

C.N.V. Limited

Ridgeway Manor 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ridgeway Manor Residential Care Home is a care home without nursing for up to 43 older people, including people living with dementia, sensory impairment and physical disability. There were 20 people living at the home at the time of our inspection.

People's experience of using this service:

Some aspects of people's care were not always provided safely. For example, some people did not receive their medicines as prescribed on the day of our inspection. People who had specific dietary needs were not supported to eat in line with guidance issued by a speech and language therapist.

A recent fire risk assessment found improvements were needed in fire safety and some areas of the building presented health and safety risks to people. The home was not adapted to meet the needs of people living with dementia. Some parts of the home were not adequately maintained or sufficiently clean. Quality assurance systems were not effective in assessing, monitoring and improving the quality and safety of the service.

People's care was provided in line with the Mental Capacity Act (MCA), although there were some inconsistencies in the completion of documentation. We have made a recommendation about this.

People told us they enjoyed the food at the home. They said they had choices at each meal and could have alternatives to the menu. However, meals for people who required texture-modified food were not attractively presented. We have made a recommendation about this.

There were enough staff on each shift to meet people's needs. People said staff were available when they needed them and that they did not have to wait when they needed care. Staff were recruited safely and understood their role in safeguarding people from abuse. Relatives praised the efforts staff had made during the COVID-19 pandemic to keep people safe.

If accidents or incidents occurred, these were reviewed to identify any themes and actions that could be taken to prevent a similar incident happening again. There was a business continuity plan in place to ensure people would continue to receive their care in the event of an emergency.

People were supported to maintain good health and to access healthcare services when they needed them. Staff monitored people's health and made referrals to healthcare professionals if they identified concerns.

Staff carried out assessments to identify any risks people faced in areas such as mobility and skin integrity and kept these under review. Pain assessments had been implemented for people who may not be able to express when they were in pain, such as people living with dementia.

Staff were kind and caring and treated people with respect. People and relatives told us there was a friendly,

family atmosphere at the home. Staff respected people's choices about their care and enabled them to be as independent as possible. People had access to activities they enjoyed.

Staff had an induction when they started work and access to ongoing training. Staff told us they received good support from the management team and said they worked well as a team.

People's care was planned to meet their individual needs. 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. People's wishes about the care they received towards the end of their lives had been recorded where they chose to discuss this aspect of their care.

People told us staff knew their needs well and how they preferred their care to be provided. Relatives told us the management team communicated well with them and said they were able to be involved in planning their family members' care. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 4 November 2019).

Why we inspected:

This inspection was prompted by a review of the information we held about this service.

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

Enforcement and Recommendations:

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

We have identified breaches in relation to health and safety, the environment and governance.

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 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.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ridgeway Manor Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

Three inspectors carried out the inspection.

Service and service type

Ridgeway Manor Residential Care Home 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. Ridgeway Manor Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

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

Notice of inspection

The inspection was unannounced.

Inspection activity started on 18 August 2022 and ended on 26 August 2022. We visited the home on 18 August 2022.

Before the inspection

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

During the inspection

We talked to six people who lived at the home and five relatives about the care their family members received. We spoke with eight staff, including the registered manager, the deputy manager, the assistant manager, care, catering and activities staff.

We looked at care records for four people, including their assessments, care plans and risk assessments. We checked five staff recruitment files, training records, the arrangements for managing medicines, records of complaints and accidents and incidents, quality checks and audits, meeting minutes and the provider's business contingency plan.

Is the service safe?

Our findings

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 for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- At the last inspection we found people were not adequately protected from the risk of scalding because 21 of the home's bedrooms did not have thermostatic mixer valves (TMVs) fitted to taps regulate the temperature at which water was delivered. At this inspection the registered manager provided evidence that TMVs had been fitted to the taps in all the home's bedrooms.
- However, we identified other risks in relation to health and safety. A fire risk assessment carried out by an external consultant on 1 August 2022 found a fire extinguisher was being used to prop open a fire door and another fire door was wedged open. The fire risk assessment also established staff had not had training in how to use fire extinguishers. During the inspection the registered manager contacted companies able to provide this training and we saw that fire extinguishers were no longer being used to prop fire doors open.
- Some areas of the building presented health and safety risks to people. For example, a warning sign had been placed on a door in a communal area on the door stating, 'Danger - do not open this door.' The door was unlocked and had a steep staircase leading to the basement on the other side. An empty but unlocked bedroom contained building materials and chemicals used for cleaning.
- People who needed texture-modified food or thickened fluids were not supported to eat and drink safely in a manner consistent with relevant professional guidelines. Speech and language therapist guidance on file stated people who needed texture-modified food should be in an upright position while eating to prevent aspiration. However during lunchtime we saw two people who needed texture-modified food eating their meals while reclining back in armchairs which did not support them to remain in an upright position. Both people experienced episodes of coughing while eating their meals.
- Some people's care plans contained inconsistent information around their eating and drinking needs. For example, one person's care plan stated in one place that a speech and language therapist had recommended a 'level 5 minced and moist' diet but in another place recorded the person should be given a 'level 6 soft and bite-sized' diet. Staff who prepared texture-modified food had not had training in how to do this according to nationally-recognised guidelines, which meant there was a risk texture-modified meals would not be prepared to the prescribed consistency.
- A member of staff preparing thickened drinks told us a person needed one scoop of thickener per 100mls of fluid. However, the person's care plan stated the person needed one scoop of thickener per 200mls of fluid. Two people's thickener were left on tables in their bedrooms despite guidance issued by the speech and language therapist stating, 'Please be aware that thickening powders cause choking if taken dry. Tubs should not be left unattended.'

Risks to people's health and safety had not been addressed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Assessments had been carried out to identify any risks people faced in areas including mobility and skin integrity. Where risks were identified, measures were put in place to mitigate these. For example, people at risk of pressure damage had pressure-relieving equipment in place to minimise this risk.
- Relatives praised the efforts staff had made during the COVID-19 pandemic to keep people safe. One relative told us, "They did really well during COVID; they bent over backwards to keep the residents safe." Another relative said, "They worked so hard during COVID to keep everyone safe."
- If accidents or incidents occurred, these were reviewed to identify any emerging themes and actions that could be taken to minimise the risk of recurrence. The home had a business continuity plan to ensure people would continue to receive their care in the event of an emergency.

Using medicines safely

- People did not always receive their medicines as prescribed. On the day of our inspection one person should have received their medicines at 8am. The person had to leave the home for an appointment at 7.45am. The staff on duty at the time the person left the home were not authorised to administer medicines. This meant the person was not given their medicines until they returned to the home at 12pm. Another person's medicines administration record stated they should receive their medicines at 11am but staff had recorded they had given the person their medicines at 8am.
- People did not always have access to pain relief when they needed it. Night staff were not authorised to administer medicines, which meant that people did not have access to pain relief between 8pm and 8am. One person told us they had been in pain the previous night but staff had been unable to give them analgesics.
- The trolleys used to store medicines were not well-organised or adequately clean. Three pill cutters used to split tablets had medication residue on the surface.

Medicines were not managed properly and safely. This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff who administered medicines received training for this role and their practice was assessed. The sample of administration records we checked were up-to-date and accurate. Where patches needed to be applied, body maps were maintained indicating where the patches had been placed on the person's body.
- Each person's medicines record had a dated photograph, the name of the person's GP, and information about how they preferred to take their medicines. There was guidance in place for medicines administered 'as required' (PRN) and for the use of homely remedies.

Staffing and recruitment

- People told us staff were available when they needed them. They said they did not have to wait when they needed care and our observations confirmed this. One person told us, "I feel safer here than I did in my flat when I used to fall three times a day." Another person said, "They give you a buzzer and they leave it within reach. They come very quickly." Relatives confirmed there were always enough staff available to meet people's needs when they visited. One relative told us, "There is always someone on hand."
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident their family members were protected from abuse and avoidable harm.
- Staff attended safeguarding training and understood their responsibilities in protecting people from abuse.
- Staff were able to describe the signs of potential abuse and the action they would take if they observed these. Staff were confident any issues they raised would be acted on within the home but knew how to escalate concerns with other agencies if necessary.

Preventing and controlling infection

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

Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished.

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 for this key question has remained 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

- At the last inspection, we found that pain assessments were not carried out for people who may not be able to express when they were in pain, such as people living with dementia. At this inspection, we found action had been taken to improve and that pain assessments had been implemented where necessary.
- People's needs had been assessed before they moved to the home to ensure staff could provide their care. Staff carried out a range of assessments to establish people's needs and kept these under review to identify any changes. For example, assessments were carried out and regularly reviewed to identify needs in relation to skin integrity, oral health, and continence.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection we recommended the provider consider and implement guidance to ensure that practice reflected the principles of the MCA.

At this inspection we found some action had been taken to implement this recommendation but further improvements were needed. Some of the mental capacity assessments on file had been reviewed and amended to ensure they related to specific decisions about people's care, including decisions regarding the use of sensor mats or consent to COVID-19 testing. However, other mental capacity assessments we checked considered a number of decisions within the same assessment, such as washing/showering, feeding/nutrition, dressing, and medication.

We recommend the provider review mental capacity assessments to ensure they comply with the principles

of the MCA.

- Staff attended training in the MCA and respected people's decisions about their care. People told us staff asked for their consent on a day-to-day basis. If people were at risk of harm, the least restrictive options to keep them safe had been implemented. Where people were subject to restrictions to maintain their safety, such as being unable to leave the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority.

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

- At the last inspection we found the home was not fully adapted and designed to meet the needs of people living with dementia. For example, there was no identification on room doors to help orientate people and the handrails around the home were not always in a contrasting colour to the walls. We also found some areas of the home required updating and refurbishing.
- At this inspection we found not enough action had been taken to improve this area. No changes had been made to make the environment more suitable for people living with dementia. There was no signage to orientate people around the home. People's bedroom doors were marked with their name and room number but did not have other identifying features such as photographs or memory boxes. Most of the corridors and communal areas were painted in varying shades of similar colours rather than contrasting colours as recommended in good practice guidance. The registered manager told us they had not consulted available guidance on creating a dementia-friendly environment since the last inspection.
- Although some parts of the home were clean and well-decorated, other areas were insufficiently clean or required refurbishment. Carpets in some parts of the home were threadbare, which had been identified in monthly 'maintenance and grounds' audits, and some chair cushions were ripped. The fridges in the kitchen and adjacent storeroom were not sufficiently clean.

The home was not adapted to meet the needs of people living with dementia. Some parts of the home were not adequately maintained or sufficiently clean. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection we found people's care plans recorded whether they were at risk of dehydration but did not contain guidelines about how much fluid staff should aim to support people to have, or the action to take if they did not reach their target.
- At this inspection we found fluid targets had been recorded and that staff recorded and totalled the amount of fluids people had each day. The deputy manager told us that, if people were consistently not reaching their fluid targets, a referral would be made to the person's GP.
- People told us they enjoyed the food at the home. They said they had a choice of dishes at each meal and that they could have alternatives to the menu if they wished. One person told us, "The food is good. You get a choice at every meal."
- We observed that meals for people who needed texture-modified food were not presented in an appetising way. For example, all the elements of meals for people who needed pureed food were blended together rather than individually and moulds had not been used to form the puree into individual food shapes.

We recommend the provider consider and implement best practice guidance on the preparation and presentation of texture-modified food.

Staff support: induction, training, skills and experience

- People told us staff knew their needs well and provided their care in the way they preferred. Relatives told us their family members benefited from being cared for by consistent staff. One relative said, "One thing I think is good is the consistency of the staff; they do not have a big staff turnover." Another relative told us, "The turnover of staff seems low. I always recognise the people I see."
- New staff had an induction when they started work, which included shadowing and completing mandatory training. Staff attended regular refresher sessions and training related to people's individual needs.
- Staff told us they had opportunities to meet with their managers for supervision, which enabled them to discuss their performance, training needs and professional development.

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

- Relatives told us staff contacted healthcare professionals promptly if their family members became unwell or developed healthcare needs. One relative said, "They are very quick to respond if [family member] is not well. They will always phone me and say, 'We are getting the doctor in.'" Another relative told us, "They were very quick at getting the district nurse to visit when [family member's] toe deteriorated."
- People's care plans contained evidence of referrals to healthcare professionals including GPs, speech and language therapists and specialist consultants.
- Staff supported people to maintain their oral health. Care plans contained guidance for staff about the support people needed with oral healthcare, including tooth and denture care.

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

Ensuring people are well treated and supported; equality and diversity

- People said they enjoyed living at the home and that staff treated them with kindness. One person told us, "It is very nice here. The staff are very kind." Relatives confirmed their family members enjoyed their lives at the home. One relative said, "[Family member] is very happy and settled there. The staff are very caring and helpful."
- People told us the home had a friendly, welcoming atmosphere which they enjoyed. One person said, "I like the calm nature of it. I like the people around me and I have made friends." Relatives also highlighted the friendly atmosphere of the home. One relative told us, "It is a friendly atmosphere. The staff have time to have a chat with all the residents." Another relative said, "I think it is a very homely environment."
- Relatives told us staff provided their family members' care in a kind and compassionate way. One relative told us, "They are really kind to [family member]. They are very gentle. It is a little bit tatty but the level of care is very good. They really do put their residents first." Another relative said of staff, "They are caring and compassionate. They have a lot of empathy."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect and maintained their dignity when providing care. People told us staff respected their right to privacy when they wanted it.
- Relatives told us staff offered their family members choices about how they wished to spend their time. One relative said, "They always give [family member] choice; they ask what she wants to wear, and how she wants to spend her time." Another relative said, "They know [family member] loves to look at books. They always make sure she can choose which book she wants."
- People were supported to manage aspects of their own care where they were able and wished to do so. A relative told us, "They have always ensured [family member] can be as independent as possible." Another relative said, "They encourage [family member] to get dressed himself and choose his clothes. They are very respectful of his choices."

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 for this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection we found people's care plans were of variable quality. Whilst there was some person-centred information in care plans, some areas required additional information.
- At this inspection we found work had been carried out to improve this area. People's care plans had been reviewed and updated to ensure they were sufficiently detailed and person-centred. They contained information about people's needs and preferences about their care, their life histories and interests.
- People told us staff knew their needs well and how they preferred their care to be provided. Relatives confirmed their family members' needs and preferences about their care were known by staff. One relative told us, "They are very aware of [family member's] needs." Another relative said, "One of the things they do well is that they treat everyone as an individual."

End of life care and support

- At the last inspection we found some people's end of life care plans were detailed, whilst others were not. At this inspection we found action had been taken to improve this area. People's wishes about the care they received towards the end of their lives had been recorded, including whether they wished to be admitted to hospital should their condition deteriorate and any needs in relation to their religion or culture. People's wishes were respected if they chose not to discuss this aspect of their care. No one at the home was receiving end of life care at the time of our inspection.

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 had access to activities they enjoyed. The home's activities co-ordinator had developed a programme which included arts and crafts, gentle exercise, quizzes and word games, music and film screenings.
- Some people told us they would like more opportunities to spend more time outside in the home's grounds. One of the relatives we spoke with echoed this, saying, "It would be nice to see those who cannot join in on crosswords, etcetera get more access to the grounds. It is difficult for people to easily go in and out." We shared this feedback with the registered manager who agreed to enable this.
- People were encouraged to spend time with others in the communal areas to ensure they did not become socially isolated. Relatives told us spending time with other people was beneficial for their family members. One relative said, "They encourage [family member] to join in [the activities]. They make sure she is never isolated in her room."
- People were supported to maintain relationships with their friends and families. Relatives told us staff had ensured people were able to keep in touch with their friends and families during COVID-19 when face-to-face

visits were not possible. One relative said, "During COVID, they arranged video calls on the iPad. It was a great way of making sure we could stay in touch."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and recorded in their care plans, including any needs in relation to eyesight and hearing. Care plans included information for staff about people's individual methods of communication and how they could signify their consent.
- People told us staff knew their communication needs well and had been proactive in responding to these. One person who had a visual impairment said staff ensured they had access to talking books, which they told us they enjoyed.

Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed. The home had received no formal complaints since 2020.
- People and relatives knew how to complain and were confident any concerns they raised would be addressed. One relative told us, "I have never had any concerns, but I am sure they would look into any complaints properly." Another relative said, "I would feel absolutely fine about raising things if I had to."

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

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

- At the last inspection we found quality checks and audits had not identified some of shortfalls we found at that visit. At this inspection, we found not enough action had been taken to address the issues highlighted in the report of the last inspection. For example, no consideration had been given as to how the design and decoration of the home could be adapted to make it more dementia-friendly.
- In addition, we found further risks to people's health and safety at this inspection which had not been identified or addressed through quality checks and audits. For example, in relation to the management of medicines and people who had needs in relation to eating and drinking.
- Quality monitoring audits were not always effective in identifying where improvements were needed. Where areas for improvement were identified through audits, action had not always been taken to address them. For example, audits of people's dining experience assessed the presentation of pureed food and had recorded that this was well-presented, when our observations found this was not the case. The 'maintenance and grounds' audit had recorded that some carpets were worn and threadbare but no action had been taken to address this.

Systems had not been established to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were able to give their views about their care and these were listened to. Relatives told us the management team communicated well with them and kept them up to date about their family members' health and well-being. One relative said, "My main contact is [deputy manager]. She probably knows [family member] best and she is good at keeping us up to date about how she is and what is going on." Another relative told us, "I always chat to [deputy manager] and [assistant manager] about things. They are always straight on the phone if there are any issues. They always keep us well-informed."
- Staff told us they received good support from the management team. They said advice and support was available to them when they needed it. Staff morale was good, and staff told us they worked well together as a team to provide the care people needed.

- The registered manager understood their responsibilities under the duty of candour and the requirement to submit statutory notifications when necessary.

Continuous learning and improving care; Working in partnership with others

- Any untoward events that occurred were reviewed to identify any emerging themes.
- Relatives told us they were able to be involved in planning their family members' care. They said they were consulted about their family members' care plans. One relative told us, "They have really involved me in [family member's] care." Another relative said, "They review [family member's] care plan every so often. I go in and sit with them to go through it."
- Staff had developed effective working relationships with other professionals involved in people's care, such as GPs, district nurses and speech and language therapists.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and safety had not been addressed.</p> <p>People who had needs in relation to eating and drinking were not supported to eat and drink safely in a manner consistent with relevant professional guidelines.</p> <p>People's medicines were not managed properly and safely.</p> <p>Regulation 12(1)(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The home was not adapted to meet the needs of people living with dementia.</p> <p>Some parts of the home were not adequately maintained or sufficiently clean.</p> <p>Regulation 15(1)(a)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

Systems had not been established to assess, monitor and improve the quality and safety of the service.

Regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.