

Priory Mews Healthcare Limited

# Priory Mews Care Home

## Inspection report

Watling Street  
Dartford  
Kent  
DA2 6EG

Tel: 03333214715

Date of inspection visit:  
08 November 2023  
09 November 2023  
10 November 2023

Date of publication:  
15 December 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

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

Priory Mews Care Home is registered to provide personal and nursing care to up to 156 people. At the time of the inspection 86 people were living at the service. Priory Mews Care Home is purpose built and arranged across 5 separate buildings (referred to as units in this report). Cressenor and Mountenay have capacity for 42 and 30 people respectively and provide nursing care for people living with dementia. Beaumont has capacity for 30 people and provides general nursing care. Marchall has capacity for 23 people and provides residential care for people living with dementia. Berkeley has capacity for 15 people and provides general residential care for older people. A separate building houses the management and administration offices, kitchen, reception and training facilities.

### People's experience of the service and what we found:

Although improvements had been made to the identification and mitigation of individual risk, further improvement was ongoing to ensure people's safety.

Further improvements were needed to the management of people's medicines, although this area had improved since the last inspection.

The provider had introduced new monitoring systems since the last inspection, however these were not always robust and required further improvement to make sure people received safe and good quality care.

Not all staff understood how to raise concerns outside of the organisation. We have made a recommendation about this. Not everyone had an end-of-life care plan that set out their wishes. We have made a recommendation about this.

Care plan development was still ongoing, and some care plans did not provide the information and guidance necessary for staff to fully understand people's support needs. During our inspection the provider put measures in place to address this. We will check the progress of this at our next inspection.

Staffing levels had improved, and safe staff recruitment practices were now in place. The levels of agency staff had significantly reduced and the agency staff supporting people now were regular agency staff who were considered as part of the team. Cleanliness in the service had improved and there were no areas that were unclean, so the risks around infection control had reduced.

People's needs were now better assessed so care plans could be written in a more individualised way. Improvements had been made to the premises so people were living in a more pleasant environment. Staff had completed their training and were more able to put this into practice. Staff said they felt well supported. People received better care with their health needs and the advice of healthcare staff was now followed. People were happy with the food provided, and their meals, and told us they could choose other options if they wished.

People's care had improved, and staff treated people with kindness and respect. People and their relatives told us they were happy with the care provided and felt staff knew them well and understood them. People now had the opportunity to engage in activities, visits out, or chatting with staff to enable a more meaningful day. When people and relatives complained or raised a concern, these were now investigated, and lessons were learned.

Staff said they felt listened to and were able to speak up if they needed to. Staff had only positive things to say about the provider and manager and were happy with the changes being made, such as the new electronic care planning system and improvements to the environment. Staff culture had improved and there was a happy atmosphere across the service. The provider had engaged with people, relatives and staff, through meetings and surveys. The provider had submitted notifications to CQC as required since the last inspection.

#### Rating at last inspection and update

The last rating for this service was Inadequate and published on 26 April 2023, with a supplementary report publishing enforcement action taken, on 23 August 2023. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 26 April 2023. During this inspection the provider demonstrated improvements that have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. However, we found the provider remained in breach of some regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received about people's safety and care, and to check whether they were now meeting the legal requirements. A decision was made for us to inspect and examine those risks.

The inspection was also prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management and risk of falls. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

#### Enforcement and Recommendations

We have identified breaches in relation to medicines management and risk management.

We have made 2 recommendations, in relation to safeguarding and end of life care.

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 effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Priory Mews 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.

#### Inspection team

The inspection team consisted of 4 inspectors, including a medicines inspector, and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Priory Mews 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. Priory Mews Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post. There was a manager in post and they had made an application to register with CQC, on 28 September 2023, and this was in the process of being considered.

#### Notice of inspection

The 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 including their safeguarding team and commissioners, professionals who work with the service 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

We spoke with 16 people who used the service and 9 relatives about their experience of the care provided. We observed the care provided within the communal areas. We spoke with 29 members of staff including the nominated individual, a director, members of the management team, senior care workers, care workers, agency staff, activities co-ordinators and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 17 people's care records and 20 medication records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including auditing and monitoring records and policies and procedures were reviewed.

# Is the service safe?

## Our findings

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to 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 our last inspection, the provider and registered manager failed to assess and monitor the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had not made sufficient improvements and the service remained in breach of the regulation.

- The provider did not always assess risks to ensure people were safe.
- Some people who had been diagnosed with epilepsy did not have a specific risk assessment in place to help staff understand how epilepsy affected them, how their seizures presented and what action to take in response.
- Some people who had diabetes did not have a specific diabetes risk assessment in place. Specific individual risks had not been identified so care staff were not given the guidance to help mitigate risks or to recognise signs of illness in relation to the person's diabetes.
- Assessment tools were used to identify individual risks. For example, where people's skin was at risk of breaking down. One person's assessment showed they were at high risk of skin breakdown. However, a specific risk assessment had not been completed to identify what the risks were to the individual and what preventative measures were in place to manage the risk.

The provider failed to assess and monitor the risks to the health and safety of people or do all that was 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.

- Since the last inspection the provider had introduced an electronic system to record people's care which had created some improvement in people's safety.
- Staff were more aware of risks and how to keep people safe. People and their relatives told us they felt safe. One person said, "Yes, I trust them", and another person said, "I feel very safe".
- The provider had a system in place to ensure equipment and the buildings were safe. Through regular checking, servicing and maintenance, including fire and electrical systems. People had individual plans to provide the information to keep them safe if an emergency evacuation needed to be actioned. Staff knew what to do in the event of an emergency situation.
- The management of accidents and incidents had improved. The provider had better processes in place to ensure the recording and outcome of incidents. Staff were more aware of how to support people in a positive way when they were distressed or anxious.

- The manager and the unit managers monitored accidents and incidents, making sure lessons were learned to improve outcomes for people.

### Using medicines safely

At our last inspection, the provider and registered manager failed to manage medicines safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had not made sufficient improvements and the service remained in breach of the regulation.

- People were supported to take their medicines in a way that was not always safe. Although there were systems and processes in place to check people received their medicines safely, 2 people had not received their medicines safely or as prescribed.
- One person had received a medicine that was past the manufacturer's expiry date. Another person, who was diabetic, had been given their insulin and had not received any additional monitoring when their blood sugars were below the recommended range.
- There were PRN (when required) protocols in place, including for medicines used to support people when they were agitated or distressed. However, there was not always information to advise staff how to support people with de-escalation techniques without the use of medicines. Care plans contained some information to advise staff on emotional support but did not refer to medicines prescribed for anxiety and distress and how and when to administer them.

Although there was no evidence of any harm caused, the provider failed to assess and monitor the risks associated with the management of people's medicines. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were given medicines disguised in food or drink (covert administration), staff had contacted the pharmacy for advice. A best interest decision making process was in place, where people lacked capacity to make this decision, to support staff to administer the medicines safely.
- The service worked with healthcare professionals to ensure people's medicines were regularly reviewed and met people's needs.
- The service completed regular medicines audits. These had highlighted areas for improvement and action plans were completed.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

At our last inspection, the provider and registered manager failed to protect people from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation, although some further improvement was needed.

- People were not always safeguarded from abuse and avoidable harm because not all staff knew how to raise a safeguarding alert outside of the organisation and some staff did not understand they could do this to keep people safe from harm. Staff had received training around safeguarding adults, however training had not been effective because some staffs knowledge was limited.



We recommend the provider seeks appropriate guidance and advice to ensure staff have a greater understanding of local safeguarding procedures.

- Improvements had been made, people were no longer calling out for help and staff understood people's needs better. Staff had more time to spend with people so were better able to recognise signs of distress early.
- People and their relatives told us they felt safe. When we asked relatives if they felt their relative received safe care, 1 relative said, "I do now that the home has new management".

### Staffing and recruitment

At our last inspection, the provider and registered manager failed to deploy staff appropriately and safely. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation.

- The provider ensured there were sufficient numbers of suitable staff. The provider had recruited new staff, which reduced the numbers of agency staff being used to provide people's care. Some agency staff were still used, to cover nurse vacancies, however these nurses were working regularly at the service and had been for some months so knew people well
- People now received better care, as a result of being supported by permanent staff who knew them well. We did not hear anyone calling out and not being attended to by staff, people received attention when they needed it. People and their relatives told us they felt there were enough staff. One person said, "Yes, there is always someone there when you need them", and another told us, "The staff come when I ring the buzzer and I do not have to wait too long".

At our last inspection, the provider and registered manager failed to have safe and robust recruitment processes in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation.

- The provider operated safe recruitment processes. Recruitment processes had been improved. There were no longer gaps in employment records and references had been followed up to make sure applicants were suitable to work at the service.
- Disclosure and Barring Service (DBS) checks were carried out. DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

At our last inspection, the provider and registered manager failed to assess and monitor the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of this part of the regulation.

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were now assured that the provider was promoting safety through the layout and hygiene practices of the premises. The environment had been improved and better cleaning regimes were in place.
- We were now assured that the provider was supporting people living at the service to minimise the spread of infection. Moving and handling equipment was clean, and lifting slings were no longer used for communal use.

#### Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

# 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 Inadequate. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider and registered manager failed to ensure staff were appropriately skilled. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation.

- The provider had improved training opportunities for staff since the last inspection and staff were receiving supervision to make sure they were able to put their training into practice.
- We observed only good care in the communal areas, which was an improvement on observations made at the last inspection. People were supported safely when staff needed to use equipment such as a moving and handling hoists or wheelchairs to help them to move around.
- People who were living with dementia and became anxious were supported by staff who were confident and knew them well. This meant that people were provided with appropriate and timely care to reduce distress.

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

At our last inspection, the provider and registered manager failed to provide appropriate support in a person-centred way. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation.

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- An initial assessment was completed with people before they moved into Priory Mews Care Home, and this was effectively used to develop their care plans. The process of moving in and ensuring initial care plans were in place was now closely monitored to make sure people received appropriate care straight away.
- People's care was assessed using nationally recognised tools, the impact of which could be seen at this inspection as staff understood how to complete them to make sure they were an accurate reflection of

people's needs.

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

At our last inspection, the provider and registered manager failed to assess and monitor the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of this part of the regulation.

- People were supported to eat and drink enough to maintain a balanced diet. People cared for in bed were no longer left with food in front of them without staff support. Staff were attentive and made sure people were helped to eat their meal while it was still hot.
- People were now supported to eat their meal safely. We did not see anyone eating their food while lying flat in bed. People now had care plans and risk assessments in place to make sure staff had the guidance in place to support people correctly and safely when they were eating in bed.
- People could choose where they ate their meals, in the dining room or in their room, and could choose where they sat in the dining room. Staff were attentive in the dining room, making sure people had the support they needed. One person told us, "Food is lovely, I had a big breakfast this morning, the staff make sure it is cut up for me".
- People's care plans and risk assessments recorded if people were on special diets or needed their food to be a particular consistency such as soft or bite size. This information was provided to the kitchen staff and updated daily.

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

At our last inspection, the provider and registered manager failed to provide appropriate support in a person-centred way. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation.

- People were now supported to live healthier lives and the service worked effectively with healthcare services to deliver their care, support and treatment.
- People were referred to healthcare services when needed. These included a GP who visited the service every week, dieticians, speech and language therapists and tissue viability nurses.
- Nurses were on duty who provided nursing care, and advice given by healthcare professionals was now followed to ensure people were supported to have the best outcomes.
- Relatives told us they were happy with their loved one's health care and confirmed that staff contacted healthcare professionals when needed. When we asked if staff kept them updated about their loved ones health, 1 relative said, "Yes, they are on the phone straight away, the Doctor comes on a Thursday and the Chiropodist 6 weekly".

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

At our last inspection, the provider and registered manager failed to assess and monitor the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of this part of the regulation.

- People's needs were met by the adaptation, design and decoration of the premises. All units were now decorated and clean, providing an improved environment for people to live in. People's relatives told us how pleased they were, 1 relative said, "It has noticeably improved. You can feel the difference".
- Bathrooms were now free from clutter and the equipment used to support people to have a bath or shower were clean. We were assured people could have a bath or shower in a more pleasant environment, and bathrooms were available when needed.
- People living with dementia now had signage in place to help them to move around the service more easily. This meant they were more able to find their own way to their bedroom, bathrooms, or communal areas.

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

At our last inspection, the provider and registered manager failed to ensure people's rights were maintained and upheld. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

- The provider was working in line with the Mental Capacity Act. Mental capacity assessments had been completed with people who were thought to lack capacity to make decisions about their care. Assessments had improved, they provided more detail about how the decision was made if a person lacked capacity and were decision specific.
- Where people were deemed to lack capacity to make a specific decision, a best interest process was followed to make sure people's rights and wishes were upheld.
- People were no longer left in bed with no reasons why or without a mental capacity assessment or specific care plan being completed. People were supported to get up if they wished to and chose whether to spend time in their room or in the communal areas. This was clearly recorded in care plans.
- People told us their choices and decisions were respected, 1 person said, "We are offered choices, and they abide by them". A relative told us, "My dad knows what he wants to do, and we as a family are involved with any decision making".

- Where people lacked the capacity to consent to their care and treatment appropriate applications had been made for a DoLS authorisation. Records were updated to keep track of applications and authorisations. Where a DoLS authorisation had been granted and conditions were attached to this, these were known by staff and recorded to ensure conditions were met.

# 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 Inadequate. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At our last inspection, the provider and registered manager failed to ensure care was provided in a caring and dignified way. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation.

- People were well supported and their privacy and dignity was respected and promoted. The provider had taken action to make sure people now received care and support that met their needs. We saw people being supported by staff who showed a caring and respectful approach.
- People were now not calling out for help and were not kept waiting for the care they needed. People were not waiting all morning for staff to attend to their morning needs to be able to start their day.
- People were now treated with dignity and respect. No-one was in a state of undress in their bedroom with the door open. Staff were kind and spoke to people with respect. There was a calm but happy atmosphere throughout the service. Staff clearly enjoyed their role, and they told us this.
- People and relatives told us they were more than happy with the care provided by staff. One person said, "They don't talk down, they talk to me like an adult equal", and another person told us, "They are always kind and merry".
- People and their relatives were more involved in their care. The provider had introduced a new electronic care planning system. This meant relatives could access their loved one's care records if they wished. People had now been asked about their likes and dislikes and how they liked to receive their care and support. Relatives had been asked to provide important information about their loved one to make sure they received individual care.
- Overall, the service had a more pleasant atmosphere where people and staff were happy and more engaged. A staff member said, "Everyone pulls together, and morale is high now. I feel listened to and so supported".

# 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 Inadequate. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

### End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. A person was nearing the end of their life during the inspection and a clear and individual plan was in place which addressed the wishes of the person and their loved ones.
- However, some people did not have an individual plan in place. Some people had said they were not ready to discuss this, but for others there was no explanation. This meant if someone deteriorated suddenly, their wishes may not be considered.
- One person was a Roman Catholic and although this was mentioned in another part of their care plan, there was no record of what this meant for the person when they were near the end of their life. The person's specific religious and cultural needs may not be met if staff did not understand them and have guidance to follow at the time it was needed.

We recommend the provider seeks guidance from a suitable source to enable staff to understand how to develop a meaningful end of life care plan.

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

At our last inspection, the provider and registered manager failed to provide appropriate support in a person-centred way. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation, although some further improvement was needed.

- People were not always supported as individuals, or in line with their needs and preferences. The provider had introduced a new electronic care planning system which had improved the information and guidance about the care needs of individuals since the last inspection.
- However, people's care plans still required improving. Information about people's life before moving into the care home and what was important to them was not always documented.
- Specific care plans to make sure people received individual care had not always been developed. This included people's religious and cultural needs, which meant that staff may not know what was important to people to be able to meet their cultural needs. Even though staff may know people well, they may not understand the specifics around each person's religion or culture. We spoke to the provider about this who put measures in place to address the issue. We will check this at our next inspection.



- A relative told us, "The home had to be right for (my loved one) and (the manager) made it all about dad's care and what he needs. It struck me well".

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

At our last inspection, the provider and registered manager failed to provide appropriate support in a person-centred way. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation.

- People were now supported to maintain relationships, follow their interests, and take part in activities that were relevant to them. People had more opportunities to join in meaningful activities throughout the day as they wished. Activities staff and care staff visited those who were cared for in bed or chose to stay in their room.
- More people were now supported to spend time in communal areas if they wished. Where people preferred their own company and to stay in their room, this was clearly recorded in their care plan. The communal areas were busy with people and staff were attentive to their needs. People were now able to socialise and observe what was going on in their home, helping to supporting their well-being.
- More activities staff had been recruited so they were more able to work as a team to make sure activities were available in a group or on an individual level. People were supported to move between units to join in external activity providers that were regularly booked. During the inspection, external entertainers were singing and encouraging people to join in. People were supported to take trips out, such as shopping, garden centres, and some people had been to a local football match. A person told us, "I like to mix with people when I can, and I am encouraged to do that. There are activities you can join in on".
- Photographs were displayed on the wall or in albums in each unit to show the various events and activities people had enjoyed, including various calendar events. During the inspection each unit was decorated with events that reflected the time of year (Remembrance Sunday) and during the morning staff were supporting people to colour poppies to add to the wall of decoration.

Improving care quality in response to complaints or concerns

At our last inspection, the provider and registered manager failed to follow a process to investigate and monitor complaints. This was a breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation.

- People's complaints and concerns were now listened to, a response given and used to make improvements. The provider had made improvements to the complaints process. The manager monitored and had oversight of all complaints and their resolution across the service to ensure lessons were learnt and improvements could be made as a result.
- Complaints raised had been investigated by the unit manager and a response was given to the complainant. This included concerns, or verbal and informal complaints. After each complaint had been resolved, a record was made of the lessons that had been learned following the complaint and fed back to

the staff.

- One person complained that another person had gone in their room when they had gone out for a short while. The person wanted their room to be locked while they were not in it. The unit manager respected the person's wish to have their room locked, and also asked staff to make sure the other person was more meaningfully engaged through the day. They also checked the signage was accessible and sufficient to make sure people were able to find their way around with ease. A person told us, "I don't need to complain but I would speak to the manager".

# 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 Inadequate. At this inspection the rating has changed to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider and registered manager failed to keep accurate records and to operate a robust system to monitor the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had not made sufficient improvements and the service remained in breach of the regulation.

- Although the provider had clearly made improvements since the last inspection, some concerns remained where further improvement was needed. The providers monitoring systems had not picked up the areas where we found issues.
- Medicines audits had been completed, however there were safety concerns that had not been recognised.
- People's care plans did not always include important personal information about people and individual risks had not always been identified to ensure management plans were in place to prevent harm. The provider did not have an auditing system in place to check people's care plans. This meant staff may not have the appropriate guidance or knowledge required to keep people safe while their care was being provided.
- The auditing processes still needed more refinement to make sure all unit managers were following the same procedure when completing their audits, and the action plans they produced. Action plans were developed following completion of provider audits, however these were not completed and followed up consistently. Although there was a selection of audits, they were not always joined up to create an easy flow for staff to follow. This meant some areas for improvement were missed.
- Some records made by the management team showed that assumptions were sometimes made about how a local authority safeguarding investigation should take place and what the potential outcome of an investigation should be. This meant people may be at risk of living within a closed culture where potential safeguarding concerns were not recognised and therefore not reported to the local authority. A closed culture is a poor culture that can lead to harm. We raised this during the inspection and action was taken to address the concern. However, this had not been recognised by the provider prior to our discussion.
- The manager had been in post since 4 April 2023 and had not made an application to register with CQC until 28 September 2023. This caused a delay in registration. It is a condition of the provider's registration

that they must have a registered manager in post.

The provider failed to keep accurate records and to operate a robust system to monitor the quality and safety of the service provided. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made many improvements to the management and leadership of the service. Unit managers better understood their role, the manager was experienced and skilled and there was a more robust quality compliance team.
- People, their relatives and staff were all positive about the improvements made. Staff told us they were listened to and felt well supported by their managers. They valued the experience of the manager who they said was kind, visible in the service and shared knowledge. Staff comments included, "(The manager) is so supportive. He knows exactly what is going on. He sees the smallest thing. It's good. When he talks to you about something, he does it in a way you understand and with respect. You learn so much from him. He is so knowledgeable"; "(The manager) is such a gentleman. He is kind and is very approachable. That really helps as you know you can go to him at any time. The service is well run and there is an attention to detail in terms of the care. I have made suggestions on how things could improve. I think I feel listened to".

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

At our last inspection, the provider failed to keep accurate records and to operate a robust system to monitor the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements in this area, and the service was no longer in breach of this part of regulation 17.

- People were now more engaged in the service and were encouraged by staff who knew how to encourage them. Staff spent time with people, chatting and supporting them to be involved in their care and in their home.
- Regular meetings were held with people where they were asked their opinions about things that were important to them, which often included their meals and snacks, and the activities on offer. The provider had also carried out a survey with people to check their satisfaction. The results had been analysed and action taken to improve.
- Relatives had the opportunity to meet with the manager and other staff regularly. The manager set up a meeting after publication of the last CQC inspection report, to share the improvements they planned to make, and listen to their concerns. The provider had also carried out a survey with relatives to check their satisfaction. The results had been analysed and action taken to improve.
- Staff meetings were held regularly where information and updates were shared and opportunities for learning were taken by unit managers.
- We had positive feedback from people and their relatives. Relatives comments included, "I am very satisfied, if you want something, tell the manager and in a couple of days it will arrive", and "I feel more confident that my dad is getting good care now".

Continuous learning and improving 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

At our last inspection, the provider failed to operate a robust system to monitor the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements in this area, and the service was no longer in breach of this part of regulation 17.

- The provider had now created a learning culture in the service which had improved the care people received. A culture of learning from incidents and complaints had been improved. Staff were encouraged to review each situation and record what lessons had been learned from each incident or concern.
- The manager now closely monitored all accidents and incidents daily to ensure appropriate action was taken immediately, and monthly to check for trends or patterns. The manager followed this up with action the unit managers needed to take to improve outcomes for people.
- The provider understood their responsibilities under the Duty of Candour. This is a duty for providers to be open and transparent with people receiving care.
  
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The provider understood their role and responsibilities and had notified CQC about important events that had occurred.

#### Working in partnership with others

- The provider worked in partnership with others. The provider had engaged with local authority colleagues since the last inspection and had taken advice offered to support improvements.
- The management team were involved in local networks and were signed up to Skills for Care to receive updates and engage in forums and meetings to keep up to date.
- People were referred to health and social care professionals, and the management team knew how to go about seeking community support for people.

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
Treatment of disease, disorder or injury	<p>The provider failed to assess and monitor the risks to the health and safety of people or do all that was 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.</p> <p>Although there was no evidence of any harm caused, the provider failed to assess and monitor the risks associated with the management of people's medicines. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to keep accurate records and to operate a robust system to monitor the quality and safety of the service provided. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>