

Sanctuary Care Limited

Meadow View Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 April 2018 and was unannounced.

Meadow View 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. Meadow View accommodates up to 60 people in one purpose built building. All rooms had en-suite facilities and there was an enclosed garden. There were 54 people living at the service at the time of the inspection.

There was a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in February 2017. We found two breaches of regulations, the provider had not provided staff with detailed guidance to mitigate potential risks and maintain accurate, complete and up to date records for each person. At this inspection, some improvements had been made, however, this had not been sustained and embedded and there were continued breaches of regulations and an additional breach.

At this inspection, improvements had been made regarding the guidance that staff were given to mitigate risks when people were living with health conditions such as diabetes. However, not all potential risks had detailed guidance for staff. Some people displayed behaviours that may challenge and had additional health conditions that affected them during the night, staff did not have detailed guidance to be able to support people consistently and keep them safe.

Previously, accidents had not been recorded accurately and analysed to identify trends and patterns. The registered manager had recorded all accidents and there was detailed analysis including what action had been taken and lessons that had been learnt. The registered manager had not transferred this practice to the recording and analysis of incidents. Incidents involving people, who had displayed behaviours that challenge, had not been recorded consistently and there was no overarching analysis to identify triggers and create a management plan.

The provider and registered manager completed audits of the quality of the service. These audits had not been effective and had not identified the shortfalls found at this inspection. Some records such as care plans did not always contain accurate information. Some people's care plans contained contradictory information about how people mobilised and the consistency of the diet they should eat. We observed staff not providing equipment to support people to eat independently, the need for the equipment was written in their care plan.

The registered manager attended meetings with registered managers from the provider's other services to

share ideas, learning and best practice. Staff received training and this was up dated as required, staff had not received training in specific health conditions such as Parkinson's disease and had not received training in managing behaviours that challenge.

People, relatives and staff told us there were sufficient staff on duty to meet people's needs, agency staff were used to cover any shortages. However, during the inspection, we observed that one person appeared not to have received the care they needed. The registered manager agreed that the person had not received a good standard of care and would investigate the incident.

People, relatives, staff and stakeholders were asked about their opinions of the quality of the service. The responses had been mainly positive; however, concerns had been raised about the lack of activities. People and relatives told us that there were not enough activities to take part in. Some analysis of the surveys had been completed and the registered manager had requested additional funding for activities. But there was no action plan in place to improve in response to the issues raised in the surveys.

The provider's complaints policy was displayed in the main reception; it was available in an easy read format that it made it more meaningful to people living with dementia. The activities for the day were displayed in pictorial form, however, other information such as menus and people's care plans were not available in additional formats for people. People and relatives told us they knew how to complain and complaints had been investigated in accordance with the provider's policy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When required Deprivation of Liberty Safeguards had been applied for and authorised.

Staff were recruited safely and received regular supervision and yearly appraisals to discuss their practice and development needs. People received their medicines safely and when they needed them. People were referred to healthcare professionals when their needs changed, staff followed the guidance provided. People were supported to access dentists, opticians and chiropodists when needed and to take part in exercise, to remain as healthy as possible. People were supported to eat and drink enough to keep healthy.

People's needs were assessed using recognised tools following current guidance. People met with the registered or deputy manager before they came to live at the service to ensure staff were able to meet their needs. At the time of the inspection, no one was receiving end of life care. People's end of life wishes and preferences were not consistently recorded. The registered manager told us they recognised that this was an area for improvement and would be putting guidance in place for staff.

People were supported to remain as independent as possible. People told us that staff respected their privacy, we observed staff knocking on people's doors and waiting to be asked in. Staff knew people well and were able to support them when they were anxious. Staff spoke to them with compassion and kindness.

The provider had values for their services, ambition, diversity, integrity, quality and sustainability. The registered manager and staff shared this vision. There was an open and transparent culture within the service. Relatives told us they were able to speak to the registered or deputy manager whenever they wanted. The registered and deputy manager knew people well and were recognised and greeted warmly by people during the inspection.

The registered manager worked with agencies such as the local commissioning groups and the local safeguarding authority. People were protected from abuse. Staff knew how to recognise signs of abuse and

knew that they should challenge colleagues if people were being discriminated against. Staff knew how to report concerns and felt confident they would be dealt with appropriately.

The building had been adapted to meet people's needs and it was clean. People were protected from the risk of infection, staff wore protective clothing when required and kept the building and equipment clean. Checks on the environment and equipment used by people were maintained to help keep people safe.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they needed to inform CQC of important events in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

At this inspection breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. You can see what action we have asked the provider to take at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff did not always have detailed guidance to mitigate potential risks to people's health and welfare.

Incidents were not consistently recorded and analysed to identify trends and patterns to mitigate the risk of them happening again.

People were protected from discrimination and abuse.

There were sufficient numbers of staff to meet people's needs.
Staff were recruited safely.

People received their medicines safely.

People were protected from infection.

Is the service effective?

Good 

The service was effective.

Staff had received training appropriate to their role and in specific health conditions.

People's needs were assessed in line with current guidance.

People were supported to eat and drink enough to maintain a balanced diet.

People were referred to healthcare professionals when their needs changed and worked with healthcare professionals to meet people's needs.

People were supported to lead a healthier life.

Staff worked within the principles of the Mental Capacity Act 2005.

The building met the needs of the people living there.

Is the service caring?

The service was not always caring.

People did not always receive personal care in a timely manner and their dignity was compromised.

Staff spoke to people in a kind and compassionate way.

People were supported to be involved in their care, however, information was not always available in a format they could understand.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People received personalised care; however, care plans were not always accurate and contained contradictory information.

People had access to activities but people told us they did not have enough to do.

People's end of life wishes were not consistently recorded.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Audits on the quality of the service had not identified the shortfalls found at this inspection.

The service worked with other agencies such as the local safeguarding authority.

There was an open and transparent culture and people, relatives and staff told us the registered manager was approachable.

People, relatives and staff were asked their opinions about the quality of the service provided. Action had been taken on the results but there were no action plan in place to track and evaluate the action.

The provider, registered manager and staff shared a vision for the service.

Requires Improvement ●

Meadow View Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 April 2018 and was unannounced.

The inspection was carried out by two inspectors, a trainee inspector shadowing 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 service.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous reports and looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell by law.

We looked at seven people's care and support records, associated risk assessments and medicine records. We looked at staff recruitment records, training, supervision and staff meeting minutes. We observed people spending time with staff. We spoke to the registered manager, the area manager, deputy manager, maintenance man, four care staff and seven people who use the service and four relatives and friends. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We received feedback from one healthcare professional before the inspection and spoke with one

healthcare professional during the inspection.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "Yes, it is nice and relaxed here and everything is done correctly." A relative told us, "It is safe, because there is always people here for (my relative)."

At the last inspection, potential risks to people had been assessed but staff did not have detailed guidance to mitigate the risks and keep people safe. At this inspection some improvements had been made, however, there remained some potential risks where information was not accurate and staff did not have detailed guidance about how to reduce the risks.

Previously, potential risks to people such as the risk of urinary infection and side effects of medicines had not been assessed. Staff now had detailed guidance to recognise and mitigate these risks. However, other potential risks to people's health and welfare had not been consistently assessed.

A person was living with a condition that put their health at risk when they slept. The person required a special machine to keep them well during the night. The care plan contained information about the health condition but did not contain detailed guidance for staff about how to support and monitor the person. The care plan had recently been reviewed; information about the machine that the person used had not been included. Following the inspection, the registered manager supplied the previous care plan, this mentioned the machine but neither care plan contained guidance for staff about how to support the person to use the machine safely. The service had used agency staff on nights, who did not know the person well. There was a risk that the person would not be supported consistently to use the machine and maintain their safety. The machine required a service in January 2018, the registered manager had not been aware of this and the service had not been completed. Following the inspection, the registered manager, supplied confirmation that the machine had been serviced.

Accidents were recorded and analysed to assess if there were any patterns and trends to reduce the risk of them happening again. However, this process had not been implemented when incidents happened such as incidents relating to behaviours that challenge. Some people could display behaviours that may challenge staff and others. Guidance for staff about how to support people when they were displaying these behaviours was not detailed. Any changes in people's behaviour had not been consistently recorded and new ways of managing the behaviour had not been recorded to inform staff. One person's behaviour had been recorded in their daily notes; the registered manager told us there were no triggers to this behaviour. However, there had been no analysis of the incidents and what was happening before the incidents to be able to confirm this or to identify any triggers.

People, staff and relatives had been put at risk during some incidents but no action had been taken to learn from the incidents to put a management plan in place. For example, the registered manager told us that they had put a sheet over a person's mirror as their reflection was causing them distress and this had helped. This had not been recorded as a strategy for staff to employ if this behaviour happened again. The registered manager had contacted the GP and mental health team and medicines had been prescribed,

which had been effective, but there was no analysis of the incidents to assist in developing future support strategies.

Each person had a personal emergency evacuation plan (PEEP), these contained details of people's mobility and communication needs should they need to leave the building in an emergency. We reviewed one person's PEEP, the information about the person's mobility and communication needs was not accurate. The PEEP stated the person could walk with a wheeled frame and one staff, the care plan had been reviewed and the person now required a standard hoist as they were no longer able to walk with the wheeled frame. The PEEP did not contain the information that the person required hearing aids to be able to hear and understand what was being said to them. There was a risk that the person would not be evacuated effectively as emergency staff would not have accurate information. Staff were able to tell us how they would evacuate people in the event of a fire.

The provider had failed to do all that is reasonably practicable to mitigate risks. This is a continued breach of Regulation 12 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a maintenance team who carried out health and safety checks to ensure that the building was safe. Most equipment that staff used was checked regularly to ensure it was safe for staff to use.

People received their medicines safely and when they needed them. One person told us, "Staff always give me my tablets." There were systems in place to ensure that medicines were ordered, recorded, stored and administered safely.

Some people were prescribed medicines on an 'as and when' basis, there was guidance in place for staff about when and how often to give these medicines. Handwritten instructions had been signed by two staff to ensure the instruction was copied out correctly. Medicines with specific procedures which should be followed with regards to storage and administration were stored and administered safely. The temperature of the room and fridge where medicines were stored was recorded daily to ensure the temperature remained within the safe limit that ensured medicines remained effective.

Staff were recruited safely. The registered manager completed checks to ensure people were of good character before they started work at the service. These included two references, photo identification and a full employment history. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. People were involved in choosing staff. Potential staff met with people before their interview to have a chat, the registered manager asked people for their opinion and this was taken into account when making the decision to employ the person.

There were sufficient staff on duty to meet people's needs and keep them safe. The service used a dependency tool to calculate how many staff were required. The service continued to use agency staff, to work with permanent staff on night duty. The registered manager told us they had employed new night staff who would be starting work in the next two weeks. Staff told us that there were enough staff on duty to meet people's needs. During the inspection we observed that staff were available to support people in the communal areas and support people when moving around the building.

People were protected against abuse. Staff were able to describe the signs of abuse and what action they would take if the suspected abuse. Staff told us, "I would go to the manager or deputy immediately." Staff were confident that their concerns would be listened to and acted on. Staff understood the whistle blowing policy and told us they would report any concerns to the local authority if they thought that it was not being

dealt with appropriately. The provider had a safeguarding policy for staff to refer to and staff confirmed they had received training. The registered manager reported concerns to the local safeguarding authority and worked with them to keep people safe.

The premises were clean and odour free. The provider had a policy on preventing infection and any spread of infection. Staff followed this policy and could tell us about how they would reduce the spread of any infection. There were cleaning schedules that domestic staff followed and this included kitchen staff. There were sufficient domestic staff employed to maintain the standard of cleaning required. Care staff wore protective clothing such as gloves and aprons when required and disposed of soiled linen appropriately to minimise the risk of cross infection.

Is the service effective?

Our findings

People and relatives told us that staff contacted healthcare professionals when they needed them. One person told us, "Yes, they are really quick, they look after us a treat."

Staff received training in essential topics such as safeguarding, infection control, moving and handling and dementia. However, training was not provided for people's specific needs such as Parkinson's disease or behaviour that challenged. Staff were providing support to people who were living with these needs. There was guidance for staff in people's care plans about how to support people with diabetes and Parkinson's disease and staff told us how they supported people with these conditions. This is an area for improvement.

New staff completed an induction programme, this included working with experienced staff to learn about people's choices and preferences. Staff received an introduction to the provider's policies and procedures. There was a 12 week probation period; staff's competency was assessed during this time to ensure they were competent in their role. New staff also completed the Care Certificate. The Care Certificate is a set of nationally recognised set of standards that social care workers adhere to in their daily life.

Staff told us they felt supported by the registered manager and with the deputy manager were always available for support and guidance. Staff received supervision and yearly appraisals to discuss their practice and development needs. Staff told us, "I was supported to become a senior and received the additional training I needed." The registered and deputy manager checked staff competency in skills such as washing and dressing people, medicines administration and skin care.

People and their relatives met with a member of the management team before they came to live at the service, to ensure that staff would be able to meet their needs. The assessment included all aspects of the person's physical, social, mental and cultural needs. This assessment was used to formulate the person's care plan.

Staff completed regular assessments of people's ongoing needs using recognised tools. These included Waterlow assessments (to assess the risk of people developing pressure areas) and a malnutrition universal screening tool (MUST) to identify people at risk of losing weight.

Staff monitored people's health and contacted healthcare professionals when people's needs changed. When one person's behaviour had changed staff contacted the mental health team and followed the guidance given, there had been no further incidents of behaviour that challenged. People who had lost weight had been referred to the dietician and had now gained weight having been given regular supplement drinks. Catering staff knew what type of diet people needed to stay healthy.

People were supported to lead as healthy lives as possible. Staff supported people to eat a healthy diet and move about as much as possible. People were encouraged to get up from their chairs to keep them as agile as possible. People had access to opticians, dentists and a chiropodist when required.

People had enough to eat and drink. People had a choice of meals; the dining rooms had a menu on the table for people to choose from. One person told us, "You can choose something else if you do not like what is on offer." People who were not able to understand the written menu were offered a choice of the plated meal.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS when required. Some people had conditions placed on their authorised DoLS, how the service had met these conditions had not always been recorded. This was an area of improvement. Following the inspection, the registered manager sent us evidence that the condition had been met.

Staff understood the principles of the MCA and people were offered choices throughout the inspection, like where they would like to spend their time and what they would like to drink. When important decisions needed to be made on people's behalf, best interest meetings had taken place with people who knew the person well.

Meadow View was a purpose built building and met people's needs. Each room had en-suite facilities and there was a lift to all floors. The corridors were long and wide so that people could walk easily around the building, there were seating available at intervals along the corridors so that people could rest and chat to each other. There was a garden that people were able to access and spend time in.

Is the service caring?

Our findings

People and relatives told us that staff were kind and caring. One relative told us, "I think they are. I have watched them with (their relative) I have never seen a cross word." One person told us, "They are great, if they see us a little distressed they are here." Despite these positive comments this was not always observed during the inspection.

Some people liked to spend time in their rooms; we spoke with one person in their room at lunchtime. They were not dressed in their day clothes and did not appear to have received support with their personal care. The bed had not been attended to, there was food on their chair and on the floor, their walking aid was not within reach and they could not reach their call bell. The person's care plan stated that the person liked to be smartly dressed and spend time in the lounge. The registered manager agreed that the standard of care the person had received was not good enough and that they would ensure they received personal care and would investigate what had happened.

During the inspection, we spoke with one person about what they had chosen for lunch that day. The person told us how much they were looking forward to the meal and how it was one of their favourites. However, at lunchtime, the meals that were offered to people were not those that had been on the menu. The person was very disappointed. The registered manager told us that this did not normally happen but agreed that any changes to the menu should be displayed and communicated to people on the day.

At lunchtime, we observed that a person was having difficulty eating their meal. In their care plan it stated that they required adapted cutlery, staff had not given them the cutlery they needed. We spoke to staff and they changed the cutlery, the person was then able to eat their meal. Previously, this had been brought to the registered manager's attention, it was recorded in the complaints book and they had spoken to staff.

The provider failed to provide person centred care to achieve people's preferences and ensure their needs are met. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us that they had, and where possible people had, been involved in planning their care. Comments included, "The care plan has just been reviewed." And "I did contribute to the care plan." From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Though some information such as the complaints policy and the activity board were in pictorial or easy read form, the menus and people's care plans continued to be in written format only. Ensuring information is presented in a meaningful way to people living with dementia is an area for improvement.

People were supported to be as independent as possible. One person told us that they liked to clean, "I like cleaning, and I clean my room and sometimes help with the washing up." We observed the person washing

up after afternoon tea. Each dining room had a kitchenette; the hot water urn could only be used once a magnet had been applied. This enabled people who had been assessed as being safe to make their own hot drinks able to do so.

People appeared comfortable in the company of staff, they enjoyed talking to staff and helping them with tasks such as giving out water jugs. Staff supported people when they became anxious or distressed. We observed staff support one person when they became anxious; the person had lost their way. Staff spoke to the person discreetly and supported them to go in the direction they wanted, the staff encouraged the person and gave them the confidence they needed to walk safely.

Staff described how they respected people's privacy and dignity. They told us that they knocked on people's doors before entering and knew which people wanted their privacy and requested not to be checked on. Staff told us that they closed people's curtains and covered them up when giving personal care. We observed staff knocking on people's doors and waiting to be asked in. Staff spoke to people in a kind and compassionate way.

People were supported to maintain relationships with people who were important to them. Relatives were able to visit at any time and were made to feel welcome.

Some people were able to share their views about their care and treatment with staff and others. However, when people required support to do this they were supported by their families, solicitor, their care manager or an advocate. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. The provider had supported people to request an advocate when they needed support.

Is the service responsive?

Our findings

Relatives told us that staff were responsive when their relative's care needs changed, however, this was not always reflected in people's care plans.

Each person had a care plan, these included details about people's choices and preferences. There were details about what people liked to eat and drink, when they wanted to get up and go to bed.

However, some details in the care plans were not always person centred or accurate. Some people needed to be monitored overnight to ensure they remained safe. The guidance in some care plans stated that people should be checked regularly but did not give guidance for staff about how often this was. There was a risk that staff would not check people consistently putting them at risk. Records of the checks completed at night by staff, showed that people had been checked hourly.

There was not detailed guidance available for staff to manage behaviours that challenge and staff told us different ways they would support people who were displaying behaviours that challenge leading to a risk of inconsistent support.

Another care plan had contradictory information about the consistency of diet the person should have. The person's eating and drinking care plan stated the person should have a 'mashed' diet as advised by healthcare professionals and their care plan stated the person had a normal consistency diet. The person received a mashed diet at lunchtime, but there was a risk that new or agency staff would not know which diet to give.

The provider had failed to maintain accurate records for each person. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There were limited activities available for people to take part in. People told us that they would like more activities. One relative told us, "When we first came the activities staff were jolly along more, sometimes it is all very quiet." The registered manager was aware of this as people had brought the concern to resident meetings and raised it in the resident survey. The activities organiser invited people to take part in an activity in the morning and afternoon. The registered manager told us that they had requested additional funding for an additional activities organiser. We will follow this up at our next inspection.

At the time of the inspection, no one was receiving end of life care. The registered manager told us that staff had just enrolled for training to support people at the end of their life. People's end of life wishes and preferences were not consistently recorded. People who were happy to discuss their wishes had a care plan in place, others did not. The registered manager told they recognised this as an area for improvement and would be putting guidance in place for staff.

Some people had 'do not resuscitate orders' in place. Staff monitored people's health and when they became frail they referred them to the GP and with them and their family a care plan would be developed.

Medicines to support people at the end of their lives were ordered and kept at the service when needed. The service worked with the district nurses to support people and keep them comfortable at the end of their life.

The provider had a complaints policy; this was displayed in the main reception area and was available in an easy read format. People and relatives told us that they knew how to complain and any issues were dealt with straight away. One relative told us, "I complained today about the pillows and they were replaced straight away." Complaints received had been fully documented and investigated in line with the provider's policy. Following the last inspection, the registered manager, had introduced a 'niggles' book. They recorded any verbal complaints in the book and the action that had been taken. The book showed that when concerns about staff or care had been brought to the registered manager they had immediately spoken to staff.

Is the service well-led?

Our findings

People and relatives told us that the service was well led and spoke positively about the registered and deputy manager. One relative told us, "The registered manager is approachable; I see them do hands on stuff." Another told us, "I am happy with the service." Despite positive comments the service was not always well led.

At the previous inspection the provider had failed to assess, monitor and mitigate risks and had not maintained accurate records for each person. At this inspection some improvements had been made but these had not been embedded into the overall running of the service.

Potential risks to people were not consistently assessed and staff did not always have detailed guidance about people to follow. Previously, this had been in relation to medicines side effects, moving and handling and urinary tract infections. At this inspection, improvements had been made in regards to these risks. However, improvements had not been transferred to other areas of potential risk and embedded as guidance for staff regarding potential risks such as behaviour that may challenge and support people needed with other health conditions, was not detailed to mitigate risk.

Previously, the registered manager had not analysed accidents for trends and patterns to reduce the risk of them happening again. At this inspection, this was now in place; however, this practice had not been used to learn from incidents.

The provider completed compliance visits; the last visit was in January 2018, to follow up on the progress following the previous inspection. The registered manager completed monthly audits including care plans; the care plans were chosen randomly, infection control and medicines. The registered manager audited different areas of compliance each month linked to the CQC key lines of enquiry. These audits had not identified the shortfalls found at this inspection, including that there was not detailed guidance for staff in regards to all potential risks and that not all the care plans contained accurate and detailed information. People did not always receive person centred care and have their needs and preferences met.

The provider had failed to assess, monitor and mitigate the risks to the health, safety and welfare of people. The provider had failed to maintain accurate, complete and up to date records. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager liaised with the local safeguarding team and commissioning authorities, when required. The registered manager was supported by the provider and attended managers meetings to keep up to date with developments in adult social care. The registered manager had not attended local registered manager's forums, but told us that they intended to in the future.

The provider had values for their services, ambition, diversity, integrity, quality and sustainability. The registered manager and staff shared this vision. There was an open and transparent culture within the service. Staff told us they felt supported by the registered manager and were able to share any concerns they

may have and these would be dealt with. We observed the registered and deputy manager supporting people; they knew people's needs and people were comfortable with them. Relatives told us the management team had an open door policy and they felt comfortable to speak to them at any time.

Regular meetings were held for staff, residents and relatives. These meetings enabled suggestions to be made, at one residents meeting people had requested more activities, the registered manager told us they had approached the provider about an additional activities organiser and was waiting to hear if this had been approved. The lack of activities had also been reflected in the resident survey, just under half the respondents were not happy with the activities on offer.

Staff and stakeholders such as GP's, district nurses had been asked their opinion about the service. The responses had been mainly positive, there had been some analysis but no plan put in place to address any concerns that may have been raised. The provider had a staff engagement plan, there was a regional staff council, each service had a representative, and the council met every three months and discussed issues affecting the services. There was also a national council, where each region had a representative.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager had notified CQC of important events as required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

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 failed to provide person centred care to achieve people's preferences and ensure their needs are met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that is reasonably practicable to mitigate risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and mitigate the risks to the health, safety and welfare of people. The provider had failed to maintain accurate, complete and up to date records.