Drayton House Care Home Ltd

Drayton House

Inspection report

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Date of inspection visit:
24 March 2021
31 March 2021

Date of publication:
13 May 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Drayton House is a residential care home providing personal care for up to 19 people, including older people and people who may be living with dementia. At the time of our inspection 13 people were living at the service. The home is a grade II listed building in the middle of the town of Bridport. Accommodation is over two floors with stair lift access, some rooms had en-suite facilities others did not.

People's experience of using this service and what we found
Although people said they felt safe, safety and quality issues had not been identified or recognised in a timely way, which meant people's care and treatment needs were not always managed safely. Following a period of change in the provider at the service, the new provider's quality monitoring systems had lapsed. This meant they had not been used to monitor the quality and safety of the service people received or identify improvements needed. The lack of quality auditing of the service placed people at harm.

People did not always receive person centred care that met their individual needs or preferences. Although staff supported people in the least restrictive way possible and in their best interests, people were not always supported to have maximum choice and control of their lives.

People, relatives and staff all identified activities as an area for improvement. There were no activity coordinators at the service, which meant people spent long periods of time without any stimulation or having anything to occupy them. People were therefore at risk of social isolation. Following our inspection, the provider informed us they were planning to reinstate activity coordinators.

Risks relating to infection control were not all being managed safely. We were not assured that the provider was admitting people safely to the service, or that the service was being cleaned in line with national COVID-19 guidance. Some areas of the environment required updating to enable them to be effectively cleaned. The provider was admitting people to the service in line with national guidance.

Staff told us they had ample supply of Personal Protective Equipment (PPE). Although there was no outbreak of COVID-19 at the service and all staff were observed to wear a face mask, where staff had direct contact with people staff were not wearing gloves or sanitising their hands between interactions.

Staff were aware of the importance of good nutrition/hydration. However, we were not assured that people were being given choices in regard what they wished to eat and drink as records were not clear on what people had eaten or drank throughout the day. People told us the food was good, however they would like more hot drinks and snacks.

There was a risk that people were being supported by staff who had not been assessed as having the correct skills and knowledge to support them as training was out of date, and recruitment procedures had not been fully completed to make sure people were supported by staff with the

appropriate experience and character to support them.

People did not always receive person centred care that met their individual needs or preferences, and were at risk of social isolation. Activities were only offered on a Friday by a member of the kitchen staff. The provider informed us they planned to appoint new activity staff following our inspection.

People and families told us staff had developed positive and friendly relationships with people. However, we also identified issues about attitude and approach of some staff in treating people with dignity and respect.

People received the medicines they required and any risks specific to them were identified and guidance in place for staff to help keep them safe. People had their healthcare needs met. Health professionals told us timely and appropriate referrals were made to specialist teams.

Following our feedback, the provider voluntarily agreed not to admit people until further improvements are made. The service was being supported by the quality assurance team from the local authority to support the required improvements.

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

This service was registered with us on 18 September 2020 and this is the first inspection.

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.

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

The last rating for the service whilst registered under the previous provider was good, published on 24/01/2018.

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

Why we inspected
The inspection was prompted in part due to concerns about infection control, and environmental risk. A decision was made for us to inspect and examine those risks.

We identified six breaches of regulations in relation to person centred care, dignity and respect, safe care and treatment, good governance, fit and proper persons employed and staffing.
Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We have requested 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below

Drayton House

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.

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
The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Drayton House 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 did not have a manager registered with the Care Quality Commission. A new manager was in position who was in the process of applying to the Care Quality Commission to become the registered manager.

Notice of inspection
This inspection was announced on the 24 March 2021 and unannounced on 31 March 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who commission care from the provider. 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 this information to plan our inspection.

During the inspection-
We spoke with eleven people, one relative, one visiting health professional, the manager, the previous registered manager, housekeeper, cook and nine members of staff. We reviewed a range of records, this included six people's care records, multiple medication records, three staff files and four supervision files. We reviewed a number of records in relation to the maintenance of the service

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We held a meeting via teams with the providers, their representative and the manager. We spoke with three professionals who are linked to the service.

The provider responded immediately during and after the inspection. They sent us an action plan and confirmed all the actions from the fire risk assessment were now completed and suitable checks of the environment and equipment were in place.

Requires Improvement

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
●Equipment, such the stair lift and hoists were checked by external contractors to ensure their safety. However, day to day maintenance was not always effective. For example, we identified six rooms on the first floor without window restrictors in place, the windows had openings significantly above the 100 millimetres maximum as recommended by the Health and Safety Executive (HSE). This meant vulnerable people had access to a window opening large enough to fall through, and at a height that could cause them harm. Following the inspection, the manager gave us assurances these windows had been restricted. We have not been able to see the windows have been restricted but will check at the next inspection.
● Repairs to people's bedrooms and communal areas were not always completed or repaired to a satisfactory standard. New flooring had recently been fitted at the service, however staff informed us that the flooring was of a poor standard. They raised concerns that the new flooring was lifting which made it a trip hazard and took a long time to dry when wet. They informed us this was a risk to the people living at the service.
● Systems in relation to fire had not been upgraded by the provider following a fire risk assessment completed in May 2017. The manager informed us the fire test book had been lost and a new one had commenced. Although we could not evidence fire tests had taken place over this period of time at the home, people informed us they had. One person said. "We do hear it [fire alarm]. we do have a fire test. All the doors shut, every single one. They bang."

The provider agreed to review the systems in place for the management of maintenance and ensure the appointment of a regular maintenance person.

Preventing and controlling infection
● As part of this inspection we carried out an infection prevention and control assessment. We identified shortfalls which meant we were not always assured by the infection control practices at the service.
● The environment was 'tired' with chipped paintwork, worn woodwork, and damp patches in rooms. As such it would be difficult for staff to ensure it could be cleaned thoroughly. In addition, we found repairs such as a broken window and holes in walls had not been fixed for a number of months.
● Domestic staff were not employed at the weekends which meant only ad hoc cleaning was completed by care staff. Staff told us although they were supposed to do the cleaning at the weekends, this could be difficult if they were busy.
● We were not assured that the provider's infection control prevention and control policy was up to date. The contingency plan had not considered how the provider would respond if they did have an outbreak of

COVID-19, to ensure the running of the service remained safe.

● A visiting procedure was in place; however, staff did not always follow the guidance. One visiting health professional informed us, "I was not asked if I was free from COVID-19, my temperature was not taken, and I was not asked if I had completed a Lateral Flow test or asked to sign in. At no point did anyone ask me about hand hygiene". At the time of our inspection people were seeing their loved one's face to face as per national guidelines.

● We were not assured staff were using Personal Protective Equipment [PPE]. Staff told us they had ample supply of Personal Protective Equipment (PPE). However, waste bins in people's rooms were not suitable to enable staff to remove and dispose of their PPE safely. On the second day of the inspection we were informed new cleaning equipment and new waste bins had been purchased by the provider.

● We were informed when people were newly admitted to the service the government guideline on isolation was followed. One person was admitted to the service on 25 March 2021. We were informed following the inspection the person's 14-day isolation period had not been adhered to. This placed people at increased risk of contracting COVID 19.

●Although there had been no outbreak of COVID 19 at the service and all staff were observed to wear a face mask. Where staff had direct contact with people using the service, staff were not wearing gloves or sanitising their hands between interactions.

●Despite hand sanitising wipes being available, people were not offered the opportunity to wash their hands or have their hands sanitised prior to the lunchtime meal.

●The provider purchased new cleaning equipment following our concerns in regards the risk of infection and an outbreak of COVID -19.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

● Recruitment procedures did not consistently make sure people were supported by staff with the appropriate experience and character. We reviewed three files and found thorough checks had not been completed in regards employment history. For example, reference checks in two files with previous employers in health and social care had not always been made or recorded.

● Wherever possible, vacancies were being covered by staff working additional hours and by agency staff. People told us staff were often busy. The provider was unable at the time of the inspection to produce evidence of a dependency tool and informed us staffing had been reduced since the new provider had been in place. One visiting health professional told us, "I don't think there are sufficient staff, it is very task orientated. The layout of the building does not help staff".

● Although agency staff were occasionally used at the service, there had been no checks to ensure the agency staff were not working at other services, and no profiles to ensure their training and employment checks were up to date. This meant there was a risk that people were being supported by agency staff who may not have appropriate skills, experience and character.

The shortfalls in staff recruitment procedures was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took steps following the inspection to follow up on references and gaps in recruitment records. We have not been able to test the effectiveness of these actions. We will review this fully at the next inspection.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe and relatives confirmed they had no concerns relating to the safety of their family member. One person said, "Nothing has ever happened to make me feel otherwise. You can call carers any time during the night and day. Everyone is very pleasant. No reason to feel any nervousness."

● Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns to the management team and external agencies, such as the Local Authority and Care Quality Commission.

Using medicines safely

● Medicines were safely managed. Processes were in place for the timely ordering and supply of medicines and medicines administration records (MAR) indicated people received their medicines regularly.

●There were suitable arrangements for storing and disposal of medicines, including medicines requiring extra security.

●Staff administering medicines had received training to support their responsibilities in dispensing medicines. However, it was not clear if they had their competency regularly reviewed.

●Staff administering medicines wore a red tabard reminding people not to disturb them, to minimize the risk of making a medicine error. Staff were observed taking time supporting people with their medicines. They asked them if they required any pain relief, ensured the person had a drink and stayed until the medicines had been taken.

●Regular medicine audits were completed, where errors or concerns were identified, an action plan was put into place.

Learning lessons when things go wrong

●The provider told us they would ensure appropriate action was taken in response to any concerns identified at this inspection.

●The provider reviewed the information shared following the inspection and completed an action plan to ensure lessons were learnt and steps taken to prevent recurrence.

Requires Improvement

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.

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

●People were at increased risk because staff support for people's nutrition and hydration was inconsistent. People told us if they wanted a hot drink, they could ask for one, but staff did not offer regular drinks throughout the day. One person told us, "I just ask if I want a drink. If it's anyone's birthday we have cake. Sometimes biscuits come around in the morning."

●Weekly or monthly weight monitoring and records of people's food and drink intake were inconsistently recorded. This meant staff may not be alerted to new concerns about people's nutrition/hydration. Following our first day of inspection the provider informed us they had purchased a new set of scales.

●People's mealtime experiences were not pleasant or free from disturbances. The dining room was a throughway from one part of the home to the other. Staff were observed walking through the dining area with soiled laundry whilst people were eating their meals.

●There were two dining tables which meant not all people were able to eat in the dining room. Other people ate in their rooms. The tables held no condiments or serviettes. Drinks of juice were already poured in plastic cups before people sat down to eat. Menus were not in place to remind people what meal was being served. The cook informed us they spoke to people in the morning about their choice of food. However, these choices were not recorded and only one option was observed being served on the day of both inspections.

●People told us they enjoyed the food they received. We noted lunch was served at 12.30 and tea at 16.30. One person told us, "The food is good. Occasionally you get a choice. They will do you something else. I usually like breakfast and lunch. It's very nicely presented. They will do whatever you want for supper. They make very nice soup from scratch. 8 a.m. breakfast, lunch 12, afternoon meal 4.30 p.m. which I do find early. I would prefer that be later."

This is a breach of Regulation 10 Dignity and respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

●People's needs were assessed prior to moving into the service; however, consideration was not always given as to whether staff had the skills and knowledge to be able to meet people's needs before they moved in. For example, one person was moved to the service into isolation due to the pandemic. Although a chart was on the wall outside the room to evidence which staff had been in the room to offer support, the chart

remained blank. One member of staff agreed it should be filled in each time in order to show that care and support had been provided.

Staff support: induction, training, skills and experience
●Improvements in staff training and monitoring staff practice were needed to ensure all staff adhered to best practice guidelines.
● Although staff knew people well, they had not been kept up to date with training. One new member of staff told us they hadn't completed any practical training at the home, although they had in their previous employment. Another new member of staff informed us they had not been a carer before and had not received any training to date. This meant people were being cared for by staff without the experience and/or training needed.
● There was a risk that people were being supported by staff who had not been assessed as having the correct skills and knowledge to support them as training was out of date. We tried to follow up what training each member of staff had received, however, the provider was not able to access the training profile due to issues with their computer system. Following the inspection, the manager informed us that most of the training for staff was out of date. They advised they had given staff six weeks to update their training. We informed the provider to ensure risks were identified and assessed in regards people being supported by untrained staff with immediate effect.
● Staff had not always received opportunities to discuss their work, receive feedback, and identify further training and development needs through supervision or staff meetings. This meant there was a risk that staff may not supported to be clear about their role.
● There was not a robust system to ensure agency staff had an induction when they came to the service.

The shortfalls in staff training and agency staff induction were a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked in partnership with a variety of health professionals to meet people's health and care needs. Records showed, where needed, people saw GP's, district nurses and other health professionals. One health professional told us, "Staff do respond if I make a suggestion and put it in writing, I know they are not clinically trained but I am not sure what training they have received".

Adapting service, design, decoration to meet people's needs
● Changes had been made to update the home. Some adaptations in bathroom/toilet areas had been made to meet people's needs, for example, a new 'wet room' had been installed. However, people told us they had not been able to use it as the door was not lockable and they were not sure it was finished.
● People had access to a small garden with an L shaped patio area that appeared very neglected and uninviting. People told us they could go out in the garden but 'needed to shout for help to come back in'. The provider informed us in their action plan they planned to ensure new tables and plants were purchased for the garden to ensure it was a nicer place to sit and relax for people at Drayton House and their visitors.

Supporting people to live healthier lives, access healthcare services and support
●People had their healthcare needs met. Health professionals told us timely and appropriate referrals were made to specialist teams.
●People and relatives told us they or their family members received medical input when they needed it.

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 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.

- There was a system in place to ensure that where DoLS were authorised, these were monitored, and any conditions were recorded.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.
- Staff had a basic understanding of the MCA and the principles of making any decisions in people's best interests.

Requires Improvement

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 requires improvement

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

●People's dignity was not always respected. There were some staff who did not always ask people's permission or explain to people when they provided care or support what they were going to do. For example, one person needed support to move nearer the table to eat their meal, a staff member pushed the person's chair from behind without telling them they were going to move them. This move startled the person.

●A member of staff put a tabard on a person without speaking to them or checking they would like it on before they ate. The way in which the tabard had been placed on the person without seeking their consent did not respect that they had choices. This was an area for improvement and the manager confirmed following the inspection they would be reviewing people's mealtime experiences.

●People were not always treated with respect. We observed eight meals being taken to people in their rooms, the staff members did not knock on the doors to inform people they were entering or inform people what they were eating. One person's meal was placed on their bedding at an angle that would be difficult for them to eat without spilling their food. They informed us they were ok with their meal being served in this manner; however, staff did not check this was ok.

This is a breach of Regulation 10 Dignity and respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

●Staff wore uniforms but did not wear name badges, one person told us they were not sure what the staff names were as they did not wear badges.

●There were some examples of people's independence being promoted. People had specialist cutlery and crockery so they could eat themselves.

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

● People who were able told us they were well cared for and were treated kindly. People's comments included, "They are alright. If you want something, they do what they can. If they can't do it, they will say. I think we have done pretty well with that." One person told us, "I would, definitely recommend the care, but not so much the facilities".

● Most staff were committed to providing a caring service and did so with kindness and compassion. There were some very relaxed and chatty, friendly interactions between staff and people living at Drayton House.

Requires Improvement

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.

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.

●People did not always receive person-centred care and treatment that was appropriate, met their needs and reflected their personal preferences. Care plans identified people's communication needs and staff knew how to support people. However, we did not see enough evidence of how the Accessible Information Standard has been applied to enable people with a disability to understand what was happening at the service. Many people spent time in their rooms, there were no activity programmes or menus available. Information was not shared in easy read or large print format to enable people with a disability, living with dementia or sensory loss 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
●Although people had been living in lockdown because of the pandemic, there was no programme of group activities at the service, and allocated activity hours had been reduced due to cost. The manager informed us that the cook held ad hoc activity sessions at the home each Friday. People and their relatives told us, "There is not much to do, I have been to the activities after lunch on a Friday".
●People were at risk of social isolation. People's social, emotional and wellbeing needs were not always being met. People's care was often provided around the routines of the home, or the availability of staff, rather than in response to people's preferences. People spent a lot of time sitting around in the lounge and there wasn't enough to occupy them.
●People who spent time in their rooms, as well as those who were living with dementia and were more reliant on staff to meet their needs, were at risk of social isolation. Staff were observed to be busy and task focused. The layout of the home meant that staff often walked past people's rooms without seeing the person.

Shortfalls in the planning and delivery of person-centred care was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Improving care quality in response to complaints or concerns
● At the time of the inspection a complaints policy was in place, however there was no complaints system in

place to record or monitor complaints. The manager informed us they planned to set up a new auditing system for complaints as part of their action plan. However, people told us they knew how to complain and felt confident staff would listen.

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

● Care plans were in place and reviewed regularly, they held detailed information about the support required. Other records were not always up to date such as weekly/monthly weight checks. This meant we could not determine whether the gaps related to poor record keeping or that required care was not provided. The manager informed us that the care records were being transferred over to a new electronic system and all care records would be updated before entering onto the electronic system.

● Staff knew people well and were able to demonstrate this at the handover we observed.

● Daily care checklists and daily records were well completed and captured all aspects of personal care provided including oral hygiene. However, they were variable about people's emotional wellbeing, choices offered and how they spent their day.

End of life care and support

● People had been able to remain at the service for the end of their lives and staff had supported them according to their expressed wishes.

●One person was receiving end of life care during the inspection; however, they did not have a Treatment Escalation Plan (TEP) or an advanced care plan in place. Advance care plans capture personalised information about people's end of life wishes, such as preferred funeral arrangements. The manager informed us they would be reviewing advanced care plans for all people living at Drayton House.

●Staff worked with people's GP and local nursing staff when end of life care was needed to make sure the person would be kept comfortable and pain free. People receiving end of life care were able to see loved ones in private.

Requires Improvement

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's quality assurance processes were not fully effective and had not identified the multiple shortfalls found at this inspection. The governance systems had not driven improvements in the safety and quality of the service people received.
- The providers representative had been appointed in September 2020 to oversee the financial side of the service. They informed us they had recently taken on the governance of the service.
- The service did not have a registered manager in post as they had deregistered in January 2021. A new manager had been appointed and was in the process of commencing their registration with the Care Quality Commission.
- No oversight of risk had been recorded. This meant the lack of oversight of the service had resulted in the service not being safe and people being at risk of not receiving good quality care and treatment.
- People's care was not fully assessed and planned for in a person-centred way that met their preferences and needs. This meant people did not always receive the support they needed to meet their care, welfare and wellbeing needs.
- Staff recruitment was not always safe because of a lack of information and gaps in employment history, shortfalls in the follow up of references and checks on agency staff.
- There were no systems in place to gather feedback from people their relatives or staff. There was not a complaint monitoring system in place. Most staff had not received formal supervisions since 2019.
- People were at risk because quality monitoring systems had lapsed. This meant the provider had not taken effective action to mitigate risks to people's health, welfare and safety.
- Systems were not in place to oversee all checks and records completed to ensure they are completed robustly.
- Records were not accurately maintained or effective. For example, people's care plan reviews were not effective and did not accurately reflect people's needs as people and their relatives were not asked their views on the care and support.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider decided not to admit any further people into the service until they had taken actions to address the shortfalls identified and ensure they could safely meet the needs of the people currently living at the service.

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

● People and staff gave mixed feedback about how well-led the service was , some people and their relatives had not met the new manager but were looking forward to doing so.

● Most staff feedback about working at the home was positive. Staff praised teamwork and most felt positive the new manager could support the home in regards the planned improvements to the environment.

●Photograph identification of people was not in place on the medicine records. This meant that if staff unfamiliar with people at the home, they might administer the medicines to the wrong person. The manager said they had the photographs on their computer and would put them in place the following day. We have not been able to test the effectiveness of this action. We will review this fully at the next inspection.

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, Continuous learning and improving care

●Following our inspection, we held a meeting with the provider, their representative and new manager to discuss our concerns at the service. We asked them to complete an action plan with time scales on improving polices and systems to ensure the governance of the service was in place. We also shared our concerns with the local authority quality monitoring team to re-establish their quality monitoring systems, which they said they would.

Working in partnership with others

● Health professionals told us the service made appropriate referrals for people and worked well with them. They said staff followed their guidance and advice.

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

● People and families told us they had not been consulted and involved in day to day care decisions. The new manager told us they planned to seek feedback from families and health professionals about the quality of care provided. They planned to use the findings to identify areas for improvement. Regular staff meetings had not been held; however, the manager had a planned meeting taking place the week of the inspection.

● Daily handovers were held by the staff member leading the shift, who ensured the care staff were made aware of any issues to follow up.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care was not always personalised to their needs and preferences. Care was often focused on daily routines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect. Concerns were identified about staff attitude, and support for people at mealtimes

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and well-being were not effectively managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems had lapsed. This meant the provider had not mitigated risks relating to the health, welfare and safety of people using the service.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Improvement in recruitment checks were required to ensure staff had the correct skills and experiences

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Improvements in staff training and practice were needed particularly in moving and handling, and in caring for people living with dementia.