

Sathya Care Ltd

Grafton Lodge

Inspection report

40 Goddington Road
Rochester
Kent
ME2 3DE

Tel: 01634722621

Website: www.graftonlodge.co.uk

Date of inspection visit:

15 January 2020

16 January 2020

Date of publication:

09 March 2020

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

Grafton Lodge is a care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. The service can support up to 22 people. The service was provided in one adapted building in a residential area. People had access to a garden and patio area to enjoy when the weather was suitable.

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

Risks to people's individual health and wellbeing had not always been assessed or kept up to date with their changing needs. People's care records had not been reviewed and kept updated when their needs had changed, to make sure the care provided was safe and consistently met their needs. Daily records, to make sure consistent communication between staff kept people safe from harm, were not accurately kept.

Staff had not always received the training they needed to make sure people were supported by staff who were skilled and competent. The monitoring systems in place, to make sure the service was good quality and safe, were not effective in reliably identifying areas for improvement.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, better evidence needed to be kept. We have made a recommendation about this.

People were supported by staff who had been through a robust recruitment process. People's needs were assessed to support decisions about how many staff were needed to provide safe care. There were enough staff and people said they did not have to wait when they needed the attention of a staff member.

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

People were happy with the food provided and people who needed assistance with their meals were not rushed. People were offered a variety of drinks and snacks. People were referred to health care professionals when they needed advice and treatment.

People, relatives and staff thought the service was managed well and described the registered manager as approachable and they listened and took action.

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

Rating at last inspection

This service was registered with us on 24 January 2019 and this is the first inspection for this provider. The last rating for this service was good (published 7 March 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the registration date.

Enforcement

We have identified three breaches in relation to, the management and recording of risk; accurate record keeping; staff training and quality monitoring systems, at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Grafton Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, administration officer, housekeeper, assistant cook and care workers. We also spoke with two visitors who provided services for the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and supervision records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Individual risks were not always identified and recorded. People's needs had changed and this had not always been captured in a risk assessment to make sure people were kept safe. Some people who had been mobile were now cared for in bed. Although people had been referred for appropriate healthcare advice, the advice had not been used to develop a risk management plan. For example, people who were now at risk of developing pressure sores.
- People were at risk of not receiving the care they needed to maintain their health and well-being as monitoring charts were not accurately recorded. A healthcare professional had advised staff to change one person's position every two hours through the day and every four hours through the night, to prevent a deterioration of their skin. The person's daily records did not evidence that staff were supporting a position change every two hours through the day. Records for the first two weeks of January 2020 showed many days where a position change had not been documented from 7am until 11am or 12pm.
- Some people had been assessed as being at risk of malnutrition or dehydration as they had a poor appetite or needed staff assistance to eat and drink. A risk assessment to provide guidance to staff, and to provide a consistent management plan to provide safe care and support, was not in place. Although food and fluid charts were used when people were at risk, these had been poorly completed by staff. There was no clear evidence people were receiving the nutrition and hydration they needed to maintain their health. Some people needed bed rails to keep them safe from falling out of bed. Individual bed rails risk assessments had not been completed to make sure safety measures were in place to prevent harm to people at risk.
- Each person had a personal emergency evacuation plan to inform staff and emergency services of their mobility and care needs during an evacuation. Many of these had not been kept up to date to make sure only accurate information was recorded. One person's plan was last reviewed in April 2019, however, their needs had changed significantly since then. In April 2019 they were independently mobile with a walking aid. In January 2020, during the inspection, they were no longer mobile and were cared for in bed.
- Records did not always provide the appropriate guidance for staff to make sure the risk of infection was prevented. One person had shown symptoms of infection. The GP had advised they remain isolated in their room, until samples were received back from the pathologist. They advised staff took precautionary measures to prevent the spread of potential infection. Staff did have measures in place, such as wearing fresh disposable gloves and aprons whenever they entered the person's room. However, a risk assessment was not in place to make sure recognised infection control guidance was in place for all staff to consistently follow. Their care plan had not been updated with the information.
- Accidents and incidents had been recorded by staff. The registered manager checked all incidents over

each month. They recorded the number of falls, if people had more than one fall and if emergency treatment was needed. However, themes were not explored, and any action taken was not recorded. For example, if incidents happened at similar times of the day or in the same areas of the service, to learn lessons and prevent similar incidents.

The failure to ensure people are kept safe from harm is breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was very clean and pleasant with a fresh smell throughout and no unpleasant odours. Staff had access to personal protective equipment such as disposable gloves and aprons to prevent the spread of infection. Staff were using protective equipment appropriately.
- People told us the heating had not been working well at times and there had also been problems with the hot water system. However, the registered manager told us the provider had needed to replace the whole heating system and a new boiler had been installed. The next part of the heating refurbishment was in progress during the inspection and was due to be completed.
- The provider had carried out all required servicing and routine maintenance of systems, equipment and utilities. Such as, fire alarm and emergency lighting, hoists and slings, gas safety and electrical installation.

Staffing and recruitment

- The provider occasionally used agency staff. For example, if there was unplanned staff absence such as sickness. The registered manager said they always used the same agency and asked for the same staff who knew the service well. An agency member of staff was on duty during the inspection. They clearly knew people and staff well and people were pleased to see them.
- The provider used a dependency assessment tool to check the levels of support each person needed. This helped them to make sure suitable numbers of staff were on duty to meet people's needs.
- People told us they thought there were enough staff as they were not kept waiting when they needed assistance. A relative said, "We have not had any reason to think they are short staffed. We see staff doing activities, painting nails and sitting chatting with people."
- Recruitment of new staff was managed well. New staff had completed an application form with an employment history and their identity had been checked. There were some gaps in employment, but the registered manager addressed this during the inspection. Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- Medicines were managed in a safe way. People received their medicine on time and correctly, as prescribed. Staff checked and counted tablets each time they administered medicines to make sure the numbers left in stock tallied with what had been signed as given in the medicine administration records.
- Medicine was ordered, stored and disposed of safely. Medicines administration records (MAR) were complete with no gaps or errors in recording. Some handwritten entries added to the MAR's had not been signed by two members of staff to make sure the entry was accurately recorded. The registered manager corrected this straight away and confirmed they would make sure all staff understood their responsibilities.
- There was information for staff about people's medicine such as why the medicine had been prescribed and how people liked to take their medicines.
- Where people had medicines prescribed 'as and when necessary' such as pain relief, information was available for staff. The guidance included for example, why the medicine was prescribed, when the person may need to take it and what the safe numbers to take within a 24-hour period were.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Grafton Lodge. One person said, "Yes, we definitely feel safe here, no problems at all, we are looked after very well." Another person commented, "Oh yes, I am definitely safe here."
- Staff understood their responsibilities to protect people from abuse. Staff described what abuse meant and how they would respond and report if they witnessed anything untoward.
- Staff told us the registered manager was approachable and always listened, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise their concerns if necessary. One staff member said "I am very hot on that and would always report. (Registered manager) would definitely act though."
- The provider and registered manager knew their responsibilities to report any concerns to the appropriate authorities. They had reported concerns and sought advice when necessary.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs had not been regularly assessed to make sure they were receiving the care they needed, and to inform and update care plans to provide guidance to staff. Although staff referred people to appropriate health care professionals to provide advice and guidance, their advice was not used to update care plans and risk assessments. People may not receive appropriate care to meet their needs.
- One person was receiving end of life care. Specialist end of life health facilitators visited to give advice and guidance to make sure people had a comfortable and pain free death. One visit was documented in the person's health record, advising staff should brush the person's mouth and tongue with a soft toothbrush twice a day. The facilitators had observed the person's mouth was sore looking and not clean during their visit. A care plan was not in place to make sure the advice was followed. Daily records did not evidence staff were carrying out this element of personal care. Over a one week period, staff documented they had carried out mouth care only once.
- People who had moved into the service in the last 12 months had a more current care plan. However, these provided basic information and did not always address people's needs accurately. One person needed the specific support of staff to assist with a stoma. Their care plan recorded, 'Staff to follow training by stoma nurse'. However, less than 50% of staff had received stoma care training. No further information or guidance was given in relation to the person specifically and how they liked their care to be provided. Such as, how much they were able to do themselves, and if they were comfortable with this. A stoma, or colostomy, is an operation to divert one end of the colon (part of the bowel) through an opening in the abdomen.
- We did not find evidence that people were not receiving the care they needed, and staff showed how they knew people well. However, records did not provide accurate, up to date guidance to ensure good quality, safe and consistent care was delivered .

The failure to ensure accurate and up to date records are kept is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager carried out an initial assessment with people to assess their needs before a decision was made whether the service was suitable, and staff had the skills and experience to provide their care.

Staff support: induction, training, skills and experience

- Although most staff had completed the training that was essential for their role, some staff had not

completed the training the provider considered the basic training needed. For example, five staff had not completed safeguarding vulnerable adults training, five staff had not completed infection control and seven staff had not completed mental capacity training.

- The registered manager could not evidence that new staff had completed mandatory training in a timely manner. Five new staff were completing the care certificate which included completing a workbook in particular subjects. However, many workbooks had not been completed, and staff had not completed any other training, so the provider and registered manager could not be assured that staff had the knowledge and skills to carry out their role. One new member of staff had started employment on 16 July 2019 and another 9 August 2019. Neither staff member had training in safeguarding vulnerable adults, mental capacity, infection control or moving and handling while in their employment with the provider.

The failure to ensure staff are skilled and competent is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff described their induction to the service. One staff member said they had shadowed experienced staff for as long as they needed to feel confident. They said the registered manager had not included them on the staff rota until they were ready.

- Staff were encouraged to complete additional training to increase their competence and skills. The registered manager made sure staff received constructive encouragement and support through one to one meetings. Staff told us they had the opportunity to meet with the registered manager or deputy manager on a regular basis and this helped them to plan their personal development.

- The registered manager told us they expected staff to be able to fulfil their role and was striving to increase staff responsibilities. They said they wanted staff to continue to expand their knowledge and skills to support their professional development. Each staff member had been given an area of responsibility by the registered manager to champion. For example, activities, first aid boxes, call bells and health and safety checks.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made appropriate DoLS applications for people who had been assessed as not having the capacity to make decisions about their care and treatment.
- People had signed to say they had given their consent to staff administering their medicines, sharing their information appropriately and to photographs. However, people had not been asked if they agreed and consented to their care and treatment while living at the service.
- Some people had bed rails to keep them safe from falling from bed. However, people had not given their consent to the use of bed rails. One person had a consent form in their care file but the form had not been signed. Some people who lacked capacity to make particular decisions did not always have records to show

how decisions had been reached in their best interest.

We recommend the provider seeks advice and guidance from a reputable source to improve the recording of consent and best interest decision making within the principles of the MCA.

- Staff had a good understanding of mental capacity and how to support people to make day to day choices and decisions. One staff member told us how they helped one person who sometimes struggled to remember, "We ask her a few times and she will eventually understand and be able to answer."

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

- One person said, "The food is excellent, can't fault it." Another person commented, "The food is very good – and I used to do all my own baking at home."
- Meal times were a social occasion where most people ate at dining room tables and had the opportunity to chat together. Staff were attentive, checking if people needed assistance and making sure they were not kept waiting for their food. Staff advised people during the morning what the lunch choices were and asked what they would like to have. Staff asked again when people were sitting at the dining table, in case they had forgotten. Menus for the day were written on a board in the communal area to remind people.
- Kitchen staff told us they had a good budget to buy the supplies they needed and could contact the provider direct if they needed extra.
- Drinks were plentiful, people told us they always had access to a drink, one person said, "We get plenty drinks, there is always one on the go." Fruit bowls were full and people could help themselves.

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

- The registered manager and staff referred people to healthcare professionals when they needed advice regarding their health and well-being. GP's, speech and language therapists and specialist nurses visited regularly, and their advice was recorded in people's health files.
- People also had access to opticians, chiropodists and dentists.

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

- The provider had decorated the communal areas to a good standard, improving people's living environment. Improvements to support a dementia friendly environment were underway. For example, signs to help people find their way around more easily were in place. Toilet seats were blue to give a visual marker for people who may become disorientated.
- The provider and registered manager had planned new initiatives to improve the environment for people living with dementia. They were in the process of discussions with a contractor to install an area to resemble a post office and a mural that people may relate to, to help them to be aware of their environment.
- People had been encouraged and supported to personalise their own bedroom in the way they wanted. People had photographs of loved ones and friends and had personal items on display. One person was proud of their bedroom and told us they liked having all their photographs where they wanted them. They invited us to visit their bedroom to look at their photographs.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff clearly knew people well and they had a good rapport. There was a relaxed atmosphere where people were chatting with staff and laughing together. One person said, "I am very happy here, the staff are very good." Another person commented, "I am very happy, the girls are great. They are kind and caring and I really couldn't fault them."
- People and their relatives had been asked about their lifestyle choices and these were respected.
- Relatives were very happy with the care and support given to their loved ones, "We have always been happy with the care. The staff are all lovely, there is a range of ages (among staff) and all are equally caring and kind." Another told us, "It has a lovely atmosphere and is like a family. The staff are very caring and so friendly, every one of them."

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

- Staff asked people to make choices throughout the day. For example, what television programme they wanted to watch in the communal lounge, what music they wanted to listen to or if they wanted to join in an activity. People's choices and decisions were respected.
- People and their relatives were asked about their care and how they liked things done. Relatives told us how they had been involved in their loved one's initial assessment, helping them to voice their preferences and what was important to them.
- A 'residents notice board' in the lounge area provided information for people. Such as, the notes of the last residents meeting, a poster with the date of the next meeting and details of upcoming activities. This helped people to keep in touch with what was going on and to make choices about what they would like to be involved in.
- People's relatives were kept informed about important news or information about their loved ones. One relative told us, "When (Loved one) fell over, they rang straight away to let us know, even though they were OK." Another relative said, "When an incident happened, they rang me straight away and let me know what had happened and what they were doing. I thought that was great – they were open and honest."

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us they and some members of staff had signed up as 'dignity champions'. They were encouraging all staff to become dignity champions. A board describing dignity and what it meant was prominent in a communal area. People had been asked what dignity meant to them and their quotes were written on the board.
- The provider had decorated and refurbished a second lounge which meant the area was now more comfortable for people to sit and enjoy looking out onto the garden. The lounge offered a quiet space where

people could relax. A small kitchen area with tea and coffee making facilities had been included, so people's family and friends could make drinks when visiting.

- People were supported and encouraged to maintain their independence. Many people walked unaided around the service. Those who needed some assistance were given time to get to where they needed to go without being rushed.
- A relative said, "Staff are professional and always pleasant and know people very well. They have found a way to support (loved one) well where they respond well." Another relative told us, "It took a few weeks to settle in but (my loved one) is a changed person now. Staff were patient and got to know (my loved one) well and they responded really well. (Loved one) sits at the table, socialises with others and is content."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans did not reflect their current needs and interests.
- The care and support people needed had not been regularly reviewed to make sure staff had up to date information and guidance. More than one person was cared for in bed as their health had deteriorated. Care plans had not been reviewed to reflect these significant changes. One person's care had not been reviewed since October 2018 and their needs had changed considerably. In October 2018, they had been mobile with a walking aid, visited the bathroom independently and ate their meals without assistance. At the time of inspection, all these elements of their care had changed, and they were no longer independent in any of these areas, needing full staff assistance.
- A care plan entitled 'Spirituality' was in place. However, only basic information was included that did not fully address cultural identity. One person's spirituality care plan recorded, 'I am able to voice my needs'. An 'Expressing sexuality' care plan recorded only, 'I am able to express my needs'. Their spirituality and sexual identity had not been explored further to provide staff with individual guidance.

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

- Although care plans were not up to date with people's current needs, staff knew people very well and knew what they needed and how to support them.
- A record of people's life before they lived in the service had been completed with the help of people and their relatives. One person's life record was detailed, with their life as a child and as they grew up and had a family.

End of life care and support

- People had an end of life care plan. Some of these were more successful in describing people's wishes for the end of their life than others. One person's religious beliefs and their cultural needs were clearly recorded. Another person's end of life care plan was left blank. No record was made why. For example, if the person and their relatives did not want to discuss the subject. This is an area that needs improvement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in the service was available in various formats to meet the communication needs of people living there.
- There were a variety of posters and information around the service in easy to read and visual formats to help people to understand the information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relatives and friends were welcome to visit at any time. Some people went out with their relatives when they were able. For example, for lunch, or shopping.
- Staff encouraged and supported people to take part in activities that interested them. Some people enjoyed taking part in karaoke sessions, quizzes, board games and card games. Other people preferred to read books and newspapers or watch television.
- During a survey, people had said they would like to do cooking. A cooking club had started. Some people also said they would like to do gardening and a gardening club was planned to start in the spring.
- External entertainers were booked regularly to provide extra stimulation. For example, singers visited, and weekly exercise sessions were popular. Art sessions were provided where people could paint or draw or get involved in other creative activities.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was displayed in the hallway, so people and visitors had access to it if they wished to make a complaint.
- The registered manager recorded all concerns raised so they could check if lessons could be learnt. All complaints had been investigated and action taken in line with the provider's complaints procedure. The outcome of the complaint investigation was recorded, and the complainant was informed of action taken.
- The registered manager discussed complaints with staff, either individually or in staff meetings, to make sure lessons were learnt, reducing the likelihood of similar concerns being raised.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a monitoring system in place to check the quality and safety of the service. However, this was not used effectively. Care plans and daily records were not audited to check they were up to date and people were receiving the care and support they needed. We found many concerns with people's care plans during the inspection.
- People's daily records were not always documented accurately and consistently by staff. For example, position change charts and food and fluid records, as reported. The registered manager did not have a monitoring system in place to regularly check the records to evidence improvements needed and action taken. This meant people may not receive safe and effective care.
- Although medicines were managed safely, medicines audits did not provide a clear management oversight of continued safety. Medicines audits did not include random checks of medicines in stock. Although staff counted medicines once administered, the registered manager did not have a process to check this was working effectively.
- The provider had invested in an electronic care planning and recording system. An administrator had started to input people's personal information and care needs on to the new system. The registered manager told us they had been planning this for some time and this was why care plans had not been updated. However, many people's care plans had not been updated since 2017 or 2018, even though their care needs had changed significantly. People were at risk of receiving care that did not meet their needs as their records were not accurately kept.

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

- The provider visited regularly. The registered manager said they visited at least twice a week, sometimes more often. They said the provider was very supportive and responsive to requests for added resources to improve the environment and to add quality to people's lives. The registered manager said the provider's vision was to provide good quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under the duty of candour when

incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The registered manager kept families informed of any concerns and incidents within the service or with their loved one. Relatives confirmed this.

- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The provider and registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met their regulatory requirements.

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

- A board displayed photographs and names of all staff in the hallway. People and visitors could check who was on duty and identify staff if they needed to.

- People and relatives told us the registered manager was approachable and they had also met the provider. One relative said, "I can always go to (registered manager). They are always available and always happy to speak and sort things out." Another relative commented, "It is well managed, (registered manager) is available and approachable and listens and always happy to talk. I feel very involved."

- Staff told us there was an open culture where the registered manager and deputy manager were always available to approach for advice or to raise concerns if necessary. The comments we received from staff included, "I am very happy working here. All the staff are very friendly and caring. It has a caring and friendly atmosphere. I feel very well supported by the manager and all the team"; "The managers are approachable and they listen and act when needed"; "I am happy working here. It's a good team and we all work well together"; "(Registered manager) is very approachable and always happy to listen and help. (Provider) visits regularly and is always approachable. They are trying to improve the home, the decorating, for people."

- The registered manager told us during the inspection they had more work to do to improve the service to the standard they expected and wished for the service. They assured us they were working hard to identify issues and make improvements. They said they had started some initiatives, such as the Dignity Champions, to support this and had other improvements planned.

- A visiting contractor said, "I think it's a lovely home – the staff are brilliant and the residents are all very happy. I know because I see and chat with them regularly." A visitor to the service said, "Although the care and atmosphere has always been good, I think the service is further enhanced now as it has been decorated really well and I think it is managed in a more streamlined way."

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

- People had various ways to raise concerns or ideas for improvement. Residents meetings were held every three months. Relatives were welcome to attend if they wished. The notes from the meetings showed lively discussions where people were listened to and action was taken. In addition, surveys were held where people completed a questionnaire. The last survey had been specifically to gain people's views and ideas about food and meals, and activities.

- The registered manager held regular staff meetings to keep staff up to date and to ensure staff were aware of the provider and registered manager's expectations. Staff had the opportunity to raise their own ideas for change as well as concerns. Staff told us they were able to attend staff meetings most months and found them essential to good communication.

Working in partnership with others; Continuous learning and improving care

- The provider and registered manager had a strategic plan for improvements they planned to make. This formed the basis of an action plan.

- The registered manager and deputy manager attended local forums to keep up to date with information

and changes relevant to their local area. They had signed up to local and national networks to gather information and access training opportunities.

- The manager had engaged with local authority commissioners and staff as well as health care professionals such as GP's and district nurses.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager failed to ensure care plans were accurate, up to date and individual risks were mitigated. Regulation 12(1)(2)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure records were accurately kept and quality assurance systems were effective in identifying shortfalls. Regulation (1)(2)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager failed to ensure staff had the skills and competence to carry out their role. Regulation 18 (1)(2)