

Derbyshire County Council

# Meadow View Residential and Community Care Centre

## Inspection report

Meadow View Centre  
300 Bakewell Road  
Matlock  
DE4 2JF

Tel: 01629532486

Date of inspection visit:  
19 March 2019

Date of publication:  
20 June 2019

## 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

About the service:

Meadow View Care Centre is a care home that provides personal care for up to 32 people. The accommodation is across four levels. The ground level is a dementia specific unit for 16 people. On the second floor there is a day unit, meeting spaces and therapy rooms and a café. CQC does not regulate these. On the third floor there is an intermediate unit for eight people, this is to support people to return to their home after a period of ill health. On the top floor there is a respite unit which can accommodate eight people. This enables people to have a short break to support family carers or receive support during a period of changing health needs. Each unit has their own communal spaces and bathing facilities. At the time of the inspection there were 27 people using the service.

People's experience of using this service:

Medicine was not always managed safely and risk assessments completed to reduce the risk to people. Lessons were learnt in some areas, however in others the lessons had not been reviewed to ensure they had been embedded into new practice.

Audits had been completed, however these had not always identified areas of concern to address any risks or drive improvement. Some notifications had not been completed or sent to us as required to inform us of events or concerns.

The provider had not always supported the registered manager with the processes needed to manage the service in all areas. Care plans were not always detailed to ensure staff had all the information to provide safe care. Information about people's methods of communication or equality needs were not reflected.

People were supported by sufficient staff and this support was flexible when people's needs changed. When staff were recruited, the appropriate checks had been completed, including references and a police check.

People's behaviours had been managed by staff who had received the training and who followed detailed guidance. When people received care, this was done with dignity and respect. People could choose how to spend their day. There were activities on offer and external entertainers visited weekly.

There was a choice of meals and people's preferences had been considered. When people's health needs changed they were supported with health care professionals who provided guidance. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were able to raise any concerns they had and they were responded to with a formal response. There was an opportunity for people to reflect and comment on their care they received. This was used to reflect

on changes to the meals or activities, in addition to the quality of the care provided.

Staff felt supported by the registered manager and there was a homely atmosphere to the environment. Partnerships had been developed with health and social care professionals and this had enhanced how they worked together to develop new processes.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Rating at last inspection: Requires Improvement (Published April 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection which was 'Requires improvement.' At this inspection we found the service continued to be 'Requires Improvement.'

Enforcement : Action we told the provider to take. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals are added to reports after representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Effective findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

**Requires Improvement** ●

# Meadow View Residential and Community Care Centre

## **Detailed findings**

## Background to this inspection

The inspection:

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

Inspection team: One inspector, an assistant inspector 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.

Service and service type:

Meadow View Care Centre is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local

authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to provide some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with four people and seven relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with five members of care staff, one member of the domestic team, two deputy unit managers and the registered manager. We also spoke with two health care professionals on the telephone.

We reviewed a range of records. This included six people's care and medicine records. We also reviewed the process used for staff recruitment, various records in relation to training and supervision, records relating to the management of the home, and a number of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

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

At our last inspection in February 2018 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people's medicine were safe. At this inspection we found that some improvements had been made, however further improvements were required and we identified concerns in relation to managing risks.

- ☐ Medicine was not always managed safely. Some people did not receive their medicine as prescribed. For example, some medicine should be dissolved in liquid and given on an empty stomach. We saw this medicine was crushed and given with food. There were guidelines in place, however these had not been followed.
- ☐ Another person should have their medicine to support them with their mobility before they received personal care. We saw the medicine was given later than usual, which meant the person had to remain in bed until the medicine had taken effect.
- ☐ We reviewed the stock levels in the two medicine rooms which were in use, we found in both rooms there were some errors with the stock of medicine. This meant we could not be sure the people would have the correct amount for their prescribed needs.
- ☐ Topical creams had been left in people's rooms, which meant they were accessible to people who may not be aware of the risks associated with these.
- ☐ When medicine administration records had been hand written they were not always counter signed. This meant that guidance from the National Institute for Clinical Excellence (NICE) 'Managing medicines in care homes' was not always followed.
- ☐ People were placed at risk of avoidable harm because risk assessments were not always completed or up to date. This meant staff did not have the correct advice to follow. For example, one risk assessment said that a person was able to mobilise independently, however we saw they required staff support. Staff confirmed they had to provide support when the person walked.
- ☐ Risks associated with people's care and support, for example, falls and the risk of choking had not always been followed. We saw a risk assessment identified a person as being at risk of choking and their health care assessment identified they required a fork mashable diet. However, we saw that this person received food which was not in accordance with this guidance.
- ☐ Another person who was at risk of falling had been advised following several falls, to use a sensor alarm when they were seated. The alarm alerts staff when the person rises from their chair to enable them to respond swiftly to support the person's safety. However, we saw this sensor was not in use. The registered manager told us the sensor was not working. No additional measures had been considered to ensure the persons safety. For example, ensuring the communal space was always supervised. We saw this person was left on two occasions without supervision.

- Some environmental risks had not been identified. For example, the laundry trolley was placed in the corridor. This contained dirty linen in different compartments. We saw one person took an item of dirty laundry from the trolley. This was intercepted by a staff member; however, no measures were then taken to remove the trolley to avoid a repeat of this occurrence.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were protected from environmental risks. We saw there was a structured maintenance plan in place and any repairs were being identified and completed.
- People had an up to date emergency plan which was to provide guidance on how to evacuate from the building in the case of an emergency. We saw that staff had received fire safety training and understood the action to take should this need arise.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt their relative was safe and protected from the risk of abuse. There was a policy which clearly described how to keep people safe from the risk of harm. Staff we spoke with were aware of the policy and were provided with regular safeguarding training.
- However, we found one person had some unexplained bruising, this had not been escalated to a senior manager or raised as a safeguarding. The bruises had been recorded on a body map and written in the daily records, however no action had been taken to identify how the bruises had been obtained. After the inspection the registered manager raised a safeguarding and began an investigation into this matter.
- The registered manager had learnt from events, for example when safeguards had been raised by external professionals we saw these had been investigated and meetings called to share the learning. After an incident it was identified that staff had limited awareness of sepsis. Training is now being arranged through the nurse practitioner. It was also established that a more detailed handover was required to ensure important information was not missed. A new handover form was being developed with the health care partners. One health care professional said, "This is positive as it will support the avoidance of things being missed."
- However, for other lessons learnt, measures which had been put in place were not always reviewed to ensure they had been embedded in to a change in practice. For example, in the rehabilitation unit we saw that some people did not have a risk assessment for their mobility needs. The unit manager told us these were completed by the physiotherapist and they only worked Monday to Friday. Our inspection visit was on the Tuesday and we saw three of the seven plans had not been completed. Following a recent incident, the registered manager told us if there were no risk assessments in place they would complete one whilst awaiting the therapist's input, using the discharge information. This practice had not been followed. We saw that at the end of our inspection these plans had now been completed by the physiotherapist.

#### Staffing and recruitment

At our last inspection in February 2018 we found that the service was not meeting the legal requirements in providing sufficient staff to support people's needs. At this inspection we found that the required improvements had been made.

- There were sufficient staff to support people's needs. Within the dementia unit we saw that staffing had been increased by two care staff during the day. Staffing levels at the home were sufficient to ensure that people's needs could be met.
- All the people, relatives and professionals all felt there was enough staff. We saw that agency staff were



being used, however many of these were regulars to support the continuity of the staffing.

- At our last inspection there were several vacancies. The registered manager had a programme of recruitment and they were in the final stages in filling all the vacancies. They told us, "Once completed we will rely less on agency staff and be able to provide the continuity."
- Dependency charts were completed for each person monthly or sooner if their needs changed. This supported the registered manager to assign staffing numbers to meet these needs. We saw how additional staff had been used when the needs of some people had increased.
- Staff told us they had received regular supervision and this had enabled them to develop their role, by identifying training or the need for shadowing opportunities.
- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

### Preventing and controlling infection

- People were protected from the spread of infection. One relative said, "It's cleaned well, there are no smells." We noted there was an unpleasant odour in two of the rooms. We discussed this with the registered manager who was able to share with us their plans for new flooring for these rooms. The dates for this had already been arranged.
- During the inspection we saw housekeeping staff cleaning rooms and corridors and completing schedules to confirm when areas had been cleaned.
- We saw staff used protective equipment like gloves and aprons when they provided personal care or when serving meals
- The kitchen and food preparation area was well maintained. There was a five-star rating from the Food Standards Agency (FSA), which is the highest possible rating. The FSA is responsible for protecting public health in relation to the safe handling of food.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection in February 2018 we found that the provider was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff had received the training for their role. At this inspection we found that the required improvements had been made.

- ☐ Staff had received training to support their roles. One relative said, "I think staff have got training now. They know about dementia, you can tell because they're able to deal with difficult behaviour. They're good at diffusing and distracting."
- ☐ The registered manager had a plan which recorded all staff training requirements. This was updated regularly. This ensured that staff would receive the training they required.
- ☐ Staff we spoke with said they had received a lot of training and were able to share with us training they had received or were planned to complete. These details were reflected in the training plan.
- ☐ When staff commenced their role, they were supported with a training package and shadowing with experienced staff members. One staff member said, "The seniors have been really supportive and I feel I can ask them if I have a query."

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

At our last inspection in February 2018 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people were supported with their health care needs. At this inspection we found that the required improvements had been made.

- ☐ People and relatives felt their health care needs were recognised and supported. One relative said, "They always tell me if anything has changed. For example [name] had a rash and they called the doctor. They follow these things up."
- ☐ Relationships had been developed with health and social care professionals. This meant that when people required support this was accessed quickly. A health care professional told us, "Staff contact us if there are any concerns and we visit regularly. Any guidance or requests we make are generally followed."
- ☐ People's health care was monitored. One relative said, "[Name] was unwell so they got the GP to prescribe some medicine. Initially this did not work so the staff went back to the GP and the medicine was changed. Now it is sorted."

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

- ☐ People's needs were identified when they moved into the home, the registered provider used an initial

document or the discharge record to obtain information about the person's support needs. This included details about specific health conditions.

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

- People and relatives told us that they enjoyed the food and drink and a choice was available.
- We saw throughout the inspection people were offered hot and cold drinks. Some people chose not to sit down and they were also offered refreshments. One relative said, "They have snacks like beans on toast, and provide fruit all cut up or cake."
- People's weight had been monitored, and two relatives told us that their family member had put weight on, which had improved their wellbeing. One relative told us, "They are trying different methods, like the staff will sit with people to encourage them to eat. You can request food, [name] has a sweet tooth so they make them jam sandwiches, which goes down well."
- The home was supported by an experienced cook. They were enthusiastic and dedicated to ensuring that people received nutritious and healthy home cooked food.
- People's views and preferences had been considered. At the meetings meals were discussed and changes made.

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

- There were secure outdoor spaces. One relative shared with us how reassuring it was that their relative could, "Wander outside when all the doors were open to the garden because it was safe outside." Another relative said, "You can have the doors from the lounges open and people can walk outside and its safe."
- The home was decorated to ensure that there was a homely feel. Some rooms had been changed around to support people's safety. A relative told us after their family member had fallen out of bed and the room had been rearranged. They told us, "Since they have done this they haven't fallen."
- People's bedrooms were decorated according to their choice and we saw personal memorabilia was displayed give them a comfortable and homely feel.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's capacity had been assessed and records showed that where people may be lacking the capacity to make particular decisions, an assessment of their capacity had been carried out.
- People were asked to provide their consent to receive care and support. One relative said, "Staff always ask consent and explain what they're doing." We saw this in practice as staff encouraged people to make daily choice.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

Our last inspection found whilst the provider was not in breach of any regulations there were aspects of care in relation to people's dignity which could be improved. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

- ☐ People were treated with respect and staff knew how to maintain people's confidentiality.
- ☐ One person told us, "Staff ask permission, they knock my door, they leave me when I request and when I use the buzzer they are quick to respond."
- ☐ Consideration was made to ensure people's belongings were protected. One relative said, "They asked my permission to lock [name's] bedroom door, because people were walking in there and taking things. [Name] doesn't go in there during the day so I didn't mind, we weren't depriving them of anything."
- ☐ People's care records were stored appropriately, so that only those who should have access were able to view them.

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

- ☐ Staff had established friendly and positive relationships with people. One relative said, "I'm confident [name] is well looked after, well fed, they are always clean and usually have a smile. You can tell it's a vocation for some of the staff and not just a job. I've got peace of mind now and feel I can go on holiday for the first time."
- ☐ Comments received from relatives we spoke with identified that staff knew people and the support they required. One relative said, "Staff know [name] likes jewellery so they always put that on and dress them in co-ordinating clothes. They make sure [name] is wearing shoes as they don't like slippers."
- ☐ People also shared with us how they felt staff were kind and thoughtful when they provided care. One person said, "The staff are superb. You can't fault them. They help me with my personal care in a nice way." Staff we spoke with all commented on how they enjoyed their job. One person said, "I love it here, the people, the staff it's a special place."

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

- ☐ People were encouraged to express their wishes. One relative said, "Staff are caring. They know [name's] individual preferences, we have regular meetings so we can share things."
- ☐ People were able to choose how they spend their day or the time they wished to get up or retire. One person always chooses to get up later and staff knew and respected this. Other people were early risers and they were supported to get up when they woke.
- ☐ Relatives told us they were made welcome and offered refreshments. One relative said, "I can visit when I wish and I have been invited to eat with [name]."

## Is the service responsive?

### Our findings

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

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

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

At the last inspection in February 2018, we asked the provider to take action and make improvements in relation to the stimulation for people and managing behaviours which challenged. During this inspection we found that the provider had taken note of our comments and had made some improvements. However, further improvements were required in relation to the care planning information.

- ☐ At the last inspection we raised concerns that people who had behaviours which could challenge had not been supported. At this inspection we saw that each person who expressed themselves with this behaviour had an individual plan. This plan detailed how the person expressed themselves and how staff could support them to reduce the risk of the behaviour or anxiety increasing. One relative said, "[Name] is safe here, staff know how to calm them down, they cuddle them and I see staff supporting other people who can be challenging." Since following these plans behaviours had reduced and there was a reduction in the need to use medicine to reduce anxiety.
- ☐ We saw some plans contained documents to reflect people's preferences and interests. These had been used to support people in daily tasks.
- ☐ Although there was no activities coordinator we saw some staff spent time with people or provided them with objects of interest. The registered manager was launching a new scheme called 'butterfly moments' to encourage staff to take opportunities to speak or interact with people on a spontaneous basis. This would be to support planned activities and provide people with more interaction opportunities.
- ☐ Some of the relatives have formed an amenity group to fundraise for activities and to organise activities. One staff member said, "Friends of Meadow View to raise money for extra trips and entertainments. We have lots of entertainment now it's amazing." We saw this money enabled a singer or some entertainer to attend once a week. One relative said, "There was an Irish themed day and staff dressed up for St Patrick's Day. At the end of the day, it must have stayed in [name's] mind because they came out of their room dancing."
- ☐ Staff told us, there was a dressing up themed day which occurred monthly. We saw several sets of photographs which showed all the events which had occurred and people looked to be enjoying all these events.
- ☐ We saw that people had been supported to go out and there was a trip booked to the local farm. Staff and relatives also told us about other trips which had taken place.
- ☐ There was an activity cupboard which contained puzzles, plastic toys, inflatable games.
- ☐ In the other units we saw that table games were being offered and supported by staff to encourage people to join in.
- ☐ The registered manager was establishing a link with the local school. The children visited once a week and joined an arts and craft session. The staff members at the home had joined together to create a choir

which supported activities and musical events.

- ☐ People's care was not always personalised. Care plans we reviewed lacked the detail to provide staff with the information they required to ensure people received the correct care. Staff told us they used the care plans for information. However, we found the care plans were not always up to date. For example, for people's dietary needs or how to support them when transferring or assisting them to move independently.
- ☐ Family members had been encouraged to be part of the care planning process, which had helped to ensure staff knew about people's needs or interests. One relative said, "I'm involved in [name's] care plan and it's been reviewed." Another relative shared with us how the staff used their knowledge to support their relative. They said, "[Name] does not like water on their face, which can make things difficult. Staff know how fastidious they are, staff try different techniques, like washing their face when the hairdresser came they got the flannel and did it gently."
- ☐ Information had not been provided in different formats to support people's understanding. For example, one person was hard of hearing, however they were able to read. Information had not been offered in this way. This shows the registered manager had not complied with the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment have access to the same information about their care as others, but in a way, that they can understand.
- ☐ People's equality needs had not always been considered. For one person English was not their first language. Staff told us that recently they had begun saying words in their first language. This had not been recorded in their care plan and no measures had been considered to support them in their method of communication.

#### End of life care and support

- ☐ At the time of our inspection there was no one receiving end of life care.
- ☐ People had end of life care plans. However, these provided limited details in relation to this area of care and this was attributed to the care plan assessment tool available to the staff. End of life care plans need to include the person's wishes as well as any equipment or anticipatory pain relief, to ensure they received dignity, comfort and choice.

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

- ☐ Any complaints had been addressed. One relative told us, "If I have any concerns I go to the manager. A couple of months ago they seemed short staffed, extra staff were needed upstairs and this impacted on downstairs. When I raised this, they rang the agency to get more staff."
- ☐ The provider had the processes in place to act on any complaints that had been received. We saw the registered manager followed this process, all complaints had been investigated and provided the complainant with a letter of explanation with an outcome and any actions they had taken.
- ☐ The registered manager had also begun recording any informal concerns raised and planned to respond to these formally so that the complainant can see that action was taken as a result of their concerns.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

At the last inspection in February 2018, we asked the provider to take action to make improvements in aspects of the governance of the home. We reported on these in our last report. During this inspection we found that the provider had not made the required improvements.

- ☐ The provider had a system of audits which it required the registered manager to complete. However, some of these systems did not support the required needs of the service to identify and effect change. For example, when accidents had occurred the provider had a criteria which had to be met before these were reported formally. This meant that not all accidents had been recorded and therefore not included in an audit.
- ☐ There was no structured audit to review the falls or incidents which had occurred. Although the registered manager had devised a system to review incidents this was not in enough detail to reflect on any trends or individual areas of concern. For example, the number of falls reflected by time, location and across calendar months.
- ☐ A medicine audit had been completed and they showed where areas of concern was identified these had been addressed. However, the errors we found were a repeat of some of these concerns. This meant we could not be sure that the actions being taken had been embedded into a change in practice.
- ☐ The care plans had been completed using the provider's care planning process. However, there was no audit to identify if they had been completed correctly or how to address any areas which were not available on the system. For example, there was no section to develop plans for people with behaviours which challenge or a detailed end of life plan. There were no details completed in respect of people's communication or equality needs. This meant we could not be sure that people's needs would be met in accordance with their cultural or individual needs.
- ☐ The registered manager had not always sent us notifications when events or incidents had occurred. For example, one person had a choking incident which resulted in them being hospitalised. We require the provider to notify us so we can monitor the action that had been taken.
- ☐ The provider had many locations in their portfolio. Following any inspections which identified any areas of concerns, these had not been shared to develop the learning or enable improvements to be made a head of the next locations inspection.
- ☐ This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- The overall rating for this service is 'Requires Improvement'. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on two consecutive inspections. The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

- This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation requires the provider to give us information about how they plan to improve the quality and safety of services and the experience of people using services.

- We saw other audits had been completed which had been used to drive improvements. For example, the maintenance of the building.

- The registered manager was proactive and had requested the provider's newly appointed infection control officer to complete an audit on the home. Any actions from this had been completed.

- The registered manager had developed an improvement plan. We saw this reflected areas which had been raised as a concern. For example, when people may require medicine at night there had been no staff available who had the required training. The registered manager had ensured staff received training in this area. This meant that when the staffing plan was completed for the evening, a staff member trained in medicine was identified.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The rating from our last inspection was displayed in the home and on the provider's website.

- The registered manager had established a lessons learnt approach to incidents and events which had occurred. For example, we saw that they held meetings to share information with staff following events.

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

- People had been encouraged and supported to feedback their views and these had been listened to. One relative said, "We have meetings, ideas about food etc. They seem to have a lot of sandwiches at tea time. We raised this so now they sometimes have hot meals." Another relative said, "I went to the meetings and it was informative. You can make your thoughts known and these are listened to."

- A monthly newsletter had been produced to share the news of the service and any activities which had been completed and any planned events. We saw that some events had been completed in the evenings. There were also events open to local people.

- There was a provider questionnaire, however some relatives felt the questions asked were not appropriate to reflect the service or the care people received. The registered manager had raised this with the provider.

- Staff felt supported by the registered manager. All the staff we spoke with felt things had improved at the service and that this was down to the changes being driven by the registered manager. They felt they now received training and had supervision or team meetings to receive information about their role and the service.

Working in partnership with others

- Partnerships had been encouraged and developed. There was a positive response from one health care professionals who told us, "Staff here work with us and follow guidance. We have a good flow of transition from the hospital and if people become unwell they can then come back to the hospital until they have



improved health."

- ☐ We saw the registered manager had recently met with the health care professionals to discuss how information was handed over and shared. Following this there is to be a change in the handover information, to ensure it is more detailed and covers all areas of the person's care.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were processes in place to review the quality of the service being delivered. There were no measures in place to drive improvements or ensure safety aspects had been addressed.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Measures had not been taken to ensure peoples safety was monitored and maintained.

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

We are issuing a Warning notice to the provider for the safe domain