

St. Matthews Limited

Kingsthorpe Grange

Inspection report

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Kingsthorpe Grange is a nursing home providing personal and nursing care for up to 51 people. The service provides support to people living with dementia and other mental health conditions. At the time of our inspection there were 37 people using the service.

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

Systems and processes in place to monitor the quality and safety of the service had failed to identify and address concerns found during the inspection. The provider had failed to implement effective systems to comply with CQC regulations.

Further improvements were required to ensure risks to all people living in the service were identified and mitigated.

Relatives told us people's clothing and personal items often went missing. During the inspection we saw unlabelled clothing and underwear in the laundry room and within people's individual wardrobes.

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; the policies and systems in the service did not support this practice.

People had care plans in place detailing the care and support they needed from staff however, these were not always personalised and required further development.

People's medicines were administered by trained and competent staff and medicines were ordered, stored and disposed of safely.

People and their relatives told us staff treated them with kindness. Staff respected people's privacy and dignity when supporting people with personal care.

Staff worked effectively with other healthcare professionals and people told us their healthcare needs were managed well.

People and the relatives we spoke with during the inspection told us they felt safe and there was enough staff to meet people's needs and keep them safe. Staff received training on safeguarding and understood how to recognise and report abuse. Staff told us that they would report any concerns to the nurses or manager.

We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

People were supported to eat and drink enough to maintain a balanced diet. The provider ensured staff received training to understand the individual needs of the people supported at the service.

People and their relatives were given the opportunity to provide feedback on their care for improvements to be made. Staff told us they felt valued in their roles and received support from their colleagues and the manager.

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 20 September 2023) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingsthorpe Grange on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk management, dignity and respect, and oversight at this inspection.

Please see the action we have taken at the end of this report.

Follow up

We will request an action plan from 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 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

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Inadequate ●

Kingsthorpe Grange

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.

Inspection team

The inspection was carried out by 2 inspectors and 2 Expert by Experiences. 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

Kingsthorpe Grange 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. Kingsthorpe Grange 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. 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 9 people and 11 relatives of people who used the service about their experience of the care provided.

We spoke with 16 members of staff including the manager, regional manager, deputy manager, safeguarding leads, care assistants, activity staff, assistant practitioners and nurses. We reviewed care plans and records for 9 people. This included people's medicine records and daily care records. We also reviewed various records relating to the day to day management of the service, quality assurance and key policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating 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 that people could be harmed.

At our last inspection on 19, 21 and 17 June 2023, the provider had failed to assess, monitor and mitigate risks to people and ensure the proper and safe management of medicines. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their health and wellbeing as not all risks to people had been identified or mitigated. Whilst some improvement had been made since the last inspection in relation to risk management, we continued to find risks to people that had not been identified.
- Risks to people who were vulnerable from self harm or harm from other people had not been fully assessed and mitigated. Staff did not have the information made available to them to mitigate these risks. This placed people at risk of potential harm.

The provider had failed to assess, monitor and mitigate risks to people. This was a continued breach of regulation 12(1)(2) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems and processes were in place to ensure regular safety checks took place. This included checks of fire alarms, water temperatures and mobility equipment. However, we were not assured the checks on fire doors and mobility aids were effective in identifying and addressing safety concerns. We have reported on this further in the well led section of this report.
- We discussed our findings with the manager and regional manager who took action to improve safety by the end of the inspection.

Using medicines safely

- We looked at the records of people who were given their medicines disguised in food or drink without their knowledge but in their best interest (covert administration). A pharmacist had provided instructions on how to give these medicines safely and effectively, however, these instructions had not been transferred and recorded in people's individual care plans. Following the inspection, the provider informed us that care plans have been updated to include this information to ensure staff have this easily available to them. This will need to be embedded into practice.
- Protocols for PRN 'as required' medicines continued to require further development to include guidance

for staff as to whether people were able to request these medicines when needed or how to assess people who could not, such as information on body language that might suggest pain. This meant people were at potential risk of not receiving their medicines as required. This was also found at the last inspection.

- People's medicines were administered by trained and competent staff and medicines were ordered, stored and disposed of safely.
- Staff used an electronic system to record when people received their medicines. This reduced the risk of medication errors and supported accurate stock control and reordering. Medicine stocks matched what was recorded in the system and there was an effective system for disposing of medicines appropriately.
- Medicine storage and dispensing rooms were clean and secured when not in use. Fridge and room temperatures were checked regularly by staff to ensure medicines were stored at the correct temperature as per manufacturers instructions.

Systems and processes to safeguard people from the risk of abuse;

- People and the relatives we spoke with during the inspection told us they felt safe at Kingsthorpe Grange. A person told us, "I feel safe, I am safe."
- Learning and analysis had been completed for safeguarding incidents and these were shared with staff via meetings and written communication to ensure staff had the information to learn from incidents and to mitigate the risk of them happening again.
- The service had a dedicated safeguarding team who regularly visited the service to provide oversight of safeguarding investigations and provide staff with guidance and support. The safeguarding team held events and meetings with people and their relatives to promote the importance of safeguarding and give people the opportunity to raise or share any concerns they may have.
- Staff received training on safeguarding and understood how to recognise and report abuse. Staff told us that they would report any concerns to the nurses or manager.

Learning lessons when things go wrong

- Systems in reviewing accidents and incidents had improved since our last inspection. Accidents and incident records had been reviewed and appropriate action was taken to reduce the chance of reoccurrence.
- Communication between staff and people's relatives following an accident or incident had improved since the last inspection. One relative told us, "They [staff] normally call me if [person] falls to tell me how [person] is."

Staffing and recruitment

- There was enough staff to meet people's needs and keep them safe. We observed that people were attended to promptly when they needed assistance. People and relatives feedback confirmed this. A relative said, "There are plenty of staff and they are very attentive."
- Where occupancy levels within the home had increased, the provider had a process in place to ensure this was done safely and to ensure staffing levels were increased where required.
- The manager conducted an audit of staff response time to people pressing their call bell for assistance to ensure staff attended to people promptly and identify any areas of improvement.
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and

control practices. Personal protective equipment, such as aprons and gloves, was readily available throughout the home to prevent the risk of infection for staff and people.

- Hand wash stations included guidance for staff on safe hand washing techniques and staff were regularly observed to ensure this was followed.
- During the inspection the home was clean and odour free.

Visiting in care homes

- There were no visiting restrictions in place at the time of inspection. People's friends and families were welcomed to visit the service.

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

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.

- People's capacity to consent had not always been assessed for decisions relating to their care. We have reported on this further in the well led section of this report.
- We found that some people's MCA records detailed the various methods of communication used to ensure the person had every opportunity to understand and retain the information presented, whilst other people's MCAs did not include this level of detail and reassurance. The provider had identified this risk prior to inspection and had deployed a compliance manager to establish what further work and staff support and training was needed. This would need to be continued and embedded in practice.
- Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed in consultation with people's relatives and/or representatives.

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

- We received mixed feedback from people and their relatives in relation to the food provided. One person said, "The food is good." Another person said, "There is not enough choice and there is no chef, it is like eating microwave meals." A relative told us, "The food seems pretty, it looks good. He is a meat and two veg man, I have told staff, but the choice is not always great." This feedback was provided to the manager and provider following the inspection to follow up.

- Mealtime observations were completed by nominated care staff to identify any areas of improvement to people's mealtime experiences. Inspectors observed staff supporting people with their meals and drinks where required.
- Care plans for nutrition detailed people's individual dietary requirements. People at risk of dehydration had their fluid intake monitored by staff to ensure any concerns were actioned.
- People's weights were monitored regularly and where people had lost weight, appropriate action was taken such as adding further calories to meals and drinks and referrals to the dietician for support and guidance.

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

- Staff used nationally recognised tools to monitor and identify changes in people's health and wellbeing. This included monitoring people's oxygen levels and blood pressure. However, records showed staff did not always respond when people's health or wellbeing deteriorated, such as conducting further observations. This was found at the last inspection, and we have detailed this further in the well-led section of this report.
- People had an 'emergency admission sheet' to ensure the emergency services had the information they required on people's support needs to enable a timely transition to hospital. However, we found 2 people's records had not been updated to include the current support they required and potential risks.
- Staff worked closely with the local GP practice in managing people's healthcare needs. The provider had arranged several meetings with the GP practice since the last inspection to improve communication and working relationships, which had resulted in improved practice. A person told us, "The nurses help me and if I need the doctor they arrange it."
- Staff worked in partnership with other professionals which had resulted in positive outcomes for people. For example, staff had worked in partnership with Drs and dieticians to support 1 person to return to their normal way of eating without support of a specialist feeding regime.
- Referrals were made to other professional where specialist advice was required such as speech and language therapists, dieticians, and diabetic nurses.

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

- People's care and support needs were assessed before they moved into the service. This was to ensure the provider was confident people's needs could be met and staff had the appropriate skills and training to support them.
- Staff used recognised assessment tools to assess people's overall health and care needs and to identify levels of risk. For example, people's risk of acquiring a pressure sore was assessed to ensure the appropriate support and equipment was in place upon admission.

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

- Improvements had been made to the environment since our last inspection including additional signage and redecoration of people's bedrooms and communal areas. The provider had a redecoration and refurbishment plan in place to ensure the design and decoration met people's needs.
- People had the opportunity to decorate their bedrooms with personal items such as pictures and paintings.
- People appeared comfortable in their surroundings. There were different areas within the home where people could choose to spend their time with visitors or spend time alone.

Staff support: induction, training, skills and experience

- Staff told us the training they received gave them the skills and confidence to perform in their roles. A staff member said, "I learnt many things from all the training. It made me confident enough to step into the care

sector and implement the knowledge in my workplace."

- The provider had a system in place to review staff training compliance and ensured staff received ongoing training support, so staff's skills and knowledge remained up to date and relevant.
- People and their relatives told us staff received training to carry out their roles. A relative said, "The staff team know what they are doing, I know they have had training on safeguarding recently." Another relative said, "The staff team care and show the right skills."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection on 19, 21 and 17 June 2023, people were not always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 10.

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

- Relatives told us people's clothing and personal items often went missing. This was a concern identified at the last inspection. A relative told us, "[Person] will get somebody else's clothes at least once a week." Another relative told us, "We have lost lots of things through the laundry, clothing, a duvet. We don't buy any nice things anymore as they will be lost or end up in someone else's room." Another relative said, "Clothes seem to go missing. I brought [person] a blanket in their favourite colour, that's disappeared."
- During the inspection we saw unlabelled clothing and underwear in the laundry room and within people's individual wardrobes. This meant there was a risk of people wearing other people's clothes and personal belongings going missing. This has previously been found and reported by CQC and improvements had not been made.
- We discussed our dignity concerns around the unlabelled laundry with the manager and regional manager who advised they were aware of the labelling machine being out of action, however, they had not acted to ensure an effective temporary system was in use.

People were not always treated with dignity and respect. This is a continued breach of Regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us staff treated them with kindness. One person told us, "This is my home, they look after me and treat me well." Another person said, "The treat me like family, they know my funny ways."
- People's equality and diversity was respected. People's individual religious beliefs and cultures were supported by staff. For example, where a person did not have English as their first language, staff had supported them to access television programmes in their native language. A quiet room was available for prayer if required.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to remain independent where possible. People's care plans detailed the daily living tasks people could do themselves and where they required staff support such as support with eating and personal care.
- Staff respected people's privacy and dignity when supporting people with personal care. We saw people's bedroom doors were shut when staff supported people to wash and change their clothing. A person told us, "The whole team show respect, they have etiquette and respect my privacy, they knock when they come into my room and they call me by my preferred name."
- Staff were observed by a nominated staff member to ensure staff respected people's privacy and dignity. These observations including ensuring staff knocked on people's doors before entering, using people's preferred names, seeking consent and closing doors and windows to protect people's modesty when supporting with personal care.

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

- Where people had limited ability to express their views and make decisions about their care, staff supported them with as much choice and control as possible. Records show staff respected people's decisions when declining care and support.
- Staff supported people to access and use advocacy services to support them to express their views. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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 had care plans in place detailing the care and support they needed from staff however, these were not always personalised and required further development. Some people's care plans lacked personalised detail to ensure people had choice and control of their care.
- The manager had identified prior to the inspection that care plans required further development and was working with staff to ensure they improved.
- There was evidence of people's relatives being given the opportunity to be involved in care planning through a 'resident of the day' system. However, not everyone felt included and involved. A person told us, "I know I have a care plan; I haven't read it." A relative said, "No, I have never been asked to be involved."

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, relatives, and staff felt that activities for people needed improving to ensure they met people's interests and hobbies. One person said, "Nothing happens, it gets boring." A relative told us, "They need a lot more activities, there is not enough stimulation, I have brought activities in for [person] and the other residents to make sure stuff happens." Another relative said, "My [relative] constantly tells me she is bored, we are here every day and there is never activities, not enough stimulation. We have resorted to bringing in our own games, books etc."
- During the inspection we observed missed opportunities by care staff in interacting and supporting people to take part in activities of their interest and hobbies. One person told us, "I would like an art class." This was fed back to the management team to follow up.
- Activities were provided by a dedicated member of staff who worked in the service 4 days a week. During the inspection we saw this member of staff had arranged for people to experience a virtual reality headset to see different places in the world. We also saw people dancing and singing along to a singer who had visited the service to perform.
- The provider held contracts with external companies to provide people with activities and entertainment. For example, an independent fitness company visited the home 3 times a week to support people to take part in fitness activities, such as ball games, should they wish to participate.

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.

- People's care plans for communication had improved since the last inspection to ensure staff had the information available to them to communicate with people effectively. This included whether the person had any hearing or sight impairments and how this effected their communication.
- Information was made available for people in other formats where required such as different languages or large print.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place for people and relatives to access and raise any concerns formally. People and their relatives told us they feel confident raising concerns with the manager. Where complaints or concerns had been reported in writing, we saw evidence this was responded to appropriately. One relative said, "I have raised concerns, these have been listened to."

End of life care and support

- At the time of inspection, no person was in receipt of end of life care. The provider did not provide a specialist end of life service but people would be supported to stay in their home for end of life care if they wished.
- Staff were in the process of reviewing people's care plans to ensure they were personalised and contained information in relation to people's individual wishes and preferences at the end of their life. We saw some people's end of life care plans had improved since the last inspection.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated, known as DNACPR (Do not attempt cardiopulmonary resuscitation).

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. At this inspection the rating has changed 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.

At our last inspection on 19, 21 and 17 June 2023, the provider had failed to operate effective systems to assess and monitor the quality and safety of the service to identify and address areas for improvement. There were ineffective governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17(1) Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

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

- The provider failed to have effective systems and processes to monitor the quality and safety of the service. The provider had not ensured enough improvement had been made following our last inspection, which has resulted in continued breaches of regulation. The provider has failed to achieve an overall CQC rating of good at the last 5 inspections.
- Systems to review care plans and care records had failed to be effective in ensuring people's records were updated in a timely manner to ensure they were accurate, personalised, reflective of people's individual needs and risks and in line with the providers policies and procedures. For example, we continued to find care plans lacked detail on how to support people to manage their aggressions and anxieties, including the potential triggers that could lead to people becoming distressed, how staff can avoid these triggers and the interventions and approaches staff should use.
- Systems to monitor the safety of the service, including checks on fire doors and mobility aids, failed to identify or make the required improvements to ensure the safety of people using the service. For example, we found moving and handling slings that had not been labelled with the person's name the sling was intended for. Audits completed by the manager had identified this prior to the inspection, however, action had not been taken. This placed people at potential risk of falls during moving and handling transfers.
- Systems and processes had failed to identify that mental capacity assessments and best interest decisions had not always been completed or recorded in line with the Mental Capacity Act 2005. We found evidence of restrictive practices taking place within the service without the legal authority to do so. Records of behaviour showed this had caused a negative impact for a person using the service.
- Audits of care records had failed to identify that staff did not always follow people's care plans in relation to monitoring people's health. For example, 2 people's care plans instructed staff to carry out daily

observations, such as oxygen levels and blood pressure. However, this has not been completed. Where a person had shown signs of deterioration, staff had not carried out further observations as required. This had not been picked up through systems to monitor and audit the service and placed people at risk of health deterioration.

The provider had failed to operate effective systems to assess and monitor the quality and safety of the service to identify and address areas for improvement. There were ineffective governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This is a continued breach of Regulation 17(1) Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We shared the shortfalls we had identified with the provider who took some immediate action to address the concern found.
- Following the last inspection, the provider had employed a new manager who had applied to become the registered manager with CQC. The manager was working alongside the provider to make the required improvements to the service. A relative told us, "The new manager seems to be getting things sorted. [The manager] is responsive and making improvements."
- Audits of the electronic medication system took place regularly conducted by the management team. This ensured that anomalies in recording were identified, investigated and reasons recorded appropriately.

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

- We saw evidence of regular engagement with people using the service to enable people to provide feedback on their care on a regular basis for improvements to be made. However, people and relatives we spoke with did not always feel engaged with the service. A relative said, "I have never been asked for my views on the home, this would be helpful." A person told us, "I have been [to a residents meeting], but it was a long time ago, we need some more."
- People, their relatives and staff had recently been given an opportunity to provide feedback to the manager and the provider through a bi-annual survey. At the time of the inspection, the manager was in the process of reviewing the feedback received and taken action to address any areas for improvement.
- Staff we spoke with gave positive feedback about their experiences working at the service and felt supported in their roles. One staff member said, "[The manager] values each employee and treats everyone with respect and professionalism. [The manager] is very proactive and has made a lot of positive changes since they started working at St. Matthews Healthcare." Another staff member said, "I feel valued in the role and the manager has been amazing."
- Where staff had felt the need to raise concerns about the service, a meeting was arranged by the provider to listen to staff and address the concerns raised.

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 the manager understood their responsibilities regarding the duty of candour and we saw evidence of this being followed.

Working in partnership with others

- The provider worked with local hospitals and the local authority to provide short term placements for people awaiting assessments for long term care.
- Staff worked with a range of other health and social care professionals such as general practitioners,

dieticians and local authority safeguarding teams.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not always treated with dignity and respect.

The enforcement action we took:

Imposed conditions on registration

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	The provider had failed to assess, monitor and mitigate risks to people.

The enforcement action we took:

Imposed conditions on registration

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 provider had failed to operate effective systems to assess and monitor the quality and safety of the service to identify and address areas for improvement. There were ineffective governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

The enforcement action we took:

Imposed conditions on registration