

RCH Care Homes Limited

Maidstone Care Centre

Inspection report

259 Boxley Road
Maidstone
Kent
ME14 2AR

Tel: 01622672292

Website: www.ranccare.co.uk

Date of inspection visit:
26 May 2022

Date of publication:
27 July 2022

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

Maidstone Care Centre is a residential care home providing accommodation and personal and nursing care to up to 58 people. The service is arranged over three floors with lift access. At the time of our inspection there were 57 people using the service. Peoples' needs varied and included people with diabetes, complex nursing needs and people living with dementia.

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

Peoples' risks were not always managed safely and care plans were not always accurate or person centred. People were not engaged in activities as much as they would like. Medicines were not managed safely and lessons had not always been learned after incidents.

Quality monitoring processes, such as audits, were in place but were not effective in identifying concerns. Action plans had not been implemented or monitored to drive improvements.

The service was clean and well decorated and infection control was safely managed.

People and their relatives told us they felt safe living in the service and staff were kind and caring. One person said, "I feel safe here; it is the people around me that make me feel safe." Another person said, "I definitely feel safe, everyone is very caring." One relative said, "[Relative] is completely safe there. The staff are very caring."

People received care which promoted their dignity and encouraged independence. Relatives told us they were involved in their relative's care plans and were kept up to date with any changes. Staff training was up to date.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

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

At the last inspection (published 8 October 2021) the service was rated requires improvement and had continued breaches of regulations 12 (safe care and treatment), 13 (protecting people from abuse and improper treatment) and 17 (governance). At this inspection we found some improvements and the provider was no longer in breach of regulation 13, but there were continued breaches of regulations 12 and 17.

Why we inspected

The inspection was prompted in part due to concerns received about risk assessments and care monitoring, lack of activities and quality assurance processes. A decision was made for us to inspect and examine those

risks. We also followed up on actions we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified repeated breaches in relation to safe care and treatment and good governance and a new breach in relation to person centred care at this inspection. Please see the action we have told the provider to take at the end of this report.

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 work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 ●

Maidstone 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by three inspectors 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

Maidstone Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Maidstone Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 12 people who use the service and ten relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, deputy manager, head of quality and governance, nurses, care staff, activity coordinators, chef, maintenance and housekeeping staff. We reviewed a range of records including ten peoples' care records and multiple medicine administration records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, such as audits, meetings, monitoring activity and training were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

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

At the last inspection the provider had failed to assess and mitigate all risks to people; this place people at risk of harm. This was a continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of Regulation 12.

- Risks to people were not always managed effectively. For example, one person had a health risk relating to urine output, however there was no details for staff to follow to mitigate this risk and no recording of fluid intake and output.
- At least twenty bedrooms did not have call bells with little or no explanation for this. Some people living in these rooms were being cared for in bed, therefore had no means to summon help if required. Staff told us they checked in on people regularly, however there was no evidence this had happened. One person told us, "Yes, I feel safe, but they have taken my buzzer away." The provider's internal audits had highlighted the missing call bells, but this had not been rectified.
- Some people who sometimes experienced anxiety and agitation did not have effective positive behaviour support plans in place. This meant staff did not always know what strategies to use to manage behaviours that might be challenging.

Failure to assess and mitigate all risks to people is a continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks to people were safely managed. For example, people who were at risk of choking had risk assessments in place and staff followed the guidance provided by the Speech and Language Therapists (SaLT). Details of peoples' dietary needs were documented on the daily handover sheets.
- Environmental risks were managed well including fire safety, hot water, windows, electrics and maintenance of equipment. There was a maintenance folder which was checked daily so faults could be rectified without delay. Staff had been trained in fire safety and knew how to move people safely in an emergency.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to always protect people from the risk of harm or abuse. This was a breach of Regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 13.

- At the last inspection some safeguarding concerns had not been reported to the relevant authorities. At this inspection, improvements had been made and staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations.
- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident actions would be taken if they were to report something. Staff told us and records confirmed safeguarding training was up to date.
- People and their relatives told us they felt safe living in Maidstone Care Centre. One person said, "Yes, I am safe. I can't see anything wrong. It all seems good." Another person said, "Yes, I am being cared for OK." One relative said, "Yes, [relative] is safe, I have seen no issues." Another relative said, "Yes, I think [relative] is safe, I have not seen anything to think otherwise."

Using medicines safely

- Medicines were not always managed safely. For example, one person had their dose of insulin changed by the GP in November 2021, but this had not been updated on the medicine administration record so the person was receiving a different amount to the one stated in the prescription. We talked to the provider about this and they acted immediately by reporting this to the local authority.
- Medicine audits had been completed but had failed to identify the error for six months. A medicine error had been made; this was written on the back of the medicine administration record but had not been recorded as an incident using the provider's internal process, nor had it been reported to the local authority. Where people had medicines prescribed 'as required', for example pain relief or medicine to help anxiety, outcomes were not recorded, so it was unclear if the medicine had been effective.
- Medicines were not always stored correctly. One medicine cupboard was unlocked; this contained prescription only medicines. Room and fridge temperatures were not consistently recorded daily, and there was no evidence of actions taken when this had been missed. On two occasions the temperature recording had been missed for three days or more. If the temperature had been outside of the normal range some medicines may have lost their effectiveness.

Failure to effectively manage medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were administered by nurses or health care assistants who had been trained and assessed as competent by a manager. Training and competency records were up to date.

Staffing and recruitment

- There were enough staff deployed to meet peoples' needs. However, recruitment had been difficult, and the service relied heavily on regular agency workers.
- Staff had been recruited safely. Records were maintained to show checks had been made on employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. Nurses were required to update their registration annually.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting was still restricted. Visitors needed to make appointments and they only visited in designated areas. Visiting was organised by the activity coordinator. We asked the provider about this; they told us this was not company policy and shared the revised guidance. The new guidance had not been implemented at Maidstone Care Centre. The provider rectified this immediately after the inspection and a communication was sent to all relatives.

Is the service effective?

Our findings

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

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

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

- The service was arranged across three floors with lift access for people with all abilities. The floors had patterned carpets, which can be confusing for people living with dementia or those experiencing other problems with perception. However, the carpet was well fitted and people were able to mobilise safely.
- All bedroom doors were the same colour. Communal areas and bathrooms did not have signs or pictures to aid recognition. This could make identification of rooms difficult for people living with dementia. This was an area for improvement.
- Most peoples' rooms were personalised with photographs, ornaments and things important to them. People and relatives said rooms were kept clean and tidy. One person said, "This place is always clean." Another person said, "My room is comfortable and is cleaned every day." Corridors had handrails to support peoples' mobility needs.
- Bathrooms and toilets were clean and had working locks. Lounges were spacious and pleasantly decorated.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had made appropriate DoLS applications to the local authority and there were systems in place to keep these under review. Any conditions related to DoLS authorisations were being met.
- Although appropriate DoLS authorisations were in place there was inconsistency in recording best interest decisions and lack of clarity about best interest meetings being held. For example, some people had bed

rails in use, but there was a lack of clarity about how this decision had been made and by whom, and if this measure was in the person's best interest.

- People and relatives told us staff asked consent before providing care and we observed this happening. One person said, "They always ask permission before doing anything." Another person said, "They do ask me for consent before doing things."

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

- Peoples' preferences, likes and dislikes were recorded in care plans; they contained enough information for staff to know about peoples' individual choices and wishes. For example, some people had expressed a preference for female care workers when they received personal care.

- Peoples' assessments included needs relating to their culture and spiritual needs. The service used recognised tools for assessing some risks, such as potential skin damage and nutrition. Regular staff had a good knowledge of people and their individual preferences and choices.

- People and their relatives said most staff knew them well. One person said, "Staff know how to look after me well. They talk to me about my concerns." Another person said, "Yes, staff understand my needs." One relative said, "Staff are brilliant with [relative]." Another relative said, "I'm confident they know how to look after [relative]."

Staff support: induction, training, skills and experience

- Nurses and care staff had received training and had the knowledge and skills they needed to safely provide care. Staff told us they had received training and we saw most training was up to date. People and their relatives agreed staff were well trained. One person said, "Yes, staff seem to have the right training."

- Staff told us they received supervisions regularly and felt supported by the management team. Supervisions, including clinical supervisions, were either one to one or group sessions. The deputy manager chaired a weekly clinical meeting for nurses and other staff. Nurses worked within the Nursing and Midwifery Council's Code of Conduct and revalidated every three years in accordance with regulations.

- Agency staff attended an induction on their first day in the service, and checks were made on their training and qualifications. A member of agency staff told us they had been given relevant information about people during the handover meeting at the start of the shift.

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

- People were supported to eat and drink safely. Some people who had special diets or particular nutritional needs were seen by dietitians who advised on food intake, for example, nutritional supplements.

- People who had a risk of choking were protected from these risks with modified food and fluids following assessments by Speech and Language Therapists (SaLT). We saw the correct consistency of food and fluids being given.

- People who needed help with their meals were supported patiently by staff.

- The meals looked appetising and peoples' individual food preferences were respected. People and their relatives were positive about the food. One person said, "The food is delicious." Another person said, "The food is of a good standard."

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

- Assessments and care plans included peoples' health care needs and there were details of healthcare professional's visits in individual's records. Information was shared with others, such as hospitals, if people needed to access these services.

- Nurses and care staff had good knowledge of peoples' healthcare needs and knew how to support them to achieve good outcomes. There was input from health care professionals such as GPs, respiratory nurses,

dieticians and podiatrists. We saw care being provided in accordance with the plans.

- People told us they could see a doctor if they wanted to and staff would arrange it. One person told us they had seen a doctor and a dietician recently. Another person said, "They will arrange for the doctor to visit if I need that." A relative told us the occupational therapist had visited to help their relative's mobility.

Is the service caring?

Our findings

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

At our last comprehensive inspection, we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring and treated them respectfully. One person said, "They are all kind and caring." Another person said, "We always have a chat and a laugh." Relatives agreed. One relative said, "Everything I have seen has been good in terms of caring." Another relative said, "Staff respond excellently to [relative's] banter."
- Staff knew peoples' preferences but still offered choice. Staff were patient with people and gave them time to respond to questions; talking with them at their own level, using gentle tones, and offering reassurance.

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

- Peoples' care plans were developed with them and their relatives where appropriate. People were encouraged to share their life experiences so staff could get to know them better. Care plans included past hobbies, interests and spiritual needs. Peoples' likes and dislikes were documented and included, for example, what time they liked to go to bed or get up, where they liked to eat their meals or if they preferred male or female staff to provide personal care.
- Communication needs were documented so people could be supported in the best way to be involved in decisions about their care. People were supported to use hearing aids or glasses where these were required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect; their privacy was protected, and they were encouraged to be independent where possible. We saw staff knocking on peoples' doors before entering and bedroom doors were closed whilst people were having their personal care needs tended to. People were being addressed by their preferred names, were well groomed and appropriately dressed.
- People and relatives told us they were treated with dignity and respect. One person said, "They do treat me with respect, they are kind and sometimes they stop for a chat." Another person said, "They respect my privacy." One relative said, "They are very kind, they always treat [relative] with dignity and respect."
- Staff recognised and responded to individual needs and promoted independence. One person said, "They do encourage me to be independent." A relative said, "They do encourage [relative] to go to the lounge most days." Care plans detailed what people could do for themselves and what they might need support with and included information about equipment used to support independence, for example, walking frames or wheelchairs.
- Peoples' confidential information was kept securely. Documents were locked away and accessed only when required and by those authorised to do so. Computers were password protected to prevent unauthorised access to personal information.

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question good. At this inspection the rating has changed 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; 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

- Care plans were lengthy and not always accessible to care staff; there was a risk care workers may not always have the most up to date information. This was less of a risk with regular staff, but the service was heavily reliant on agency workers which increased the risk.
- There were three activity coordinators, although one of these was also a company trainer and spent time at other care homes. Activity staff did not work weekends. There was a programme of activities displayed in the lounge on the ground floor, although we did not see the planned activities taking place.
- On the day of our inspection the morning activity was gardening. This was not taking place; one staff member told us this was because of the weather and another staff member told us it had not gone ahead because nobody had asked to do it. There was painting in the afternoon; this was limited to people who lived on the first floor and was facilitated by both activity coordinators. Other than this, we saw little active engagement with people.
- On the day of our inspection we saw little evidence that people were stimulated or enjoyed any hobbies or interests. People who were cared for in bed had no individualised plan to prevent social isolation and there were no records of one to one interactions. Most people did not have a television on or a radio playing. This had also been identified on the provider's latest internal quality audit in March 2022.
- People had mixed views about the activities. One person liked to watch horse racing but had never been supported to do this. This person also told us they had no more films left to watch. They said, "You can't just sit all day and watch TV." Other people told us they joined the activities if it was something they liked. One person said, "We do flower arranging and painting." Relatives told us they could follow the activities on the Facebook page. One relative said, "The activities are not good."
- Care plans were personalised and reflected peoples' preferences in all areas. For example, food likes and dislikes, whether a person wished to choose their own clothes, gender preferences of people giving personal care, and spiritual or religious needs. Relatives told us they had been involved in developing care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were no easy read documents on display and no documents available in alternative formats. There were no pictorial menus available and no pictorial signs on doors such as the lounge or bathrooms to aid

recognition.

- There was a small notice behind the nurse's station advising people to contact the management if they wanted any documents in an alternative format or language. This was not displayed in an area accessible by people or their relatives.
- Staff were observed communicating effectively with people. When people required spectacles or hearing aids, staff made sure they were working, and people used them properly to support better communication.

The provider had failed to support people to follow interests and take part in activities that were culturally and socially relevant to them. The provider had failed to make reasonable adjustments to provide people with information about their care and treatment. This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and complaints were investigated and responded to by the manager where appropriate. There were processes in place for people to escalate their concerns to a senior manager if they were not happy with the response received.
- People we spoke to and their relatives knew how to raise concerns and were confident something would be done if they did. One person said, "I did raise a concern once and it was resolved satisfactorily." Another person said, "All my concerns were addressed well." Relatives agreed. One relative said, "Every time I have raised concerns, the manager has been helpful." Another relative said of an incident, "It was dealt with quickly and effectively. It was handled extremely professionally."

End of life care and support

- The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service. Peoples' end of life preferences were gathered and recorded so staff were aware of their wishes.
- Staff worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required. Medicines were available to keep them as comfortable as possible.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider failed to operate effective systems to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the previous inspection the provider and registered manager had failed to make improvements and had not always monitored whether care plans and care delivery were meeting peoples' needs. At this inspection there was still no improvement.
- The registered manager audited care plans, but they failed to identify concerns found during this inspection. For example, one care plan included a plan for caring for a person's catheter, however we saw that the catheter had been removed, but the care plan had not been updated. Issues found during the provider's care plan audit in February were still present in March; no improvement had taken place.
 - Where people had monitoring charts such as fluids or weight, these were not always completed accurately and there were no audits in place to monitor this. For example, one person on restricted fluids had received over the amount on one day and several people did not have fluid output recorded at all.
 - Senior managers did regular compliance visits. The last compliance visit dated March 2022 found activities were not taking place, there was limited engagement with people, pictorial menus had been removed and rooms did not have call bells. Although an action plan was in place, this had not been implemented or monitored and we found the same concerns during this inspection.
 - Medicine audits had failed to identify concerns found during this inspection. For example, incorrect dose of insulin being given, fridge temperatures not being recorded, and no outcomes documented after staff had given 'as required' medicines.
 - The contents of first aid boxes were out of date. A document had been signed to say the first aid box had been checked in April 2022. However, several of the items inside the box had expired during 2021.
 - The service used a dependency tool to calculate the number of staff needed, but these were not always accurate. For example, we saw one person's dependency was at the lowest level, meaning they required little support. However, during the inspection we saw this person needed the assistance of three to four staff. Staff told us this was a regular occurrence, but the dependency level had not been updated.

Failure to effectively assess, monitor and improve the quality and safety of the service was a continued

breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last three inspections we identified the providers quality assurance processes were not robust and had not identified areas of concern found during our inspections. This provider has been rated requires improvement for the safe key question since 2016 and there has been a breach of regulation 12 (safe care and treatment) at the last three inspections.

- There was a management structure in place and people understood their roles and responsibilities. Staff told us the management team were supportive and approachable and were confident in reporting any concerns.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

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

- Not all staff thought the teamwork was good between all staff grades. Nurses and care staff did not always work together effectively. On the day of our inspection two staff members sat at the nurse's station most of the day with little interaction with care staff.
- People living in the service did not always know who the registered manager was, however, they did know the deputy manager as most of their dealings were with them. Relatives shared this view. One relative said, "The manager is always shut in their room; I speak more often to the deputy." Another relative said, "I rarely see the manager. I do not know how to contact them. I sense this institution is not well led, there is no dynamism. But the deputy manager is approachable."
- Relatives confirmed they had been notified of incidents or accidents when they occurred. One relative said, "They always contact me." Another relative told us they had been notified after an incident concerning their relative. They said, "I was called immediately, they put measures in place. It was dealt with quickly and effectively."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager met daily with nurses and heads of departments to ensure that key messages about people were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting. All meetings were documented. The deputy manager walked round the service daily and reported back any issues to the registered manager at the daily meetings.
- Staff were invited to meetings and had regular supervision sessions, either as a group or one to one. Clinical supervision was provided for nurses and the deputy manager had weekly clinical meetings with staff.
- The provider sought views from people, relatives and staff through regular surveys. Relatives were also contacted regularly by the service as part of the care plan review process.
- A lessons learned sheet was completed after each incident and details shared with the team during meetings.

Working in partnership with others

- The registered manager worked in partnership with local health and social care teams.

- Managers and nurses liaised regularly with other health professionals, such as dieticians, speech and language therapists, specialist nurses and hospice teams.
- The provider had managers meetings for all registered managers for networking and sharing best practice.

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 had failed to support people to follow interests and take part in activities that were culturally and socially relevant to them and protect people from social isolation.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate all risks to people and ensure care plans were accurate and up to date. The provider failed to manage medicines safely and effectively.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively assess, monitor and improve the quality and safety of the service.