

Matthew Residential Care Limited

Matthew Residential Care Limited - 1 Milton Avenue

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

About the service

Matthew Residential Care Limited – 1 Milton Avenue is a residential care home providing personal care and accommodation to three people at the time of the inspection. The service can support up to five 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

During our last inspection we found that the service did not demonstrate how they were meeting the underpinning principles of right support, right care and right culture (RCRSRC). During this inspection we found the provider had made improvements to ensure that the underpinning principles of RCRSRC were addressed. However, we were not fully assured that the changes the service had made were fully embedded.

Right Support: The service had made improvements to the support they provided to people in relation to recognised models of care for people with a learning disability, autism and behaviours that challenge, such as the development of positive behaviour support plans (PBS) and PBS training for staff and managers. Staff demonstrated they understood the support people required. However, although staff were observed to communicate well with people, the provider had not yet developed accessible information tools to support their communication needs.

Right Care: People's care plans had been updated to include important information and guidance for staff on supporting their needs. Staff understood people's wishes and preferences and were observed to support people in a friendly and respectful manner. Where appropriate, staff encouraged people to take positive risks, such as participation in new activities. Staff had engaged with people, health care professionals and other relevant individuals to support people's care and support.

Right Culture: People and those important to them, such as family members had been involved in planning their care and support. People were asked about their needs and preferences and staff developed activities and support to ensure their requests and preferences were met. Staff and managers had received training in supporting people. The training reflected current best practice in supporting people with learning disabilities and people with autism. Staff were supported to discuss best practice for the people they supported in supervisions and team meetings. People were provided with the support they required to use the home and the local community as they wished. There was no evidence of restrictive practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update - The last rating for this service was requires improvement (published 8 March 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

Recommendations

We made one recommendation regarding accessible information.

Follow up

We will continue to monitor information we receive about the service, which will help inform us 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Matthew Residential Care Limited - 1 Milton Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Matthew Residential Care Limited – 1 Milton Avenue 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. The Care Quality Commission (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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, quality assurance manager and two care staff. We also spoke with an independent consultant who was supporting the provider in making improvements to the service provided to people.

We reviewed a range of records. This included three people's care records and medicines records. We looked at a variety of records relating to the management of the service, including policies and procedures and quality assurance monitoring records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to ensure that risks to people were safely monitored and managed. Risk assessments had not been developed for people with specific health needs. People did not have risk assessments that reflected their current behavioural needs. Risks in relation to the safety of people's living environment had not been fully identified and managed, for example, in relation to fire doors and exits and safe hot water temperatures. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- People with specific healthcare needs such as diabetes and epilepsy had risk assessments and care plans in relation to these. Guidance had been provided for staff on supporting people to manage these needs.
- Behavioural risk assessments for people included information about current risks and how to manage these. Positive behaviour support plans (PBS) were in place for people who required these. A PBS outlines the supports and strategies to be implemented by team members to reduce the occurrence of problem behaviour through positive and proactive means. The provider had sought guidance on developing these from specialist professionals.
- An outstanding referral for a person to a local specialist learning disability behavioural team had been made. The person's risk assessment and care plan had been updated following their appointment.
- The provider had commissioned a fire safety risk assessment from a reputable company. Following their recommendations, some internal doors had been replaced with fire resistant doors with self-closing devices. A suitable lock, self-releasing lock had been purchased for the gate from the garden to the fire assembly point. However, this had not yet been fitted at the time of our inspection. The quality assurance manager told us that this was due to be fitted imminently.
- Regular health and safety risk assessments and checks had been carried out. Staff were now carrying out checks of hot water temperatures. Servicing of, for example, gas, electricity, fire equipment and appliances had been carried out and were up to date.

Using medicines safely

At our last inspection we found people's medicines were not always managed safely. Protocols and guidance on the administration of PRN (as required) medicines were not in place for people. The time of administration of PRN medicines was not always recorded on people's medicines administration records (MARs). One person had not had a medicines review. Policies and procedures in relation to medicines did not always reflect current best practice. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- The provider had developed protocols and staff guidance on the administration of PRN medicines. These included guidance for staff on when these medicines should be given. People's MARs showed the time of administration was recorded, and their care records showed that low arousal techniques or distractions had been used to reduce the need to administer PRN medicines to manage behaviours or anxieties.
- People who were prescribed PRN medicines to manage behaviours or anxieties had evidence of recent medicines reviews in their files.
- The service had up-to-date medicines policies and procedures, and these now included reference to STOMP principles. STOMP stands for stopping over-medication of people with a learning disability, autism or both. Staff had been provided with information about STOMP, and the principles had been discussed in staff meetings.
- People's medicines administration records were otherwise up-to-date and in good order. People's prescribed medicines were safely stored.
- Staff administering medicines had received appropriate training. Competency checks of administration of medicines had taken place.

Learning lessons when things go wrong

At our last inspection we found the provider had not always acted to ensure lessons were learned following incidents. Events or other reasons for people's anxiety-related behaviours had not always been recorded and there was no system for evaluating the reasons why behaviours could be challenging for staff. Managers and staff had not received training in positive behavioural approaches. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- Staff recorded information about events leading up to people becoming anxious or upset in people's daily records. People's care plans had been revised and now contained detailed information for staff on ensuring they supported people to reduce their anxieties.
- The provider had introduced an electronic system for record keeping. Staff had access to a tablet which they used to record incidents and events. This enabled the registered manager and quality assurance manager to review records in real time and act accordingly.
- Staff had attended regular team meetings, where lessons learned and improvements to people's support were discussed.
- Managers and staff had received training in positive behavioural approaches. The registered manager said that, due to absence, not all staff had yet received this training, but there were plans to ensure they did. A staff member confirmed they had been given a date to participate in a positive behaviour training session.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding policies and procedures and staff were aware of these. Staff had received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff were aware they could contact the local authority safeguarding team and CQC when needed. At our last inspection we found some staff had not received 'refresher' training on safeguarding adults. At this inspection we found the provider had implemented a rolling training programme to address this.
- The provider had procedures to manage the risk of financial abuse. Daily checks of financial records took place. The quality assurance manager had undertaken regular audits and had signed people's financial records when these had taken place.
- We looked at the provider's safeguarding records. There had been one safeguarding incident since our last inspection. This had been managed appropriately and reported to the relevant local authority safeguarding team.

Staffing and recruitment

- The service had recruitment processes in place which supported safe recruitment decisions. This included pre-employment checks to ensure staff were suitable to work with people living at the service, such as references and criminal records checks.
- During our inspection there were sufficient numbers of staff to meet the needs of people using the service. Where people required additional staffing, for example, to attend activities or appointments, this was provided. During our inspection, people went to activities outside the home and we saw additional staffing was rostered to ensure they had appropriate support.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found people's care needs had not been effectively assessed. People with specific health conditions did not have care plans that reflected their support needs. Information and guidance in relation to people's expressive behaviours were limited: Positive behaviour support plans (PBS) referred to in care assessments were unavailable. There was limited evidence that staff were engaging people in activities that might help to reduce their behaviours and anxieties. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- People's care plans and risk assessments had been updated to include information about specific health conditions. These included guidance for staff on supporting people's needs in relation to their health needs.
- Where people had been assessed as having behaviours considered challenging, PBS plans were now in place. The provider had sought support from specialist professionals in developing these. People's PBS plans had been discussed in staff team meetings, and staff had signed to demonstrate they had read them.
- People were engaging in a variety of planned activities. During our inspection, people went to the theatre and for a meal. A person went shopping and another went for a haircut. Where a person became anxious during activities outside the home, a modified activity plan had been put in place, and staff had engaged with specialist professionals to look at ways of managing their anxieties. However, although we were shown evidence of this, the person's care records were unclear about the modified activity plan and the actions that were in place to manage the person's anxieties. We discussed this with the quality assurance manager who said they would ensure the person's care plan was updated.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had not ensured all staff had been provided with the training and support they required to carry out their roles effectively. Staff records showed some staff had not completed mandatory training. Managers and staff had not received training in people's specific health conditions or positive behaviour supports (PBS). Regular supervision for staff had not taken place since 2019. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- The provider had put in place an intensive training programme for staff. This included mandatory training,

for example safeguarding adults, infection control, medicines administration and fire safety. Staff had also received training on specific health needs, such as diabetes and epilepsy, and on PBS. Some training for staff was provided on-line. However, the provider had also commissioned a trainer to provide weekly training sessions for staff to enable them to discuss and focus on issues in relation to the needs of the people they supported. The registered manager had participated in the weekly training sessions alongside staff. Where staff had been unable to attend key training, such as PBS training, further sessions had been planned for them to catch up.

- Staff were now receiving regular supervisions to support them in their roles. Although there were limited records of one-to-one supervision from a manager for all staff, four group supervisions had taken place since January 2022. The registered manager told us that these were designed to ensure staff received consistent information at the same time in relation to improvements to the service they provided. The quality assurance manager said they were developing a matrix to ensure regular one-to-one staff supervision was put in place for all staff going forward.

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 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).

At the last inspection we found the service had not clearly recorded capacity assessments for people identified as lacking mental capacity for certain decisions in line with the guidance associated with the MCA. Best interest decision processes involving the person, or their family members and key professionals had not been used where there were concerns about their capacity. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- Information about people's capacity to make decisions was now included in their care plans. The provider now had a system for ensuring best interest meetings take place in relation to specific decisions, such as healthcare treatment, finance, and new activities.
- Where required, staff had referred people to the local authority for DoLS authorisations.
- There was some evidence in people's care records that interventions were being delivered in the least restrictive manner to reduce the need to administer PRN medicines in relation to people's anxieties.

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

- People's care records confirmed referrals had been made to other healthcare professionals, such as psychiatrists, dentist, GP and others.
- People's care records now contained health action plans (HAP) and annual health checks had been arranged for people. A HAP is a record of a person's health and provides accessible information about what that person needs and wants to do to stay healthy. These can be used to advise health professionals of people's needs and preferences.

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

- Staff supported people to have a balanced diet. They told us people chose their meals and if they didn't want the meal on offer an alternative meal was provided. We observed a mealtime and saw people were offered choices and appeared to enjoy their meal. People told us they liked the food at the home.
- Staff offered people drinks and snacks at other times during the day.
- Information about people's eating and drinking preferences and needs was included in their care plans. Staff told us choices offered to people were modified according to their individual needs.

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

- The environment was partially adapted to meet people's needs. A person with mobility impairments had a ground floor room and access to an accessible bathroom. Furniture was sturdy and a communal television was secured to reduce risk of damage. People's rooms had been decorated in line with their individual preferences. Staff told us people were involved in personalising their rooms. One person showed us their room and the things that were important to them. They told us staff had supported them organise their room the way they wanted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection we found people were not engaged in a full range of activities. During this inspection, there was evidence people were engaged in a variety of planned activities, such as theatre trips, meals out, shopping and other community-based activities. A person told us they went to a regular local disco which they looked forward to each month. Staff supported people to organise holidays and day trips. For example, there had been a recent day trip to a seaside resort. Additional staffing had been rostered to ensure people had staff support to participate in activities outside the home.
- Although people's care records contained activities plans, these were limited in some cases. The quality assurance manager told us that activities outside the home had been modified for a person who experienced extreme anxiety that impacted on their enjoyment. Although we saw evidence of staff engagement with the person's psychiatrist in relation to managing their anxieties around outings, along with photographs of an activity, this information had not been fully described in their care plan and risk assessment.
- During our inspection we found that, although there were few activities planned within the home, people engaged in activities that they enjoyed. One person watched an Asian TV channel, and another person listened to their favourite music. Another person told us, "I always have something to do here. Staff help me if I need it."
- The atmosphere in the service was calm and friendly when we visited. People appeared at ease with staff, and people who could speak with us confirmed they liked the staff. One person said, "I have been in four care homes and this is definitely the best". Staff were observed to respond immediately and respectfully to people when they requested support.
- People's privacy was respected. Support plans described how people should be supported so that their privacy and dignity were upheld. We observed staff knocking on people's doors and announcing themselves before entry. One person told us, "They [staff] don't come into my room unless I say they can." Another person said they liked having their bedroom door open so they can talk to people.
- The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office.

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

- People attended regular monthly house meetings where they were able to discuss changes taking place at the home and to plan activities and menus. People's requests at these meetings had been followed up. For example, staff had organised a trip to the theatre and an outing to the seaside as a result of discussions with people at these meetings.

- The provider planned to introduce a formal satisfaction survey.
- People's care plans contained communication plans which provided guidance for staff on supporting people to make decisions about their care and support and everyday activities. We observed staff engaged with people well using language they understood. The provider's plans to develop picture assisted information for people were contained within the home's service improvement plan. The quality assurance manager told us that work had commenced on this.
- The home now had a key-worker system to allow people to speak confidentially regarding issues which were important to them.

Ensuring people are well treated and supported; respecting equality and diversity

- Information about people's specific needs in relation to ethnicity, religion and cultural or other preferences was included in their care plans.
- A person watched Indian movies on the communal television at the home and they told us they enjoyed this. However, there was no alternative communal television for other people to watch programmes of their choice. However, one person said, "I don't mind, and I have my own tv." Another person rarely used the communal area and preferred to listen to their own music.
- People now had health action plans. These provide information about people's health needs and how they should be met. Annual health checks for people had taken place. Records of health appointments and outcomes of these were recorded in people's care records.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating remains requires improvement. This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we found the provider had failed to ensure people were always given information in formats they understood. People's care plans included information about their communication needs but there were no plans to support people's engagement and understanding. Information had not been developed in accessible formats. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made some improvements.

- Although people's care plans had been updated to include information about their communication needs and preferences, care plans and other information had not been developed in easy to read or other accessible formats. We noted this was an outstanding action in the home's service improvement plan but had yet to be completed.
- We saw that a folder in relation to food choices included photographs, but this did not always correspond with the menus or foods offered. A staff member said, "We show people the food anyway and they can see what is in the fridge or cupboards so they can choose from that." However, there was no other picture assisted information available to people.

We recommend the provider takes action to ensure people's care plans and other information in relation to their care and support are provided in accessible formats.

- People and staff appeared to communicate well with each other. Staff understood people's verbal and visual communication needs. A staff member said, "Sometimes I'm not sure, so I check with people if they understand." A person said, "They always explain things to me."

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

- People's care plans had been updated to include guidance for staff on how to support people to make choices. Information about people's personal preferences was included in their care plans.
- At our last inspection we found people had a limited range of activities. During this inspection we saw that a variety of external activities were provided, and people chose what they wished to do when at home.

One person told us, "I have lots to do and staff help me to go out." We noted some people's activities were not always recorded in their daily care notes. The registered manager told us they were working with staff to ensure all activities were fully recorded in the new electronic system.

- The quality assurance manager showed us evidence of a range of activities being planned for a person who was due to come to live at the home shortly after our inspection. This included college courses and gym membership.
- Peoples' care plans included information about their specific needs and preferences. Regular reviews of people's care plans had taken place. The quality assurance manager said that care plans were now being updated when people's needs changed. We saw evidence of this.

Improving care quality in response to complaints or concerns

- We were told no complaints had been received in the last 12 months. The service had a complaints policy and procedure. A person said, "I have no problems here. It's brilliant. I tell staff if there is anything wrong and they sort it out."

End of life care and support

- The service was not providing end of life care. Procedures were in place to support people if end of life support was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we found the provider had fully engaged and involve people and others and evaluated outcomes for people. There was little evidence of evaluating outcomes and taking in relation to people's care records. People had not been provided with accessible information in accordance with their communication needs. Information in relation to people's behaviours had not been monitored to identify patterns and interventions to reduce anxieties. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At his inspection we found the provider had made some improvements.

- People's care plans now included information about their communication needs. However, accessible formats had yet not been developed in relation to their care plans and other relevant information. We noted this was an outstanding action on the home's quality improvement plan and the quality assurance manager told us actions to achieve this were in progress.
- People's care plans were regularly reviewed and information in relation to outcomes were now recorded.
- People's views of the home were sought through regular house meetings. These showed people were actively involved in planning activities and menus. The provider planned to undertake a formal satisfaction survey. People told us they were satisfied with the care and support they received from staff. There were no negative comments.
- The majority of staff, including the registered manager, had received training in positive behaviour support (PBS). Further training was planned for staff who were unable to attend the initial session. A system was now in place to monitor and evaluate incidents in relation to people's behaviours where they were challenging to staff or others. This would enable staff to identify triggers and patterns and develop supportive interventions.
- Staff told us they felt they received the information and support they required to undertake their roles. A staff member told us they had been fully informed about improvements. They said, "It's exciting. It will help us make things better for our residents."

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

At our last inspection we found the provider had failed to fully ensure the quality and safety of the service. Quality assurance monitoring had failed to monitor and identify failures in relation to hot water temperatures and fire safety. Monitoring of people's care records had not been carried out regularly. There were no evaluations of behavioural records nor of incidents or accidents. There had been a failure to identify the lack of care plans and risk assessments in relation to people's specific health needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At his inspection we found the provider had made improvements.

- The provider was carrying out regular quality assurance monitoring. Monitoring of safety including fire safety, fire drills, hot water temperatures, infection control and environmental risks had taken place.
- The provider had taken action to ensure people's care plans were evaluated on a monthly basis or when there were changes to people's needs.
- Records were now maintained in an electronic format. The quality assurance manager showed us the home's new electronic monitoring system. This created alerts for any records that had not been completed by staff and could be reviewed by any manager in 'real time.' Staff on shift had access to a tablet which they used to record daily care records.
- The provider had commissioned a consultant to support them through the process of improving the service to meet regulatory and commissioning requirements. The home's service improvement plan showed that actions had been prioritised and many had now been completed. However, some actions had not been completed, such as the development of accessible information including care plans, a formal satisfaction survey of people living at the home and an improved quality assurance system.
- The registered manager acknowledged that a number of actions in the service improvement plan required completion. They told us that actions had been prioritised and it was important that they were introduced on an incremental basis to ensure good practice was embedded in the staff team.

Working in partnership with others

- People were now attending regular appointments with healthcare professionals. We saw evidence the management team had liaised with other professionals to ensure people's needs were met. Where appropriate, guidance provided by key professionals, such as psychiatrists and GPs were contained within people's care plans.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider understood their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- The provider had notified commissioning local authorities and CQC about appropriate incidents and concerns.