, medicines were now managed safely. However, two new breaches of regulations were identified. This is therefore the third time the service has been rated 'Requires Improvement.' There had been lots of different managers over the past three years. The service was now more stable with a registered manager, some of the issues we identified had already been identified and were being addressed. Staff morale had improved but there was still a way to go which the registered manager recognised.

The service had been rated inadequate or requires improvement at the previous three inspections. The provider had not ensured that any improvements made had been embedded into the culture of the service. The day to day management of the service had been inconsistent over the past three years and the provider had not ensured consistent oversight of the service to meet the regulations.

Potential risks to people's health and welfare had been identified but had not been consistently assessed. Staff did not have detailed guidance to mitigate risks in respect of people that displayed behaviours that may challenge. When people had displayed behaviours that may be challenging, staff completed behaviour charts and incident reports. This information had not been analysed to identify any patterns, trends or triggers to people's behaviour and to develop a behaviour support plan. The registered manager told us they had discussed with the local safeguarding team, incidents where other people were at risk from people's behaviour but this had not been recorded. Staff understood their responsibility to report any safeguarding concerns they may have.

Each person had a care plan that covered all aspects of their care including cultural needs, mental and physical health. These plans varied in detail about people's choices and preferences, and how they liked their support to be provided. Some care plans did not reflect the care that was being provided. Staff knew people well and described how they supported people and their choices and preferences.

Checks and audits were completed on the quality of the service by the provider and the registered manager. The provider had identified some shortfalls in the care plans and risk assessments and detailed what action needed to be taken. However, there were no action plans detailing who was responsible for the action and when the action had to be completed by. There was no record that checks had been completed to confirm the action had been taken. The registered manager had not identified any shortfalls in their audits. The audits were not effective as they had not identified the shortfalls found at this inspection.

Checks had been completed on the environment and equipment to keep people safe. Environmental risk assessments had been completed and action had been taken to mitigate risks to people. Each person had a personal emergency evacuation plan, these gave details of the persons physical and communication needs to support them to be evacuated safely.

People were supported to express their views about their care; however, this was not always available in different formats to assist people's understanding. The service was now supporting people living with dementia. There was limited pictorial signage to help people understand where they were or where different parts of the service were. The registered manager agreed these were areas for improvement. The building had been adapted to meet people's needs and people had access to outdoor space. The service was clean and odour free.

Medicines were managed safely and people received them when needed. There were sufficient staff to meet people's needs and staff had been recruited safely. Staff received regular supervision and appraisals to discuss their practice and development. Staff had received training appropriate to their role.

People were supported to eat and drink enough to maintain a healthy diet. People were encouraged to lead as healthy a life as possible. Staff monitored people's health and referred them to specialist healthcare professionals when needed and staff followed the advice given. People had access to health professionals such as opticians when required. People were asked their end of life wishes and these were recorded when people wanted to discuss them. People's needs were assessed before they moved into the service using recognised tools in line with current practice.

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

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had a system in place to track and monitor applications and authorisations.

The provider had a complaints policy and complaints had been investigated in line with the provider's policy.

People were treated with dignity and respect. People were supported to be as independent as possible. People had the opportunity to take part in activities and create links with the community.

People, relatives and staff were encouraged to express their views about the service. The provider and

registered manager's vision for the service was for people to be as independent as possible and for them to feel happy and contented. Staff shared the vision of the care they wanted to provide.

The registered manager attended meetings and forums to keep their knowledge up to date. Additional links to the community were being developed. The registered manager worked with other agencies such as the local commissioning group.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager had informed CQC of important events in a timely manner as required.

It is a legal requirement that a provider's latest CQC report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

At this inspection breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. You can see what action we have asked the provider to take at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff did not always have detailed guidance to mitigate potential risks to people's health and welfare.

Incidents were not analysed to identify trends and patterns to reduce the risk of them happening again.

Staff knew how to report concerns and keep people safe.

There were sufficient numbers of staff to meet people's needs.
Staff were recruited safely.

People received their medicines safely.

People were protected from the spread of infection.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed in line with current guidelines.

Staff had received training appropriate to their role. Staff received supervision and appraisal.

People were supported to eat and drink enough to maintain a balanced diet.

People were referred to healthcare professionals when their needs changed and worked with professionals to meet people's needs.

People were encouraged to lead healthy lives.

Staff worked within the principles of the Mental Capacity Act 2005.

The building had been adapted to meet people's needs.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported to be involved in their care; however, information was not always available in a format they could understand.

Staff supported people in a kind and compassionate way.

Is the service responsive?

The service was not always responsive.

Care plans varied in detail about people's choices and preferences, some care plans did not reflect the care being given.

People had access to activities they enjoyed.

Complaints were investigated in line with the provider's policy.

People's end of life wishes were recorded.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Audits on the quality of the service had not identified the shortfalls found at this inspection.

The service worked with other agencies such as the local authority commissioning team.

People, relatives and staff were asked their opinions about the quality of the service provided.

The registered manager had a vision for the service that was shared by the staff.

Requires Improvement ●

High View Oast Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 May 2018 and was unannounced.

The inspection team consisted of two inspectors, and an expert 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.

Before the inspection we reviewed the information about the service the provider had sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us by law.

We looked at six people's care plans, associated risk assessments and medicines records. We looked at three staff recruitment files, training, supervision and maintenance records. We spoke with the registered manager, the quality monitoring manager, three care staff, the head housekeeper and activities co-ordinator. We observed staff interactions with people and observed care and support in communal areas. We spoke with 10 people who use the service and one relative.

Is the service safe?

Our findings

People told us they felt safe living at the service. They told us, "There are lots of staff. I feel very safe living here." And "There are enough staff, I feel safe here."

Some people displayed behaviour that may be challenging to staff and people. Potential risks regarding this had not been consistently assessed and there was no detailed guidance available for staff to mitigate the risk. People's care plans had identified that people may display behaviours and gave a description of the behaviour, but the care plans did not identify triggers and did not give detailed guidance on how staff should manage people's behaviour.

During the inspection, we observed one person walking around the ground floor removing their clothing. The care plan had identified that the person was disorientated, at risk of falls and may hallucinate, but there was no behaviour management plan in place to support the person. Staff told us that they observed the person closely to ensure they were safe, but only reacted to the person's behaviour, as we observed rather than trying to prevent it from happening.

Other people were intimidating to people and staff or physically aggressive towards staff. There was limited information about the triggers and how to manage the behaviours. One person could become aggressive during personal care; the care plan guidance was for staff to ensure they were safe and leave them until they had calmed down. Staff who knew the person well, told us that the person had poor hearing and eyesight and if staff did not approach them in a certain way they could be aggressive. This information was not recorded to guide new or agency staff when supporting the person. Staff told us that one person could be intimidating to people and staff. The person's behaviour had been identified but the guidance for staff did not show how to manage or prevent the behaviour but was reactive to the person's behaviour after it had happened. Following the inspection, the registered manager sent us updated behaviour care plans.

People's behaviour had been recorded on behaviour charts and incident forms. However, there was no record that these had been reviewed and analysed to identify triggers and management strategies. We discussed this with the registered manager; they were aware of the incidents and had spoken with staff about how to manage situations. There had continued to be incidents of behaviour recorded. The action taken had not been recorded and there was no review to assess if staff were following the guidance and if the guidance and strategies used by staff had been successful in managing the behaviour.

Following the inspection, the registered manager sent us behaviour support plans and staff reflections about people's behaviour. The staff had not been aware of how aspects of people's personality, life experiences and how they interacted with them influenced their behaviour. This put people at risk of inconsistent care. The lack of guidance was a further risk as staff had not received training in how to support people who had behaviours that may be challenging.

Staff knew how to recognise abuse and understood their responsibilities to report any concerns they may have or incidents they witnessed. Staff had reported incidents of incidents between people that were

potential safeguarding issues. Staff told us they were confident that the registered manager would deal with the concerns. Staff received training and there was a poster with reporting information for the local safeguarding team to support staff. The registered manager told us that they had discussed incidents where other people were at risk from other people's behaviour with the local safeguarding team. However, this and any guidance given had not been recorded.

When accidents and incidents were recorded there was no information about how they had been used to learn lessons and make improvements to keep people safe.

The registered person had failed to assess the risks and doing all that is reasonably practicable to mitigate risks to people's health and safety. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Previously, people had not always received their medicines as prescribed and medicines had not been managed safely. At this inspection improvements had been made. People received their medicines as prescribed. People told us, "I take a lot of tablets, they bring them on time." Records of the administration of medicines were accurate and complete.

Some medicines were in liquid form; these medicines are not effective for long periods of time once the bottle is open. Previously, it had not been recorded when bottles were opened, so that staff could dispose of the medicine when it stops being effective. At this inspection, all the bottles had an opening date and had all been opened within the recommended time for being effective.

Some people were prescribed 'as and when' medicines, such as pain relief. There was guidance in place for staff about when and how much medicine people should receive. People told us that they received pain relief when they needed it. Medicines were stored in line with best practice guidance. Stock medicines were rotated and were not overstocked. The temperature of the fridge and the room where medicines were stored was recorded, to ensure that medicines were stored at a safe temperature to remain effective. We observed the lunchtime medicines round and people received their medicines in a safe and compassionate way.

People and staff told us there were enough staff to meet people's needs. The registered manager used a dependency tool to calculate how many staff were needed. Agency staff were employed to cover staff sickness and holidays when permanent staff were unable to cover. The registered manager told us that the service had recruited new staff and the use of agency staff was minimal.

Staff were recruited safely and checks were completed to ensure that staff were of good character. The registered manager had completed pre-employment checks including a full employment history and any gaps in employment had been investigated. Each person had a proof of identity with a photo. Disclosure and Barring Service (DBS) criminal records checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Nurses Personal Identification Number was checked to ensure they were registered to practice.

Staff had received training in the prevention of infection and we observed them putting their training into practice. Staff wore personal protective clothing such as gloves and aprons when appropriate. The service was clean and hygienic. There were sufficient domestic staff to maintain the standard of cleaning required.

Checks were completed on equipment used and the environment, to ensure people were safe. Regular

checks were completed on the fire equipment and wheelchairs and any shortfalls found were rectified. Environmental risk assessments had been completed and action had been taken to mitigate risks to people. Each person had a personal emergency evacuation plan, these gave details of the persons physical and communication needs to support them to be evacuated safely.

Is the service effective?

Our findings

People told us they were receiving the care they needed. One person told us, "I think staff know how to support me. They call the GP if needed."

High View Oast is a large converted house with a garden. The building had been adapted to meet people's needs, including the installation of a lift and specialist equipment, such as hoists. People were able to move around the building. The building was clean and well maintained and maintenance was continuous to improve people's environment. However, the signage within the building was not suitable for people who were living with dementia, in line with current practice. We discussed this with the registered manager, who agreed that now people living with dementia were living at the service, the signage should be improved.

People met with nursing staff before they came to live at the service to ensure that staff would be able to meet their needs. The pre-admission assessment covered all areas of people's health including their cultural, spiritual, mental and physical needs. The assessment formed the basis of the person's care plan. People or their relatives were asked to complete a document, called 'This is me' which contained information about a person before they came to live at the service.

People's health needs were assessed in line with guidance from the National Institute of Clinical Excellence (NICE) which states that risks to people's health such as skin damage, falls and malnutrition should be assessed using a recognised tool. Each person had a risk assessment for nutrition, falls and skin integrity and the results were used to plan the person's care.

Staff had received some training. Staff completed an induction when they started working at the service. This included working with experienced staff to learn about people's choices and preferences. New staff received supervision and their competency checked to ensure that their work met the required standard. Staff received training both face to face and online, the subjects included dementia awareness and mental capacity. We observed staff supporting people to move using the hoist in line with current guidance.

Staff told us that they felt supported by the registered manager and were able to discuss any concerns they may have with them. Staff received one to one supervision and annual appraisals to discuss their practice and development needs. The nurses received clinical supervision from the quality support manager. They told us that following supervisions they now had access to clinical training to improve their clinical practice and increase their clinical skills.

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 so that can receive care and treatment when this is their best

interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some people had DoLS in place and when they were coming to an end the registered manager had submitted another application. Staff were working within the principles of the MCA. People were supported to make decisions about what they would like to eat and drink or how they wanted to spend their time. Staff spent time with people supporting them to express their wishes.

People were supported to eat a balanced diet. People told us that they had enough to eat and that they had a choice of meals. One person told us, "The food is good. I like the jacket potato and cheese."

People were able to choose where they ate their meals; some people choose to eat in their rooms while others ate in the dining room. The meal at lunchtime was a sociable occasion, people were offered choices of drinks including wine and were offered condiments to go with their meals. Some people required support with their meal, staff gave people time to finish their mouthful before offering the next.

People's health needs were monitored. Staff referred people to healthcare professionals when their needs changed. People were referred to the dietician when they lost weight and the speech and language therapist if there was a concern about their ability to swallow safely. Staff followed the guidance provided. People had gained weight and were able to enjoy their food safely. When people were unwell their GP was called or the emergency services if required.

People were supported to access health professionals such as the dentist, optician and chiropodist. People were supported to lead as healthy a life as possible, for example, fruit was always available and people were supported to be as mobile as possible.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person told us, "They look after me very well."

People were supported to be involved in the planning of their care where possible, if not their relatives were asked what their loved one would like. People or their representatives were asked to sign the care plan to agree to the contents. We observed this in the care plans we reviewed. People were supported to attend healthcare appointments; staff encouraged people to express their concerns to the healthcare professional.

Staff knew people well. They spoke to people in a kind and compassionate way, using people's preferred names. People were asked how they wanted to spend their time and where they wanted to eat their meals, staff respected people's decisions.

People were treated with dignity and respect. Staff knocked on people's doors and waited to be asked in. People told us and staff described how they promoted people's privacy by closing the door and curtains while supporting the person. We observed a privacy screen being used when people were being supported to move using the hoist.

When supporting people, staff spoke to them discreetly so that other people could not hear. Staff explained to people what was going to happen and offered reassurance when needed. Staff touched people's arms and held their hands when they became confused or anxious. People appeared to be reassured by staff, they smiled and thanked staff when they received support.

People were encouraged to be as independent as possible. People were mobile with walking aids where possible. Staff supported people to improve their mobility; some people had needed to move using the hoist when they were admitted, with staff support they were now able to stand with a frame.

Staff understood people's spiritual needs and were enabled to attend religious services they wished. People were supported to maintain relationships with people who were important to them. Staff demonstrated an understanding of people's relationships and supported people without question.

People were encouraged to personalise their rooms. People had their own pictures and photos on their walls and ornaments that were important to them. Relatives and friends were able to visit at any time and they told us they were made to feel welcome.

The majority of people were able to share their views about their care and treatment with staff and others. However, when people required support to do this they were supported by their families, solicitor, their care manager or an advocate. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

People told us they knew how to complain and staff provided the support they needed. One person told us, "I am happy to tell the staff what support I need." Another person told us, "I would complain to the manager if I had a problem."

Each person had a care plan. The care plans varied in the level of detail about people's choices and preferences. Some care plans had details about how people preferred to be supported, what time they liked to go to bed and get up. There was guidance for staff about how to move some people when care was needed to position them safely or staff should position themselves when speaking so people could understand them. Other care plans did not contain the same level of detail, some people had specific continence needs, however, there was no guidance for staff about how the person liked this support to be given. Staff knew people well and had received a verbal handover about how people liked to be supported. Staff told us how they supported people in a person centred way and people confirmed this but without clear records there was a risk that people would receive inconsistent care.

Some care plans did not reflect the support being given. One person's care plan stated they should have a pressure relieving mattress to keep their skin healthy. However, this mattress was not on their bed when we checked. We discussed this with the registered manager, who told us that the service was reviewing the use of pressure relieving mattresses as some people found them uncomfortable. The person's skin was healthy, but there was no rationale recorded about why the mattress had been removed and what would happen if the person's skin integrity deteriorated.

When people had wounds, these were managed by the nurses. Wounds were assessed and documentation was completed when wounds were identified. However, the care plan was not consistently followed and an assessment of the wound was not always recorded. Some care plans stated that wounds should be assessed every three to four days, but it had been a week before the wounds were checked and this assessment was not accurately documented. Wound care plans were not changed to reflect the improvement or deterioration of the wound. We reviewed two wounds and these had improved, there had been no impact on people. The quality support manager told us that they had identified the shortfall and was providing supervision with the nurses to address this issue.

Another person had a urinary catheter in place; a catheter is a tube that drains urine from the bladder. The care plan did not give staff detailed guidance on how to keep the catheter free from obstruction and reduce the risk of infection, following best practice guidance. Staff told how they supported people to manage their catheter and people confirmed this. One person told us, "I have a catheter and they wash it out twice a week. I have not had any problems with the catheter." Following the inspection, the registered manager sent us the forms that would be used to record when catheter care was given and told us guidance regarding catheter care would be improved?.

The registered persons had failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided. This is a breach of

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The service did not provide information in different formats for people. The registered manager had not updated the formats when people with specific needs had recently moved into the service. We discussed this with them and they agreed that this was an area for improvement.

The provider had a complaints policy and this was available in the main reception. The complaints policy was not available in different formats such as pictorial and easy read. This was an area for improvement. People we spoke with and relatives told us they knew how to complain, one relative told us, "If I saw anything that I was unhappy about I would speak to a member of staff or the manager."

There had been one complaint since the last inspection. The registered manager had investigated and responded as required by the provider's policy. The complaint had been resolved to the complainant's satisfaction.

People were asked about their end of life wishes and had a care plan in place. When people had made advanced decisions these were recorded in the care plan, so that staff knew people's preferences and choices. People were monitored and referred to the GP when they became frail, their medicines were reviewed and end of life medicines were prescribed. End of life medicines were stored at the service to be used when needed. Some nurses received training in administering medicines to keep people comfortable using a syringe driver, which is a method of administering medicines by a continuous injection. Nurses who had not already received the training were attending training in June.

There was an activities co-ordinator working at the service. There were group activities for people to take part in and for those who did not want to take part, activities were completed on a one to one basis. The group activities included 'Taster Tuesday' where people tasted food from around the world. People could also take part in quizzes, reminiscence, relaxation and yoga.

People visited the local village for coffee and had taken trips into Canterbury, which people said they enjoyed. There were a variety of outside activities that came into the service including a 'Zoo Lab' and a clothes shop. People told us they enjoyed being able to choose and buy their own clothes.

Is the service well-led?

Our findings

People told us that they were happy living at the service and knew who the registered manager was. One person told us, "The manager is (the registered manager's name) They are fairly new."

The service had been rated inadequate or requires improvement at the previous three inspections. The provider had not ensured that any improvements made had been embedded into the culture of the service as there was a continued breach of Regulation 12 -safe care and treatment. The day to day management of the service had been inconsistent over the past three years and there had been breaches of Regulation 17 good governance. The provider had not ensured consistent oversight of the service to meet the regulations.

At the last inspection, there was no registered manager working at the service. There was now a registered manager who started at the service following the last inspection.

Previously, there was a continued breach of Regulation 12 regarding the safe management of medicines. At this inspection, medicines management had improved but there was a continued breach of Regulation 12 regarding safe care and treatment. Potential risks to people had not been consistently assessed and there was not always detailed guidance for staff to mitigate risk. People who displayed behaviours that may be challenging did not have behaviour plans and strategies for staff to follow to support people and mitigate risks. Incidents had been recorded but these had not been analysed to identify any trends, patterns, triggers to the behaviour or management plans. The registered manager told us they discussed with the local safeguarding team incidents when people had displayed behaviour that challenged and may have put other people at risk but this had not been recorded. Following the inspection, the registered manager told us they would now be recording conversations with local safeguarding on a log. We will check this at our next inspection.

Care plans varied in the detail about people's choices and preferences. Some wound and support care plans were not accurate and did not reflect the support that was being provided.

Checks and audits had been completed on all areas of the service by the registered manager. These consisted of closed questions such as 'Is there.' and the answer was yes or no. The answers for the care plan audit questions were all yes, the shortfalls found at this inspection had not been identified. The quality support manager completed clinical reviews and support visits. These included checking medicines and care plans, shortfalls were identified with the action needed to rectify the shortfalls. However, there were no records to show who was responsible for completing the action and when by. There was no record that the shortfalls identified had been checked to ensure that action had been taken to rectify them. The shortfalls identified were found at this inspection.

There was an overall improvement action plan for the service, however, there continued to be shortfalls that had not been rectified.

The registered persons had failed to assess, monitor and mitigate the risks relating to the safety and welfare

of people. The registered persons had failed to maintain accurate, complete and contemporaneous record in respect of each person. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager's vision for the service was for people to be as independent as possible and for them to feel happy and contented. Staff shared the vision of the care they wanted to provide.

There was an open and transparent culture within the service. Staff told us that they felt supported by the registered manager. People and staff told us that the registered manager was approachable and would deal with any issues they may have.

People and relatives were asked their opinions on the quality of the service, the responses received were mainly positive. However, feedback had not been acted on to address the issues identified such as some people not understanding the complaints policy. The registered manager agreed that an action plan was an area for improvement. Staff quality assurance questionnaires had been sent out at the beginning of May 2018.

People, relatives and staff had regular meetings to express their views and opinions. Staff meetings covered areas of practice and ways to improve the service. The kitchen staff had requested that the food audit included the atmosphere at meal times rather than just what the food was like. This had been incorporated into the audit and the kitchen staff were considering changes. Resident and relative meetings had suggested that people could go out more; people were now going out to a local coffee shop.

The registered manager attended meetings with other managers from the provider's other services to discuss good practice and keep up to date with developments in social care. The registered manager attended meetings locally to share best practice and worked with a manager from another local service. The registered manager worked with commissioning groups and a care homes nurse specialist.

The service was developing links with the local community. The local church came into the service so that people could attend communion if they wanted, Age Concern comes to the service for lunch. The service had taken part in the national care homes open day and opened their fetes to the community.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager had not recognised when incidents needed to be referred to the local safeguarding team. The registered manager had informed CQC of important events such as incidents that had been reported to the police, events that may stop the service and serious injuries in a timely manner as required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating of 'Good' was displayed at the service and on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | The registered person had failed to assess the risks and doing all that is reasonably practicable to mitigate risks to people's health and safety. |
| Treatment of disease, disorder or injury | |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | The registered persons had failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided. The registered persons had failed to assess, monitor and mitigate the risks relating to the safety and welfare of people. |
| Treatment of disease, disorder or injury | |