

Endurance Care Ltd

Cleveland House

Inspection report

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Date of inspection visit:
30 August 2022

Date of publication:
25 October 2022

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cleveland House is a residential care home providing a regulated activity of personal care for up to six people. The service provides support to people with learning disabilities and autism. At the time of our inspection there were six people using the service.

Cleveland House accommodates six people in an adapted building. All accommodation is located on the ground floor wing of the building, providing people with access to outdoor space.

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

Improvements were required to keep people safe. Environmental risks to people were not consistently identified and mitigated. Infection prevention control systems were not effective at mitigating the risk of infection. We found medicines were not being stored safely and care plans lacked details of activities undertaken and people's enjoyment of them. Infection prevention control measures were not consistently applied placing people at risk of harm. The movement of staff across locations was overseen by members of the management team to ensure sufficient numbers of trained staff were always available.

People were looked after by kind and caring staff who knew them well. Staff ensured people had new bedding, furniture, clothing and opportunities to participate in a range of regular activities such as shopping, gardening, day centres, swimming and days out to the zoo and theme parks. We reviewed photos of activities undertaken by people and their relatives told us they were happy and settled in the home. They said, "staff genuinely care and arrange trips...they (the staff) look after (the person) really well."

Staff and relatives spoke positively about the accessibility and support they received from the registered manager and staffing team. Staff and relatives knew who to contact if they had concerns and had confidence in them being addressed and resolved.

Improvements were required to ensure the service was consistently well led. Governance processes were ineffective and failed to consistently hold staff regularly to account. Fire safety, infection prevention control measures and medicine audits had failed to identify risks and mitigate them. Inconsistencies in the quality of care plans and daily records had been addressed with staff. We found some records were incomplete as they failed to accurately reflect risks or the experiences of people. However, staff told us they had confidence in the management of the service and felt supported. We found the registered manager acted with integrity and demonstrated a commitment to get things right. They cared about the staff and the people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff told us what people enjoyed doing. One person enjoyed the feel of paper, for another person it was important the order they did activities, "They (person) like going for a walk, then they have their drink and come home." We saw a person completing a puzzle and saw staff supporting and engaging with the person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were available to support people who wished to go for shopping locally. Relatives told us their family member "has a good balance" of activities and quiet time.

Right Care: Staff understood peoples' preferences and the importance of keeping to their daily routines. A relative told us their family member is a creature of habit and "is always happy to go back... (the person) is happy with the staff." Staff knew their relatives likes and dislikes, commenting the person always wore a "light long-sleeved shirt, not a t-shirt." Staff told us how they respected people's choices being respectful not to sit in their favourite chair.

Staff showed patience when supporting people to communicate using preferred methods of communication such as Makaton and picture exchange.

Right Culture: Care was consistently provided by the same staff team. A staff member told us "I've known them (the people) for years...they love consistency." Staff told us the people have known and lived together for years, "they walk around laughing, joking and talking to their peers." Relatives told us this was important to their family member who was cared for and settled in the home. We saw people looked settled and took time to show us their rooms and things of value to them such as photos of their family and friends and their DVD collections.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 12 May 2021 and this is the first inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We have identified breaches in relation to identifying, assessing, monitoring and mitigating risks to people, the management of medicines and control of infections at this inspection.

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

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cleveland 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 conducted by an inspector

Service and service type

Cleveland 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. Cleveland House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 30 August 2022 and ended on 14 September 2022. We visited the location's

service on 30 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with all six of the people who lived in Cleveland House. They were unable to tell us verbally about their experiences. However, we observed their care to understand their experiences. We also spoke to six relatives of people. We spoke with eight staff members, including the registered manager.

We reviewed a range of documents including; two care plans, recruitment and training records, audits, complaint records and risk assessments.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- ☐ The registered manager failed to consistently risk assess the environment and people's specific health needs. Personal support plans were not in place for all people who needed them. However, when we spoke to staff, they described how they supported the person and identified changes in their behaviour. They told us, "I know the guys...I know the triggers for their behaviour." This information was not consistently recorded within care plans to help staff support people.
- ☐ Environmental risk assessments were incomplete and did not identify all potential risks to the safety of people or staff. For example, we found a ligature point in a person's bedroom. On identifying the risk, the manager ensured the immediate removal of the item. We found specialist interval foods being stored in a person's bedroom, the boxes of the item limited their movement and presented potential trip hazards and flammable items being stored within the electrical cupboard presenting a fire hazard.
- ☐ Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff told us they recognised the signs of someone becoming anxious and explained how they supported them to reduce the impact on them and others.

Systems or processes were not established and operating effectively to assess, monitor and mitigate risks to people. Risk assessments had not been revised to ensure they were reflective of practice. This placed people at risk of potential harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- ☐ Medicines were not stored safely. Staff had recorded temperatures in the room and the fridge where the medicines were stored had exceeded safe storage temperatures for 14 days. Staff had not reported this risk and/or sought advice to ensure the integrity of the medicine. Staff told us they did not know the safe temperature range for medicines.
- ☐ The registered manager did not have effective systems in place for recording medicines. For example; There was a medicines administration record (MAR) which noted one person was to be administered a medicine twice daily. However, there was no record on the MAR whether the medicine had been offered, administered or declined. We could not be assured people were receiving their medicines as prescribed. We spoke with staff who confirmed the medicine had been appropriately administered. However, they had experienced difficulties with the presentation of the MAR and had reordered them to assist staff to

accurately record medicines.

- ☐ The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles

There were not effective systems in place for recording medicines and ensuring the safe administration of them to people. This placed people at risk of potential harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- ☐ We were not assured that the provider was preventing visitors from the neighbouring accommodation catching and spreading infections. People from both buildings accessed the same communal gardens and could move between the properties. Staff told us, people were asked to use the front door to enter the building and complete visitor requirements.
- ☐ We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. For example, Staff reported the vacuum had been broken for weeks and there were not effective systems in place to ensure enough cleaning materials were available to staff. We found toilet flushes were broken preventing effective cleaning and there was no floor cleaner available.
- ☐ We were not assured that the provider was supporting people living at the service to minimise the spread of infection. For example, we found no soap and hand towels were available in people's washrooms.
- ☐ We were assured that the provider was using PPE effectively and safely.
- ☐ We were assured that the provider was responding effectively to risks and signs of infection.
- ☐ We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed
- ☐ We were assured that the provider's infection prevention and control policy was up to date and staff were regularly testing for COVID.
- ☐ Visitors were encouraged and welcomed at the service. People could pre-arranged or attend unannounced. Contact arrangements were also supported via telephone and skype.

There were not established and effective infection prevention and control systems in place. This placed people at risk of potential harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. The provider's whistleblowing policy set out the values, principles and policies underpinning the service's approach to identifying and disclosing risks to people.
- ☐ Staff had training on how to recognise and report abuse and they knew how to. Staff told us they could report concerns to their line management, or anonymously via QR app. Alternatively, they could approach an internal or external speak up champion. or anonymously via a QR app or directly to an internal or external speak up champion.
- ☐ The registered manager investigated and/or oversaw all safeguarding concerns, escalating to authorities where appropriate.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. Staff told us staffing levels were maintained. However, staff were shared across provider locations and records were not retained of this and if this impacted on people taking part in activities and visits when they wanted. Staff told us people were taken out in a group if there was insufficient staff to have one to one support.
- The registered manager carried out safe recruitment checks for staff. This included confirming their identity, training and qualifications, references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Regular staff meetings were held and provided opportunities for any concerns or issues to be discussed and for shared learning. For example, staff were reminded to complete daily records on people and medicine records accurately.
- Practices were improved following learning from incidents. The registered manager had introduced the use of a monitored dose system to assist staff to administer medicines safely.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices;

- ☐ Staff completed a comprehensive assessment of each person's physical and mental health either prior to or on admission. This allowed the registered manager to assess if staff were able to support people in a safe manner or identify if they required further training. Staff told us they received additional specialist training from a nurse where required.
- ☐ Staff told us that changes to a person's care plan were communicated between shifts and their care plan update and monthly reviews with the person held.

Staff support: induction, training, skills and experience

- ☐ Staff were appropriately trained and supported to provide care to people. Staff received training online, face to face and had shadowing and mentoring in their role. Newly appointed staff completed their care certificate as part of their induction programme. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- ☐ Relatives told us they had confidence in staff as they understood their relative's needs. We saw that staff knew what was important to people and adjusted their behaviour to best support them whilst promoting people's independence. Staff assisted people to use mobility aides, where necessary.

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

- ☐ People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. People who required special diets were monitored to ensure appropriate nutrition and fluid were given. Staff understood the importance of people staying hydrated and encouraged them to drink.
- ☐ Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Staff told us they enjoyed a varied diet with "cod, scampi, salmon and vegetable stir fry."
- ☐ People were involved in planning their meals with each person choosing their preferred meal for the week.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ People had health passports which were used by health and social care professionals to support them in the way they needed. A hospital passport is a document about the person and their needs. It also has other useful information, such as their interests, likes, dislikes, how they best communicate and any reasonable adjustments that they may need. For example, it detailed the persons preferred method of support to reduce their anxieties.
- ☐ People accessed specialist services and staff had regular contact with people who supported them in the

delivery of care. For example, the community mental health team, dentists and chiropractors.

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

- The building had been adapted and designed to meet people's needs. The service was located on the ground floor enabling people easy access to all areas including the communal gardens. The garden had artificial turf laid to enable people to use the area throughout the year.
- People personalised their rooms with items important to them. Signs were displayed in some people's bedrooms where appropriate to promote independence. For example, draws containing clothes had pictures displayed on them to show people the items inside and assist them with dressing.
- People were included in decisions relating to the interior decoration and design of their home. Internal walls in Cleveland House contained large colourful murals. People who lived at the service had chosen the characters to be included in the design.
- The environment was homely and information on meals were displayed in pictorial form to aide understanding and prompt conversation. However, these did not always reflect the choices available.

Supporting people to live healthier lives, access healthcare services and support

- Staff told us they worked with external agencies to provide reliable and consistent care to people. Staff told us they worked with the same staff, their familiarity with one another enabled them to provide consistent care. Staff and family members told us it was important for people to have continuity of care reducing their family members anxiety.
 - Staff told us since working with the community mental health team they had seen a reduction in anxious behaviours.
 - People had designated oral healthcare plans, individual to their needs. Staff supported people to maintain daily good daily dental hygiene and attend regular dental appointments.
- Ensuring consent to care and treatment in line with law and guidance

- Staff knew about people's capacity to make decisions through verbal or non-verbal means. People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. For example, some people needed to be accompanied when leaving the home to ensure they were safe. We saw staff supported people to have choice over when and how they engaged in activities outside, minimising the potential impact of restrictions on them.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 received kind and compassionate care from staff which people understood and responded well to. Relatives told us "we are happy with the care and how our relative is being looked after." They said their relative was "treated as a person, an individual."
- ☐ Staff were calm and attentive to people's emotions and support needs such as sensory sensitivities. Staff explained how people liked their meals presented and how they wished to be supported during mealtimes. Such as being served smaller portions of multiple items. We did not observe a mealtime.
- ☐ Staff who showed genuine interest in the well-being and quality of life of the people. Bedroom furniture had been changed to reduce the risk of the person harming themselves or others. For example, one person could not tolerate having curtains and curtain poles and this placed them at risk. These had been removed and replaced with a blind that had temporary adhesive attached to the window. This enabled the person to maintain their privacy.

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

- ☐ People were given time to listen, process information and respond to staff and other professionals. Care plans included how, where and when people wish to be supported with care. Staff told us of people's preferred routines, such as where they liked to sit. Families told us their relatives engage in regular activities, having their hair cut, attending day centre activities and scheduled clinical appointments.
- ☐ Staff supported people to maintain links with those that are important to them. Relatives told us staff were supportive and encouraged contact facilitating telephone and Skype calls and visits.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff knew when people needed their space and privacy and respected this. Staff told us sometimes they would just sit quietly with the person, this calmed them. Families told us their relative was looked after well, settled and happy in the home. Staff were described as "very respectful, they like him and are kind to him" treating him as a "member of the family." They had no concerns. We saw people calmly walking throughout the home, mixing with their peers when they chose and returning to their room. Whilst others preferred to sit with staff and engaging in activities.
- ☐ Staff routinely sought fund-raising opportunities, leisure activities and widening of social circles. For example, raising funds for Comic Relief. We saw photos of the events and all people looked happy and engaged. Staff told us how one person had taken such pride in being on the door, controlling admissions to the event. Photos we saw supported this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- ☐ Staff spoke knowledgeably about tailoring the level of support to individual's needs. Staff told us they knew the people and how their behaviour changed according to their mood. Staff told us "if they (the people) are happy they are with their peers." We saw people mixing in the communal lounge and garden, they appeared relaxed in one another's company. They smiled at each other acknowledging each other.
- ☐ Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. People's care was reviewed monthly, but records did not always include the person's voice or include information on activities they had participated in or people they had seen. We have written about this in the Well Led section of this report. This had no detrimental effect on people or the care and support they received.

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.

- ☐ Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. For example, one person uses Makaton signs to communicate. Staff had learnt the gestures, signs and body language the person uses to express what support they need.
- ☐ Staff ensured people had access to information in formats they could understand. Staff used visual communication aids in the forms of pictures. They told us people who experienced difficulties communicating verbally would often communicate with them through their presentation and behaviours. Staff utilised a range of strategies to reassure and calm people when they experience a strong and unwanted emotion, such as distraction boxes.

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

- ☐ People were supported by staff to try new things and to develop their skills. Planned activities did not always reflect people's preferences such as liking horses or wanting to see their partner. However, when we spoke to staff, they told us arrangements were made to support such activities, where possible. Relatives told us people are "taken out a lot, which (the person) likes."

- People were able to stay in regular contact with friends and family via telephone, skype and/or social media. Relatives told us they could always visit their relative and staff were always accessible "ready to chat if we want to." Relatives also told us staff were supportive of them visiting and taking their relative out even at short notice.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Relatives told us they knew how to complaint and would speak to the management team or senior staff on duty. They told us staff had always been responsive to any questions and would address the concern and update them.
- There was a complaints procedure in place and staff were accessible and responsive to questions or concerns from people, relatives or professionals. All complaints were overseen corporately, and lessons learnt shared across the organisation. For example, the use of QR code to share feedback anonymously had been implemented across the organisation as good practice.
- No formal complaints had been received by the service.

End of life care and support

- Management and staff put people's needs at the centre of their decisions. A staff member told us the delivery of good care was their priority. Where appropriate, end of life and do not attempt resuscitation discussions had been held with people and their families. Appropriate legal documentation had been completed and was known to staff. No person was receiving end of life care at the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- ☐ Governance processes were ineffective and failed to consistently hold staff regularly to account. Audits conducted by staff and managers to identify and manage risks were established but not effective. For example, internal checks and audits had failed to identify fire and health and safety risks and the incorrect management of medicines.
- ☐ The registered manager did not consistently demonstrate the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. They had identified where improvements were required and addressed them with staff. For example; staff did not consistently fulfil their responsibilities to accurately conduct monthly care reviews and record daily entries on people's care plans. However, we found some records still lacked information on activities undertaken, if the person had enjoyed the day and any goals or aspirations they may have. Staff told us some staff were not confident writing, did not have the time or were unsure of how to record the information. This meant records did not accurately reflect the person's experiences or wishes.
- ☐ We found people's consent was consistently documented within their care plans. For example, some care plans failed to record a person's consent to share information with partner services. When we spoke to staff, they told us conversations had been held with appropriate persons but agreed the records did not reflect this.
- ☐ Audits conducted by staff were not effective at identifying risks, and where identified, they sometimes remained unresolved. For example, an internal audit had identified the room temperature had exceeded safe storage levels for medicines. The registered manager had placed a fan in the room to reduce the room temperature, but this had been ineffective.
Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- ☐ The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights. Staff told us they liked their job and cared about the people describing it as their second home. They told us "I do not finish my shift until everything is done." Staff had confidence in their colleagues and the management. They told us "management is good, they know the individuals, great bonus and are approachable." We found staff had been supported for promotion within the organisation.
- ☐ Staff felt respected, supported and valued by senior staff which supported a positive and improvement-

driven culture. The registered manager recognised staff achievements. Staff were nominated by peers and people who use the service for awards. Staff told us the registered manager and their team "always have time...they are like that with all staff."

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

- ☐ Staff gave honest information and suitable support, and applied duty of candour where appropriate. The provider ensured the relevant statutory notifications were submitted to CQC in line with their regulatory responsibilities.

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

- ☐ People, and those important to them, worked with managers and staff to develop and improve the service. People actively engaged in community events, taking part in charity events such as cake sales and national sporting events holding a mini Olympics event for people to participate in events.
- ☐ Staff were supported and encouraged to participate in local and organisational feedback exercises and surveys. These were used to identify improvements to the service and recognise achievements of individuals. For example, the registered manager had been nominated for Kent Care Awards.

Continuous learning and improving care

- ☐ The provider kept up to date with national policy to inform improvements to the service. There were established and effective systems in place to identify best practice, share it and embed it in practice. Such as the introduction of a QR code for people to provide feedback on the service confidentially.
- ☐ The provider engaged in local forums to work with other organisations to improve care and support for people using the service/ the wider system. People attended regular clinical appointments and social commitments at day centres.

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>There were not effective systems in place for recording medicines and ensuring the safe administration of them to people. This placed people at risk of potential harm.</p> <p>There were not established and effective infection prevention and control systems in place. This placed people at risk of potential harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established and operating effectively to assess, monitor and mitigate risks to people. This placed people at risk of potential harm.</p>