

Chimnies Limited

Chimnies Residential Care Home

Inspection report

Chimnies
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Rochester
Kent
ME3 9PD

Tel: 01634270119

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Chimnies Residential Care home is a care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 29 people. The service was provided in one adapted building in a rural residential area. People had access to a garden and patio area with countryside views to enjoy when the weather was suitable.

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

Risks to people's individual health and wellbeing had not always been assessed or kept up to date with their changing needs. People's care needs had not been assessed and their records had not been reviewed and kept updated when their needs had changed, to make sure the care provided was safe, person centred, and consistently met their needs. People were not supported to make individual plans for the end of their life to make sure staff knew their wishes.

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; however, the policies and systems in the service did not evidence this practice.

Accurate records of people's care had not been kept. The monitoring systems in place, to make sure the service was good quality and safe, were not effective in reliably identifying areas for improvement and ensuring lessons were learnt.

The provider and registered managers did not keep up to date with current and best practice to make sure people were receiving the best possible care. We have made a recommendation about this.

People were supported by staff who had been through a robust recruitment process. There were enough staff and people said they did not have to wait when they needed the attention of a staff member.

Staff understood how to keep people safe and knew how to report concerns if they had any. People received their medicines as prescribed and staff understood the importance of safe medicines management.

People were supported by staff who had received the training and one to one supervision they needed to meet people's needs.

People were happy with the food provided and people who needed assistance with their meals were not rushed. People's dietary needs and preferences were known by staff. People were referred to health care professionals when they needed advice and treatment.

People said they were happy with their care and support and thought staff looked after them well. Relatives were very happy with the care of their loved ones. People were involved in their own care and treatment and

were regularly asked their views of the service provided.

People, relatives and staff described the registered managers as approachable, who listened and took action when changes were suggested.

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

Rating at last inspection

The last rating for this service was good (report published 15 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three breaches in relation to safe care and treatment and accurate record keeping and quality assurance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring 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 ●

Chimnies Residential Care Home

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 one inspector.

Service and service type

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

The service had two managers 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 on the first day and we told the registered manager when we would return for the second day of inspection.

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 the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, housekeeper, cook and care workers. We also spoke with two healthcare professionals who were visiting the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and auditing systems were reviewed.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection we made a recommendation in relation to their slow response to improve fire safety. At this inspection the provider had made improvements in this area. Despite this we found other areas of concern.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual risks were not always identified and recorded. Care plans identified clear risks, however, a risk assessment had not been completed to support people's safety. One person had limited mobility and needed two staff to assist them to move around, as well as a hoist. The area of the plan to record risks stated 'N/A' (not applicable). Clear risks were evident, such as potential injury from poor moving and handling techniques or unsafe use of the hoist, but they had not been identified. Staff knew people well and knew how to support them to move around in a safe way. However, records were not in place to make sure a consistent approach was taken to keep people safe.
- People's needs had changed, and this had not always been captured in a risk assessment to prevent harm. Some people who had been mobile were now cared for in bed. Although people had been referred for appropriate healthcare advice, the advice had not been used to develop a risk management plan. For example, people who were now at risk of developing pressure sores. However, people were provided with appropriate care and did not have pressure sores. Some people had bed rails in place, however no risk assessments had been completed to identify the risks associated with them and the measures staff must follow to prevent injury.
- Risks had been identified in relation to another person's physical health needs, for example, high cholesterol and constipation. However, guidance was not given how to prevent these known issues arising that would affect their health. Measures to reduce risks were recorded as the same for each concern – to 'call GP if any concerns'. An individual and robust approach to record keeping, based around prevention, was not taken to keep people safe.
- Some people had been assessed as being at risk of malnutrition or dehydration as they had a poor appetite or needed staff assistance to eat and drink. An individual risk assessment to provide guidance to staff was not in place. One person who had previously had a good appetite had developed a poor appetite and had a low weight. Because records were not kept up to date, the person's records were not clear when this change had happened and what was being done to prevent further deterioration.
- Accidents and incidents were recorded by staff. The registered manager checked and recorded the number of incidents each month, including the number of falls in total. However, themes were not explored, and any action taken was not recorded. For example, if people had more than one fall, or if incidents happened at similar times of the day or in the same areas of the service. To learn lessons and prevent similar incidents. Three falls were recorded in December 2019, however, the record did not include if the incidents

were in relation to the same person or where in the building the falls occurred. This meant opportunities could have been missed to improve outcomes for people.

The failure to ensure records are accurate and up to date is breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although people's records were not complete and did not provide the information needed to ensure their safety, staff knew people well and were aware of how to support them day to day. People told us they felt safe. One person said, "I definitely feel safe as staff know what they are doing."

Staffing and recruitment

- The provider had started to use a dependency assessment tool to check the levels of support each person needed. This helped them to make sure suitable numbers of staff were on duty to meet people's needs.
- People, relatives and staff thought there were enough staff to meet people's needs. Staff were not rushed and had time to spend with people. A relative said, "The staff team is consistent which helps a lot as (loved one) has got to know them well. There isn't a big change around of staff which is important."
- Recruitment of new staff was managed well. New staff had completed an application form with an employment history and their identity had been checked. Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- Medicines were managed safely. People received their medicine on time and correctly, as prescribed. One person told us, "I do need my medicines and I always get them on time."
- Medicine was ordered, stored and disposed of safely. Medicines administration records (MAR) were complete, with no gaps or errors in recording. Staff checked and counted tablets each time they administered medicines to make sure the numbers left in stock tallied with what had been signed as given in the medicine administration records.
- There was information for staff about people's medicine such as why the medicine had been prescribed and how people liked to take them.
- Where people had medicines prescribed 'as and when necessary' such as pain relief, information was available for staff. The guidance included for example, why the medicine was prescribed, when the person may need to take it and what the safe numbers to take within a 24-hour period were.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Chimnies Residential Care Home. One person said, "I am safe, and others are too as they are well looked after." Another person commented, "Oh yes, I definitely feel safe here."
- Staff understood their responsibilities to protect people from abuse. Staff described what abuse meant and how they would respond and report if they witnessed anything untoward.
- Staff told us the registered managers were approachable and always listened, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise their concerns if necessary.
- The provider and registered managers knew their responsibilities to report any concerns to the appropriate authorities. They had reported concerns and sought advice when necessary.

Preventing and controlling infection

- The service was clean and pleasant with a fresh smell throughout and no unpleasant odours. Staff had access to personal protective equipment such as disposable gloves and aprons to prevent the spread of infection. Staff were using protective equipment appropriately.

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 good. At this inspection, this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Although people had an initial assessment before moving in to the service, care plans were not adequate to ensure people's needs were met. The local authority had visited in August 2019 and raised their concerns about people's care plans. They identified the information and guidance for staff to follow was insufficient. Local authority staff advised the registered managers how to review people's assessed needs and further develop care plans. However, only one care plan had been completed in the new format since then. One registered manager said they were waiting for further guidance from the local authority before progressing further. However, this meant people's care needs had not been appropriately assessed and care plans did not identify and address their needs.
- Most care plans had not been reviewed at all since the advice was given. People's care plans had been developed when they moved in, following their initial assessment, for instance 2016 or 2017 and had not been updated since. Records of healthcare advice had been made in a separate area of people's care files but had not been used to re-assess their needs and update the care plan. One person was cared for in bed, however, their care plan did not reflect this, instead, describing how they mobilised.
- There were discrepancies between care plans and risk assessments. One person's risk assessment review recorded they now needed help to put some of their clothes on. However, their care plan said they were independent in this area.
- One person's oral health care plan stated they were reluctant to brush their teeth and it was unknown when they last saw a dentist. The person said they did not wish to see a dentist. NICE have issued specific guidance for care homes to address people's oral health care needs. The registered manager was unaware of the guidance so had not taken this into account when developing individual plans to mitigate risks associated with poor oral hygiene.
- We did not find evidence that people were not receiving the care they needed, and staff showed how they knew people well. However, records did not provide accurate, up to date guidance to ensure good quality, safe and consistent care was delivered.

The failure to ensure accurate and up to date records are kept is breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- The records within care plans did not make sure people's basic rights were upheld in relation to consent and decision making. Some people who had capacity to make their own decisions had not signed their own consent forms. Instead, relatives had signed, with no explanation why and no record if they had the legal authority to do so.
- People were not assessed to check their capacity to make particular decisions when this was in doubt. Records were not kept to show how decisions were made in people's best interest.
- Some people had bed rails to keep them safe from falling from bed. However, people had not been assessed to establish if they could consent to having bed rails and no consent had been given to their use.
- Staff had a basic understanding of mental capacity and how to support people to make choices. However, the registered manager had only undertaken basic level training and did not have a good grasp of how to put the basic principles of the MCA into practice to maintain people's rights. Such as how to make an initial judgement about people's capacity to make particular decisions and how to assess and support a judgement. The registered manager provided staff refresher training which meant they may not be aware of the most up to date best practice and guidance to support people appropriately when their capacity to make decisions was in doubt.

The failure to ensure people's rights are maintained following the principles of the MCA is breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People told us they were confident in staff and thought they were skilled in their roles. One person said, "I can't walk at the moment so have to have their help and they are very good, they know what they are doing."
- New staff completed their mandatory training online. Moving and handling training and basic life support was delivered by an external trainer. One of the registered managers had completed an online course to be able to deliver all other mandatory refresher training courses. For example, safeguarding vulnerable adults and infection control. Staff told us they were happy with their training. One staff member said, "Training is good – practical first and then online and refreshers."
- The registered managers supported new staff by providing a good induction to their role. New staff shadowed more experienced staff and their progress was checked by a registered manager.
- Staff had the opportunity to develop their skills and gain support for their personal development through regular one to one supervision meetings and annual appraisals. Staff told us they were happy with the support and encouragement they received.

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

- People told us the food was good and they had no complaints. One person said, "The food is very good,

always tasty."

- Meal times were a social occasion where most people ate at dining room tables and had the opportunity to chat together. Staff were attentive, checking if people needed assistance and making sure they were not kept waiting for their food. Staff advised people during the morning what the lunch choices were and asked what they would like to have.
- Kitchen staff told us they had no problems getting the food supplies they needed to provide people with the meals they wanted. One of the registered managers was closely involved with menu planning and food shopping.
- Staff kept kitchen staff informed about people's specialist dietary needs. For example, if people needed a soft diet or diabetic diet. These were recorded and updated on a dedicated board in the kitchen. Kitchen staff kept a file where they recorded people's likes and dislikes, including a meal they had chosen but decided they did not like. The cook told us they were able to review the recorded information and take this into account when planning meals.

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

- People were supported to access healthcare services when they needed them. For instance, people regularly saw a GP, dentists, chiropodists and district nurses.
- A healthcare professional told us, "Staff are responsive, they know what is going on and are able to answer questions. If they don't know something they know where to go and find out from the care plan." Another visiting healthcare professional said, "They are brilliant here. They recognise if people are ill and they act quickly. They contact us if any concerns as they know people really well. When we give advice, they always follow instructions."

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

- The building, although in need of updating, met the needs of the people currently living in the service.
- The provider and registered managers recognised the building design and furnishings did not meet the needs of people living with dementia. Although this was not a concern at the present time, they were planning new initiatives to improve the environment for people living with dementia.
- Most people had access to countryside views from their bedroom windows. One person told us, "I have lovely views, I enjoy looking out the window." People could access the gardens easily as well as a field with ponies. Two people enjoyed visiting the ponies during the inspection.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff clearly knew people well and they had good relationships. There was a relaxed atmosphere where people were chatting with staff and having banter. One person said, "The girls are all really good. They are all very kind. They help with everything I need." Another person commented, "All the girls are really good. I feel very lucky to be here."
- Many staff had worked at the service for a number of years, so were a consistent team who knew each other well and worked and communicated well together. One member of staff said, "I love it here. All the staff are great – we are all one big team." Another said, "We do get on well as a team – because we have been here a while, we don't have staff that come and go."

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

- Staff asked people to make choices throughout the day. For example, what television programme they wanted to watch in the communal lounge, what music they wanted to listen to or if they wanted to join in an activity. Two people were watching a morning programme on television. They said they enjoyed watching the presenters and engaging with the subjects being discussed. People's choices and decisions were respected.
- People and their relatives were asked about their care and how they liked things done. Relatives told us how they had been involved in their loved one's initial assessment, helping them to voice their preferences and what was important to them.
- People's relatives were kept informed about important news or information about their loved ones.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke to people with respect and bent or knelt down to people's eye level to speak to them when they were sitting in a chair or wheelchair. One staff member said, "Really happy, I wake up in the morning and look forward to coming to work."
- People were supported to maintain their independence. People were walking around, some independently and some with the assistance of staff. One person who used a wheelchair asked staff to help them to access the garden to get some fresh air and enjoy the views. They directed staff by telling them where they wanted to go and how long they wished to stay out alone for. One person said, "The staff are all really good, no complaints. I am quite independent so need little help, but I get help when I need it."
- Staff were aware of people's need and right to privacy. They spoke quietly to people when asking them a question to maintain their privacy. Staff knocked on people's doors before they entered.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- People's care plans were not up to date and did not provide personal information describing what was important to people, their life history or their individual needs. People's needs had changed, and although monthly reviews were carried out, these were not robust and not used to update care plans. There was a lack of understanding how to plan and record people's care needs.
- One person had Parkinson's disease. They did not have a care plan to describe what signs and symptoms staff should look out for in relation to the person and how their condition affected them. One person was now cared for in bed, since July 2019. However, it was not clear from their records when or why this significant change had happened. Their care plan still referred to the person wishing to get up from bed at 10am. Their care plan had not been reviewed since August 2019.
- People's personal history, to create a record of their life before moving to Chimnies Residential Care Home, was either not completed, or recorded limited information. One person's life history recorded only they had been a shop assistant and married for 30 years.
- A person spent their time in their bedroom, often remaining in bed. They had previously enjoyed joining in activities and socialising with others. No concerns were identified, such as the risk of social isolation. A plan was not in place to make sure the person was not left alone for long periods and had the opportunity to join in activities or encouraged to chat with others. This left the person at risk of a deterioration in their wellbeing.
- We did not find evidence that people were not receiving the care they needed, and staff showed how they knew people well. However, records did not provide accurate, up to date guidance to ensure good quality, safe and consistent care was delivered.

The failure to ensure accurate and up to date records are kept is breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People thought staff knew how they preferred their care to be provided. One person said, "The staff are all really good and know what I like. I go to bed about 10pm and the staff know that and always come along just before that to see what help I need."
- People living in the service either described themselves as Christian or did not follow a religion. A religious event was available regularly for those who wished to join in. A notice board advertising this displayed a notice to advise people to speak to a member of staff if they wished to arrange a different religious event to meet their needs.

End of life care and support

- Although care plans were in place in relation to end of life, a positive approach to supporting people to discuss their wishes and concerns was not used. Relatives had been asked to give their view, however, the paperwork was sent by post, rather than taking the opportunity to have a discussion. The correspondence advised relatives the request was, 'a requirement of CQC and you don't have to complete if you don't wish'.
- The result was, very little information was available for staff what was important to people if they became unwell and deteriorated quickly. One person's health had been deteriorating. A basic end of life care plan was in place dated 2014 and reviewed 2018 with very limited information. However, healthcare professionals had advised in August 2019 the person was commencing end of life care. The plan had not been updated to make sure staff had the information they needed to follow the person's wishes.

The failure to ensure people's individual needs and preferences were met is breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Information in the service was available in various formats to meet the communication needs of people living there.
- There were a variety of posters and information around the service in easy to read and visual formats to help people to understand the 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 said there were activities for them to join in. One person said, "There is enough to do for me. We have an activity timetable so I can check if I want to join in." A relative commented, "There seems to be enough activities, (loved one) likes bingo. They also play cards and (loved one) really likes this. In the summer (loved one) goes for walks around the garden."
- A choice of activities had been put together with people and they chose on a daily basis what they would like to take part in. These included, bingo, cards, colouring, board games, puzzles, films, one to one time and walks in the garden.
- People had been asked which external entertainers they would like to visit. The most popular choices were booked and attended the service. However, people decided they did not want to join in at the time. The registered manager tried twice with a similar reaction, so they said they had put this on hold for now.
- Some people preferred to spend their time in their room and said this was their choice as they liked to watch their own television or read. Others preferred the company of others and moved between their bedroom and the communal areas as they wished. One person commented, "I like going to the lounge and chat with others."

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was displayed, so people and visitors had access to it if they wished to make a complaint. A relative told us, "There was a small issue once and it was sorted out after speaking to the manager."
- The registered manager recorded complaints so they could check if lessons could be learnt. Only one complaint had been made in the last 12 months. This had been investigated and action taken in line with the provider's complaints procedure. The outcome of the complaint investigation was recorded, and the complainant was informed of action taken.

- The registered manager discussed complaints with staff, either individually or in staff meetings, to make sure lessons were learnt, reducing the likelihood of similar concerns being raised.

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 good. At this inspection this key question has now deteriorated 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.

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

- The provider had a monitoring system in place to check the quality and safety of the service. However, this was not used effectively. There was a lack of understanding by the provider and registered managers about the reasons why they carried out audits.
- We found many concerns with people's care plans and how records were kept up to date during the inspection. Care plans were audited each month by checking a small sample of peoples' records. In July 2019 the audit records stated there were no improvements needed. However, local authority staff visited in August 2019 and found a number of concerns with people's care records. Each month after this, no improvements were identified as being required and no action plans had been completed. However, audit records stated, 'new care plans still in progress'. During the inspection, we found only one care plan had been completed in the new format and six others had been partly completed. The other 10 people's new care records had still not been started. We looked at a range of care plans and found concerns in all, including the one newly completed care plan.
- People's records were not maintained to ensure their rights were protected under the MCA. How and when people's capacity was assessed and decisions were made in their best interests when they lacked capacity was not monitored to ensure consistency and understanding.
- Although medicines were managed safely, medicines audits did not provide a clear management oversight of continued safety. Medicines audits did not include random checks of medicines in stock. Although staff counted medicines once administered, the registered managers did not have a process to check this was working effectively and assure themselves of safety.
- Other audits completed did not identify any improvements needed. A health and safety audit and an infection control audit found no areas where action was needed. A robust and consistent approach was not used to identify areas to improve quality and safety.

The failure to keep up to date with current and best practice and to ensure good governance and quality monitoring systems were effective and accurate is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The provider and registered managers had not kept up to date with changes in social care. They had not taken opportunities to update their skills and knowledge to benefit the experience of people using the

service.

- The provider and registered managers did not attend any local or national events or forums to make sure the practices they were following were current and best practice. They were not signed up to well known, reputable websites to find advice and guidance. They relied on being advised how to move forward by visiting professionals such as local authority officers. This had a detrimental effect on the quality of service provision.

We recommend the provider and registered manager seek advice and best practice guidance from a reputable source to support their learning and enhance service delivery.

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

- People and relatives told us the provider and registered managers were approachable. A relative told us, "The managers are approachable, and I would have no concerns going to them if needed to."
- A board displayed photographs and names of all staff in the dining area. People and visitors could check who was on duty and identify staff if they needed to.
- Staff told us there was an open culture where the registered managers were always available to approach for advice or to raise concerns if necessary. The comments we received from staff included, "The managers are all great, very approachable and happy to listen if concerns are raised with them. I feel they manage the home well"; "The managers are happy to support work and home life. They are really good for things like that" and "The door is always open, and they are available on the phone. I feel very well supported."
- We received positive feedback from visiting healthcare professionals, one commented, "I really cannot fault them, there is nothing negative to say."

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 and registered managers understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The registered manager kept families informed of any concerns and incidents within the service or with their loved one. Relatives confirmed this.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The provider and registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met their regulatory requirements.

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

- People had various ways to raise concerns or ideas for improvement. Residents meetings were held every month with good attendance. Relatives were welcome to attend if they wished. The notes from the meetings showed lively discussions where people were listened to and action was taken. In addition, surveys were held where people completed a questionnaire. The provider had completed an analysis of the responses. The feedback was positive, and some people suggested ideas to consider. The provider took the ideas on board and responded with a 'You said, we did' format to support people's understanding.
- The provider sent surveys out to relatives, health and social care professionals and others who visited the service. No negative feedback had been received. Two relatives had asked where to find specific information and they were pointed in the right direction.
- The registered managers held regular staff meetings to keep staff up to date and to ensure staff were aware of their expectations. Staff had the opportunity to raise their own ideas for change as well as

concerns. Staff told us they were able to attend staff meetings most months and felt able to speak up as it was a team effort. A staff survey had a positive response, showing staff were happy and content in their work. One staff member told us, "I love it here and wouldn't want to leave."

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 The provider and registered managers failed to ensure people's individual needs and preferences were met Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider and registered managers failed to ensure people rights were maintained within the principles of the MCA. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered managers failed to ensure accurate records were maintained and quality monitoring processes were robust and effective. Regulation 17(1)(2)