

Solehawk Limited

Kenton Manor

Inspection report

Kenton Lane
Gosforth
Newcastle Upon Tyne
Tyne and Wear
NE3 3EE

Tel: 01912715263

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Kenton Manor is a residential care home providing personal and nursing care to 64 people at the time of inspection, some of whom were living with a dementia. The service can support up to 65 people in one large adapted building.

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

People were at risk of harm due to medicines not being managed safely and clinical staff did not follow best practice guidelines. Prescribing instructions for medicines were not always followed correctly by staff.

Risk assessments and care plans were missing from people's care records. Care records and risk assessments that were in place were not always legible and therefore could not be followed safely by staff. Care plans were not personalised and did not reflect people's individual choices or needs.

The service was not well-led and there continued to be a lack of oversight by the provider and registered manager. The quality and assurance systems in place at the service were not effective. Issues identified were not always acted upon to remove or mitigate risks. Actions we asked the provider to complete after our last inspection had not been fully completed.

Staff did not always demonstrate knowledge or competence when delivering support to people. Best practice guidance was not always followed, and staff did not follow processes created by the registered manager or provider.

Since our last inspection the registered manager had worked with care staff to improve the culture and care provided to people, but this positive staff culture was not always demonstrated by clinical staff. Staff did not follow infection control procedures and associated risks had not been identified or mitigated.

People told us that they felt safe and happy living at the home, and relatives agreed with these comments. People were engaged in a range of meaningful activities and had access to the local community. The service encouraged people's social relationships and welcomed all visitors into the home.

People were provided with a range of food and drinks to help them to maintain a healthy balanced diet. People were happy with the food and the selection available. People were regularly asked for their feedback about the service and care provided.

Staff received regular training and supervisions. Staff, people and relatives were complementary about the registered manager. Staff had access to regular team and handover meetings. Care staff were very kind and caring with people, and respected their privacy and dignity.

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.

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 7 November 2018) and there were multiple breaches of the regulations. At this inspection we found the provider and registered manager had not made improvements to the safety and quality of care provided to people or to the leadership and governance of the service. Improvement had been made with regards to staffing levels within the service, but we found clinical staff were not always fully competent to keep people safe.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement:

The service met the characteristics of inadequate in three key questions of safe, effective and well-led. The service has been rated as requires improvement in caring and responsive. We have identified breaches in relation to medicines management, infection control, staffing knowledge and competency, providing person centred care and the effectiveness of the leadership and governance of the service.

We have requested that the provider reviews all care records, including 'as required' medicine protocols, to ensure that they are fully completed, accurate, and legible.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety and seek assurances of the progress of improvements. We will work with the provider, local authority and Clinical Commissioning Group (CCG) to monitor progress and discuss on-going concerns. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always 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?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Kenton Manor

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

Kenton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a 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 before the inspection

Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that the provider sends to CQC with key information about the service, what improvements they have planned and what the service does well.

We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and

reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public. We used this information to help plan our inspection.

During the inspection-

We received documentation, inspected the safety of the premises and carried out observations in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service, one relative, one visiting professional and 12 members of staff including the registered manager. We reviewed the care records for six people, medicine records for 34 people and the recruitment records for three members of staff.

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further assurances that issues found during the inspection were being acted upon and measures put in place to remove identified risks.

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 this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last four inspections the provider had failed to robustly assess the risks relating to the health safety and welfare of people with regards to medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People were at serious risk as medicines were not managed safely. Protocols in place for the safe administration of 'as required' medicines were missing from people's records and out of date medicines were being used. For example, staff did not have the information to follow if people required sedation medication or what signs to look out for to administer the medicines safely.
- People were at risk of receiving medicines in a way they were not prescribed as staff were not following administration guidance and out of date medicines were being used. For example, one person had been administered liquid medicine to help control their blood pressure. The medicine should have been refrigerated but staff were storing this in the cupboard. The medicine had also been discontinued and the person should not have been administered this.
- Medicine care plans were not always in place, did not always include 'as required' medicines and not all information was recorded in the medicine risk assessments.
- Clinical staff did not always follow national guidance or pro-actively mitigate risks to people with regards to medicines.
- The registered manager and clinical staff took immediate action to address the issues identified but we found that these were not fully addressed. We took action to ensure that people were safe from avoidable harm with their medicines.

The provider failed to ensure people received their medicines safely. This demonstrates a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Safe care and treatment.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were unnecessarily exposed to the risk of harm because the risks to their health, safety and welfare had not been adequately assessed. Specific risks which individuals faced were not recorded, reviewed or were illegible. The registered manager had not assured themselves that staff were doing everything possible to mitigate such risks. For example, people with behaviours that may be challenging, sleep problems, skin

integrity and personal care did not always have risk assessments or specific care plans that were fully legible in place to ensure staff delivered appropriate care and any risk of harm was reduced.

- The premises were not always safe for people living at the home. Pull cords were not fully accessible in communal bathrooms and the clinical waste bin was overflowing and not secure. All environmental risks had not been assessed. Regular premises checks had been completed but these did not highlight the risks we found.
- Infection control procedures were not always followed by staff. People's personal equipment was left in bathrooms, single use medication pots were being washed and reused and clinical waste bins were overflowing.

The provider failed to ensure risks to people's health, safety and well-fare were fully mitigated or regularly reviewed and that staff were following infection control protocols. This demonstrates a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Safe care and treatment.

- The registered manager took immediate action to address the issues we had identified.
- There was regular testing of equipment, water, electrical, gas, waste transfer, lift servicing and other premises testing to help keep people safe. There was regular cleaning of the premises.
- People and their relatives felt safe living at the service. One person said, "The staff are all caring and I feel safe."

Learning lessons when things go wrong

- Lessons learned were shared with staff by the registered manager, but staff did not always use this learning in their day to day roles which placed people at risk of repeated events.
- The management team regularly reviewed all accidents and incidents to identify any trends or themes. This was used as part of the service's action plan for improvement.
- All incidents were clearly documented, investigated and shared with relevant partnership agencies.

Staffing and recruitment

At our last inspection the provider had failed have appropriate numbers of staff available to safely support people. 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 there were enough staff to safely support people and the provider was no longer in breach of regulation 18 due to staffing levels.

- Staff were recruited safely, and the provider had recruited more staff since our last inspection.
- Additional checks were completed to verify nurses and agency staff were suitable to work at the home.
- There were suitable staffing levels to support people in line with their assessed needs.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training around identifying abuse and could tell us what action they would take if they felt someone was at risk. One staff member said, "I have no concerns, if I did have I know how to report these."
- There was a safeguarding policy in place at the service which was accessible to people, relatives and staff.
- The registered manager investigated all concerns thoroughly and in partnership with the local authority.

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 this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- People were at risk as their support needs could not be met as staff did not have clear guidance on how to support people. Care plans developed from initial assessments did not include all relevant information to allow staff to provide effective support to people.
- Staff could not meet people's needs, as these were not always reviewed and where there was a change in records were not always present or legible.
- Staff did not always follow best practice guidance or advice when supporting people. For example, staff did not follow recorded strategies to support one person with sleep and used medicines as an aid instead.

At our previous inspection, we made a recommendation that the registered manager considered the National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes. We also found a breach relating to regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people were not receiving person-centred care due to limited details within care records and staffing levels. At this inspection we found the recommendation we had made had not been fully actioned and there was a continued breach of regulation 9, as care records were still incomplete or fully legible.

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

- People did not always receive healthcare reviews due to staff not following the provider's policy or best practice guidance, to refer people to other health care professionals. For example, contacting the GP, when people were receiving their 'as required' medicines regularly.
- Changes to people's needs were not fully documented or present. Records did not always include changes in support needs that were provided by other health care professionals. For example, one person's care record showed an update to care needs after a GP review, but this information could not be evidenced within the care records. For another person, we found there had been a change to their medication but there were no records to show who had decided this or the reasons why.

People were not always receiving effective, timely care with regards to changes in need or reviews by other health care professionals. This is further breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had good links with the local GP who visited the service regularly and the community nursing

teams.

- Advice provided by the Speech and Language Therapy (SALT) team was included in people's care records.

Staff support: induction, training, skills and experience

- People were at risk due to the lack of understanding and skills of staff. Clinical staff did not always demonstrate knowledge or competence when supporting people with medicines. .
- People were at risk as care staff did not have accurate information to support people effectively. People's records were not accurate or present and unsafe practices were being carried out. The management team and clinical staff did not demonstrate knowledge or competence relating to the use of best practice guidance, record keeping or care planning.

This is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as management and clinical staff did not demonstrate knowledge or competence to carry out their roles effectively.

- The registered manager and operations manager took steps to address our concerns with regards to the knowledge and competency of clinical staff.
- New staff received a comprehensive induction in line with the care certificate, to give them the skills and knowledge to carry out their role.
- The provider was using a new training provider and staff had received regular refresher training. A member of staff commented, "I have completed all of my training and do all the refreshers when needed."
- Staff received regular supervisions and appraisals from the registered manager.

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

- People were supported to maintain a healthy and balanced diet. Care plans contained sections around people's food, drink and support preferences but these were not always legible.
- Care records did not detail or have legible reviews of people's needs. This meant we were unable to ascertain if people were monitored fully for their risk of malnutrition.

We have requested that the provider reviews all care records and risk assessments for everyone living at Kenton Manor. This is to make sure all records are present, accurate and are legible.

- People were provided with choices for meals and had access to snacks and drinks throughout the day.
- Meals were freshly prepared, and we observed people enjoying their meals. Kitchen staff were notified if people required a special diet. For example, when people had received guidance from the SALT team regarding eating a soft diet, the chef was told of the changes and prepared food to follow this. One person said, "The food is all right."

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

- Since our last inspection the provider had supported the registered manager to improve the environment within the home. The home was nicely decorated, and people could access memorabilia, to help start conversations and discussions.
- The home was appropriately adapted for people with large corridors, spacious bedrooms and clear signage to help people find their way around. People enjoyed spending time with relatives in the communal bar and sensory room.
- Bedrooms were personalised and reflected the individual.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for restrictions placed on them. We did note that these did not always include best interest decisions regarding the use of sleep medications. Best interest decisions were completed in partnership with relatives and other professionals.
- Care staff asked people for consent before providing support.
- Staff had received training around MCA and DoLS.
- The registered manager had applied appropriately to the local authority for all DoLS applications.

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 as requires improvement. At this inspection this key question has now remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection the provider did not ensure person centred care was being delivered as care staff were task orientated. 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 to the approach by care staff but there was a continued breach regulation 9, which is detailed within our effective findings.

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

- People's care records were not always fully completed or legible, but we found care staff were able to provide support to people as they knew them well. Staff were kind and friendly with people and their relatives.
- Care staff spoke fondly about the people they supported. One staff member commented, "People are happy here, they are well cared for."
- There were equality and diversity policies to help ensure people were treated fairly regardless of their age, sex, race, disability or religious belief. Staff had received training around respecting equality and diversity.
- People were positive about the support from staff. One person said, "The staff are all nice to me."

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

- People had been consulted about their care; along with their relatives where appropriate. Care records detailed people's consent to care as part of their initial assessments. A staff member told us, "People are offered choice."
- Relatives told us about the process of planning people's care and their involvement. One relative said, "We planned her care." One staff member told us about how relatives were involved in care planning, they commented, "Relatives are great, they like to be involved and know what is happening."
- People knew how to access independent advocacy services and there was information around these services displayed within the home.

Respecting and promoting people's privacy, dignity and independence

- We observed care staff were respectful of people. During all three days of inspection we observed care staff knocking on bedroom doors and asking permission to enter.
- People were encouraged to be as independent as possible whilst living at the home. For example, people had access to call bells within their rooms if they needed additional support from staff to get out of bed or to walk to the bathroom.
- Relatives were positive about the approach by staff. One relative told us, "They [the staff] are very polite

and I would say very respectful."

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 this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the provider did not ensure person centred care was being delivered to people due to care records not being fully completed or present. 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 failed to make improvements and there was a continued breach of regulation 9.

- Staff did not always have information to follow to make sure people's needs were fully met, due to care plans not being fully completed for everyone and some plans could not be read.
- People had assessments for their care needs but these were not always used to plan care and support that was individual to them.
- Reviews of people's care needs were not always recorded and, in some instances, changes to people's needs could not be read.

This was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to review and improve records relating to people's care planning and reviews. We have requested that all care plans and records are reviewed by the provider.

- People and relatives told us that they were asked what they wanted to meet their needs. One relative said, "We talked through everything what (person) needs."

End of life care and support

- People had their end of life wishes assessed when they moved into the home. Information from these assessments were used to create care plans. Not all people's end of life care and support plans were fully legible.
- At the time of inspection no one was receiving end of life care. Staff had received training around this as part of their induction and on-going training.

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.

- People's communication needs were assessed and developed into a care plan. For example, one person who spoke two languages, liked to have information in both languages. Another person's care records detailed what facial expressions and hand gestures staff should use when talking to the person.
- Staff were aware of AIS and told us different techniques they used with people to make sure they understood information.

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 encouraged to carry out activities that were meaningful to them. We observed the activities co-ordinator carrying out group exercises with people. One person told us about activities they had been part of and said, "I enjoyed the music."
- Staff were able to spend time with people doing activities that they enjoyed. For example, one person liked to play chess with a member of staff.
- People were supported to maintain relationships that were important to them. Relatives were welcomed into the service. One relative told us that they were able to have lunch with their relative in the bar area.
- People were encouraged to follow their cultural and religious beliefs .
- People also enjoyed links with the local community and the registered manager told us that a local school also visited the home, which reduced people's risk of social isolation.

Improving care quality in response to complaints or concerns

- Complaints and concerns were investigated in line with the provider's complaints policy.
- People and relatives had access to the complaint's procedure. People and relatives, we spoke to, did not have any concerns at the time of inspection. One told us, "I couldn't complain about anything as they all look after me."

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 as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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 the provider did not have effective quality and assurance system in place. 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 failed to make improvements and there was a continued breach of regulation 17.

- The provider failed to improve the service and has been rated as 'requires improvement' for the previous three inspections. Actions the provider said they would make were not completed.
- We requested people's medicine records and 'as required' protocols were reviewed during the second day of inspection. The provider assured us they had been completed and when we revisited the service on the third day of inspection these actions had not been completed.
- The quality and assurance systems in place were not effective as issues were not always identified and if they were these were not acted upon and addressed. Audits were not always completed.
- Records relating to the care provided to people and to the governance of the service were not accurate, legible or complete.
- Lessons learned were shared with staff, but these were not then put in to practice by staff to stop incidents re-occurring.

This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are working with the provider, local authority and CCG to ensure improvements are made to reduce the risks to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since our last inspection the registered manager had worked with care staff to improve the overall culture. A staff member said, "I like working here, it's a good team. We all work together."
- We observed care staff were positive and worked together. The culture amongst the clinical staff was not positive and staff did not work together effectively. The registered manager was aware of this and was working with clinical staff to improve the culture overall.
- People and relatives, we spoke to were positive about living at the home and the staff team. One person said, "It is very nice, they (the staff) treat me very well."

- The registered manager had an open-door policy and engaged positively with staff, people and relatives. One member of staff told us that the registered manager is always available, they said, "I am supported and can go to the manager with anything."

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

- When things went wrong the registered manager took accountability and apologised to people, relatives and staff.
- Records showed that all incidents were fully investigated, and outcomes shared with partnership agencies, people, staff and relatives.

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

- There were regular resident meetings and relatives could attend. People were given the opportunity to provide feedback and discuss aspects of the service.
- Surveys were carried out with people to explore improvements to the service, for example activity choices available. There was a 'You Said, We Did' board which showed what people had requested and how the service had implemented these.
- Staff told us there were regular team meetings and they could provide feedback. One staff member told us that they had made a suggestion to reduce the amount of frozen food used to prepare peoples meals. The registered manager had listened to this suggestion and worked with the kitchen staff to source fresh food for use for meals.

Working in partnership with others

- The service worked in partnership with a range of other organisations. During the inspection we saw the local GP and district nursing team attending the home to review people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People's care records were limited and not always legible.
	People did not receive person-centred care that reflected best practice guidance.
	Reviews by other health care agencies were not always requested.
	Regulation 9(1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not managed safely at the service.
	People's risk assessments were not always legible.
	Staff did not always follow infection control procedures.
	The service was not always safe for people living at the home.
	Regulation 12 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Treatment of disease, disorder or injury

The governance framework in place at the service did not identify or mitigate all risks to people. The quality of care provided was not effectively managed to identify areas where the service could improve.

The provider failed to improve the service.

Records were not accurate or present.

Regulation 17(1)(2)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Clinical staff did not demonstrate knowledge or competence when carrying out tasks relating to medicines management.

Regulation 19(1)(5)