

Living Plus Health Care Limited

Living Plus Healthcare Ltd t/a Queen Anne Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Living Plus Healthcare Ltd, trading as Queen Anne Lodge, is a residential care home providing personal and nursing care to 34 people aged 65 and over, including people living with dementia at the time of the inspection. The service can support up to 40 people.

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

Systems and processes in place to assess and manage risks to people were not always completed in a timely or thorough manner. Whilst we did not find evidence that people had been harmed, this meant people could be at risk of unsafe care and treatment. The service needed to improve their response to concerns to ensure lessons were learnt to prevent a reoccurrence. We have made a recommendation about this. People's medicines were managed safely, and the environment was clean which reduced the risks from the spread of infection.

People's needs were not always assessed in a timely manner or delivered in line with legislation and best practice to guide staff delivering care. People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service were not always followed in this respect. Staff training was not all up to date; however, training was planned. The induction of new staff did not meet current best practice guidance. The management of people's nutritional needs required improvement and we have made recommendations about these issues. The environment was being adapted to meet people's needs more effectively and people were supported with their healthcare needs.

People's care records were not always accurate and up to date. Whilst we found staff were aware of people's needs and people told us they received the care they needed, the lack of up to date person centred guidance could put people at risk of inappropriate care and treatment. Improvements were required in the assessment and care planning of people's communication and end of life care needs. We have made recommendations about these areas. People told us they enjoyed the activities available at the home which were based on people's interests and preferences. Complaints were responded to in line with policy and procedure.

The service was not always well-led, the systems in place to monitor, assess and improve the quality and safety of the service were not effective. The leadership and accountability arrangements at the service were not clear and actions for improvements were not effectively monitored for completion. Staff and people spoke positively about the culture in the service and were invited to give feedback to the provider. The service worked with other agencies to promote positive outcomes for people.

People were supported by caring, kind and compassionate staff. Staff respected people's decisions and people told us their privacy, dignity and independence were respected. The service used CCTV in communal areas and we have made a recommendation about this in terms of people's consent to its use.

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

Rating at last inspection: This last rating for this service was good (Published 5 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment, the need for consent, good governance and person-centred 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Living Plus Healthcare Ltd t/a Queen Anne Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, a specialist advisor who was a nurse and one 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

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and four relatives about their experience of the care provided. We spoke with 13 members of staff including the provider's representative, registered manager, head of housekeeping, four nurses, five care workers and the chef. We observed staff interacting with people in communal areas. We spoke with a visiting GP.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and all staff supervision and training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Procedures had not always been followed to ensure people were protected from abuse. We identified a safeguarding issue during the inspection which had not been properly responded to by the registered manager. A clear process had not been followed or documented which showed the registered manager had not taken the appropriate action to do all they could to protect the person from harm.
- Prior to our inspection we had been notified of two other incidents which had not been promptly reported to the local authority safeguarding team.
- The process in place to review incidents and accidents and to assess and manage risks were not robust. This meant information of concern was not always acted on promptly or appropriately to protect people from harm. The registered manager told us they reviewed incidents and accidents monthly as part of an audit process.
- We found several examples of incidents where people were at risk of harm however, their risks assessments had not been reviewed and updated to show risks to them had been assessed and all appropriate actions taken to promote their safety. This included risks to people from; nutritional risks, behaviours that challenge others; risk from falls and risks from pressure sores.
- Documents to support the monitoring of people's risks were not always completed or evaluated effectively to show actions had been taken to minimise risks to people. This included the application of topical medicines to prevent pressure sores, pressure relieving mattress checks as well as food and fluid intake for people at risk of poor nutrition and hydration.

We found no evidence people had been harmed but the lack of prompt investigation, identification of potential safeguarding issues, risk monitoring and completed risk assessments 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.

- The provider's representative responded immediately during the inspection and raised a safeguarding concern with the local authority. Mattress checks were carried out during the inspection.
- Staff we spoke with understood their responsibility to report safeguarding concerns to the registered manager, not all staff had completed training in safeguarding.
- All the people we spoke to told us they felt safe at the service.
- Environmental risks were managed safely. Checks such as legionella testing, fire safety checks, including a full practice evacuation were completed. Equipment such as the lift and hoists, gas and electrical installations were carried out.

Learning lessons when things go wrong

- Safety concerns were not consistently identified as described above. The approach to reviewing and investigating incidents and accidents was delayed.
- Information from accidents and incidents was not always analysed to identify trends and learning. For example, following a safeguarding investigation the local authority had written to the provider about the outcome and their recommendations. This information had been given to the registered manager a week ago but they had not acted on it.

We recommend the service seek advice from a reputable source on the management of safety concerns and update their practice in line with current guidance.

Staffing and recruitment

We received mixed feedback about the staffing levels in the home. When asked if there are sufficient staff, people's comments included, "Yes, there are, I'm always well catered for. Night time? There's plenty, they come around and see if I'm alright there's plenty of them" and a relative said, "No not always. Sometimes there's ample and other times only two or three so they get agency in."

- Staff we spoke with told us there were usually enough staff available except for unplanned staff absence. A staff member said, "We work well as a team here, so everything overall still gets done, but the paperwork falls behind."
- Staff rotas we viewed showed planned numbers of staff were available and this was based on a calculation using a dependency tool. The provider had recently recruited several staff and had reduced their use of temporary agency staff. Overall there appeared to be enough staff to meet people's needs.
- We identified some missing information in the staff recruitment files we viewed. This included applicant's full employment history and a written explanation of any gaps in employment. Details of employed staff health conditions had not always been completed although this was requested by the provider. Action was taken during the inspection to collect this information, and the provider's representative amended the recruitment procedure to reflect all the information required.

Using medicines safely

- Medicines for disposal were not stored securely in a tamper-proof container within a cupboard until they were collected or taken to the pharmacy for disposal. The provider acted to address this during the inspection.
- Staff managed medicines safely and competently. People received their medicines as prescribed

Preventing and controlling infection

- People told us, and we saw the home was clean. Their comments included, "It's lovely and clean here just look for yourself" and, "they work hard here to keep it clean."
- Staff we spoke with were aware of how to minimise the risk of infection such as using personal protective equipment and the separation of soiled laundry. Checks were carried out to monitor the environment and staff practice regarding infection prevention and control.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always fully assessed when they were admitted to the service. We found examples of three people who had been recently admitted to the service and a full needs assessment was not in place. These people had needs including; end of life care, pressure sores, and epilepsy. We brought this to the attention of the registered manager who told us they would address this.
- The lack of assessment meant people's choices about their care and treatment needs were not always recorded and available to guide staff.
- Policies and procedures were in place to guide staff on delivering care in line with standards, guidance and the law. However, it was not evident these procedures were always followed in practice. For example; a Mental Capacity Act (2005) policy was in place but the principles of the act were not always followed in practice.
- Needs assessments and care plans did not show people's needs in relation to all of the protected characteristics, under the Equalities Act 2010, had been identified or assessed.

The failure to carry out an assessment of the needs and preferences for care and treatment of service users which considers nationally recognised evidence-based guidance was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the approach taken by the service to assess people's mental capacity to make decisions was inconsistent and not in line with the provider's MCA policy. This meant people's legal rights were not upheld.
- Assessments of people's mental capacity were not always decision specific. For example; one assessment was 'to establish whether the person was able to make significant and independent decisions' rather than what decision.
- Where a lack of capacity was assessed, there were not always records of best interest decision making.
- Information about who had the legal authority to make decisions on behalf of a person was not always evident. People without the legal authority to make decisions had signed consent documents. Consent can only be given by a person with the legal authority to do so.
- Restrictive practices such as the use of bed rails did not have a mental capacity assessment or best interest decision for people who lacked the capacity to agree to their use. For one-person records stated these were in use because their relative had requested them for their safety. There was no evidence that the service had checked to determine if the person had the capacity or not to agree to bed rails. The consent was signed by the person's relative although they had no legal authority to make decisions on the person's behalf.
- An assessment of the person's capacity to consent to their care and treatment arrangements was not always carried out prior to service making an application for a DoL's.

The failure to work within the principles of The Mental Capacity Act was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DoLS were authorised for some people and applications had been made for others. Conditions on authorisations were being met and monitored.

Staff support: induction, training, skills and experience

- An induction in line with the Care Certificate was not in place. The Care Certificate is a set of standards which define the knowledge, skills and behaviours expected of staff new to care. The expectation is new staff will complete the care certificate in their first 12 weeks of employment. The registered manager told us training was started after the service induction during which staff were supported by other more experienced staff. This induction did not cover all the standards of the Care Certificate.
- The staff training records showed not all staff had completed the training required by the provider, with some staff not completing this training within a year of employment, such as safeguarding training. However, we saw that training was planned at the service. It is important to ensure staff training is up to date so that people are supported by staff who have completed the relevant induction and training in their role.

We recommend the service consider current guidance on the induction and training standards for care support workers and update their practice accordingly.

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

- Risks to people from poor nutrition and hydration were not managed effectively. When people had been identified at risk the monitoring plans in place, to record what people ate and drank, were not fully completed or evaluated by staff.
- Whilst the service reported positive outcomes for some people with weight gain and we saw a GP had been consulted about a person's weight loss, records relating to people's weights were disordered and the system in place did not show people's needs were monitored or evaluated with clear actions and outcomes.
- The food served to people looked fresh and appetising except for food served to people on a pureed diet. The use of moulds to form pureed food into recognisable food items can improve the appearance of pureed food.

We recommend the service seek advice and guidance from a reputable source on the management of

people's nutrition and hydration needs and update their practice accordingly.

- People's dietary preferences and needs were catered for such as allergens, vegetarian and fortified meals by adding high calorific ingredients. Hot and cold drinks and snacks were served throughout the day.
- People and their relatives spoke positively about the food available at the home. A person said, "It's lovely food and plenty of it. You tell them what you like the day before. If you don't fancy it, they ask what else you'd like, I might have a jacket potato instead." Another person said, "I'm very satisfied with the meals, they arrange it nicely on the plate and I can choose what I have."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies such as Speech and Language Therapists (SaLT), occupational therapists and Community Mental Health Team (CMHT) to meet people's needs.

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

- People spoke positively about their rooms, a person said, "It's lovely here, I've got a lovely room."
- The provider had carried out an audit to check the environment was 'dementia-friendly'. Some improvements had been made to the environment and others were planned. Improvements included; contrasting colours in hallway decorations, visual aids such as pictures on toilet doors, lighting to minimise pools of bright lights and shadows and non-patterned carpeting. These changes enabled people living with dementia to orientate more comfortably within the home.
- The service had a small outside space to the front of the home. An outside space was being developed which was accessible from the upper floor. People could spend time in a quiet lounge if preferred.

Supporting people to live healthier lives, access healthcare services and support

- A visiting GP was very complimentary regarding the home and the appropriateness and competence of staff in relation to medical call outs, both in and out of hours.
- People told us they could see a GP and a dentist in the home. Nursing staff were available during the day and night to provide healthcare for people.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind, caring and compassionate. People's comments included, "They're very kind, I haven't had one who's not" and, "I love them all, but I've got a special one, a carer, she does everything I want. My daughter and I bought her some flowers recently." A person's relative told us when their relative mentioned they liked videos a staff member said, 'I will go and get some for you, and if you don't like them I will get some more'. Their relative added, "I don't think they could do anything better."
- We observed staff interacting with people in a kind and caring manner throughout the inspection. Staff we observed took the time to listen and speak to people with patience and care. Staff were seen to respond compassionately to people when they became upset or confused.
- Staff we spoke with demonstrated a good knowledge of the people they supported. For example; a staff member told us how they always applied lipstick and did a person's hair because this was usual for the person, they added "Her relatives are much more relaxed to see her like that." Another staff member also talked about the importance of appearance for a person they supported with hair and makeup and said "[Person] would never have left the house without make up on."
- Staff we spoke with showed an awareness of equality and diversity and the importance of treating people as individuals. However, staff were not aware of whether people were asked about their needs in relation to the protected characteristics, such as sexual orientation. The registered manager said, "We do ask people for their choice of gender of carer." A staff member added "If we don't ask there maybe something we don't know we should or shouldn't do." The providers representative told us equality and diversity training including supporting people who were LGTB (lesbian, gay, bisexual, and transgender) was planned for June 2019.

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

- People told us that staff respected their decisions. For example, a person said, "I must have the door open; I don't like to be shut in and they do that for me." Another person told us, "They ask me what I want to do every day." We observed people were asked for their choices.
- People had the support and involvement of family members in making decisions when this was their choice. However, for people who lacked the capacity to make decisions the role of other people in decision making needed to be clearer. For example; their legal authority and how decisions made were agreed in the person's best interest. We have addressed this in the 'effective' domain.
- When a family member had a different opinion to healthcare professionals about a person's care, the service had tried to help them to understand this decision and act in the person's best interests.
- One person was supported by an advocate, an advocate is an independent person who can support

people by representing their interests.

Respecting and promoting people's privacy, dignity and independence

- A closed-circuit television (CCTV) system had been installed and a process had been followed at the time of installation to inform people and visitors. Signs in the home alerted people and visitors to the use of CCTV. However, we did not see that people's consent to the use of CCTV had been recorded, or evidence that people admitted after the initial consultation had been informed and had consented to the use of CCTV. This included people who may not have the mental capacity to consent to these arrangements.

We recommend that the service seek advice and guidance from a reputable source about consent for the use of surveillance equipment and update their practice accordingly.

- People told us they were treated with dignity and respect. During the inspection we heard staff knocking on people's doors and asking permission to go into their rooms.
- We heard staff speaking respectfully to people and staff we spoke with understood the importance of providing dignified and respectful care.
- A person living with dementia was given a doll and a carry cot by two carers who treated the person with respect. The person's reaction was of happiness and they demonstrated pleasure in holding the 'baby' insisting they kept it with them during lunch.
- People in shared rooms were afforded privacy using curtains, screens or placing beds so as not to be visible to each other.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- Some care plans were disordered, incomplete and not up to date. The information required to guide staff on delivering person-centred care was not always available. We found several examples of care plans which were missing, out of date or incomplete in relation to people's needs including; dementia, mobility and falls, mental health and behaviour that challenge others.
- People recently admitted to the service did not have a care plan in place that described their needs and how these should be met. It was not evident that these people's needs had been fully assessed.
- When people had experienced changes in their needs care plans were not always reviewed and updated in a timely manner. For example, the care plan for a person at risk of choking had not been updated with information about an incident or the plan of care going forward. Two people had incidents of behaviour which challenge others and their care plans had not been reviewed or updated following these incidents.
- Records of people's weights were kept but the system in place to monitor weight changes was not effective. For example, a person's care plan for nutrition had been reviewed and stated, 'no changes.' However, weight records showed the person had lost weight. We found similar examples for three other people and their care needs had not been reviewed and updated to reflect these changes
- Records to support the delivery of planned care were not always completed such as exercise routines, food and fluid records and turning records for people at risk of pressure sores. This meant the effectiveness of planned care could not be evaluated to ensure people received the appropriate care and treatment.

We found no evidence that people had been harmed and the staff we spoke with were confident and knowledgeable about people's care needs. However, the lack of an accurate, complete and up to date records in respect of each service user meant people could be at risk of harm from support that did not meet their needs and preferences. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- At the time of our inspection the registered manager told us two people were receiving end of life care.
- One person had been recently admitted to the service and their NHS assessment stated they were end of life. However, there was no other information available about this in the person's records. This was important to ensure the person's needs and preferences were known to ensure that the person was supported through the end of their life as they wished.
- Other end of life care plans we saw had some information about people's needs and preferences. People's religious requirements and special wishes were asked about. Care plans did not include all the information in line with the provider's end of life policy such as; who they would like to be present, and what details the

person may want to consider in terms of their preference and wishes. Other information such as cultural needs, the protected characteristics, communication needs and decision making, including the MCA were not included.

- We spoke with the registered manager about this who told us they were attending training in the 'Six Steps'. This training aims to enhance end of life care for people by supporting staff to develop their skills and role in relation to caring for people at the end of their life. They planned to improve practice based on this learning.
- One person was being administered medicines to support a pain-free death and staff told us how they monitored the person for signs of pain when they could not communicate this verbally. This person's family were involved in their end of life care and worked with the service to ensure the person's needs and preferences were met.
- The service had received compliments from the families of people who had died at the service and their comments included "Thank you for all your support and kindness shown to [person] she was in good hands to the very end."

We recommend the service considers current guidance on end of life care and updates their practice accordingly.

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.

- The service had not fully implemented the AIS. Care plans were in place for people's communication needs. However, those seen were brief and did not fully describe people's needs. For example, a care plan said 'encourage person to be as independent as possible and express their decisions'. There was no information about how to encourage the person. A note in the file said the person would be assessed under the AIS for their communication needs. However, this assessment had not yet taken place.
- Information displayed in the home was also available in pictures, such as activities. The service offered information in suitable formats at the request of the person.

We recommend the service seek advice and guidance on the implementation of the AIS and update their practice accordingly.

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

- Activities were available to people in the home. At the time of our inspection the home was preparing for D-Day celebrations with decorations, memorabilia and music from the era. People were shown war time images and invited to discuss them, people then chose photographs to be displayed in the lounge. Later we observed people enjoying bingo in the lounge, there was a large group of people and some people were supported by staff to join in, so the activity was inclusive, and no one was left out.
- People spoke positively about the activities, such as bingo, quizzes, sing along, a visiting Pets as Therapy (PAT) dog and parties.
- People who stayed in their rooms who spoke to us said staff visited them in their rooms. Their comments included, "One of the girls makes paper butterflies and flowers. She decorates my room with them and I can tell her the colours I like." A person's relative said "[Person] doesn't like going downstairs much. But they come up to see [person]. They do like the PAT dog that comes around."
- Activities were based on people's interests and preferences and these were recorded along with people's participation in daily activities. Two activity coordinators were employed who worked as a team to meet

people's activity needs.

Improving care quality in response to complaints or concerns

- The complaints process was displayed in the home. People we spoke with did not refer to the complaints policy, but a person said, "I'd just get anyone and tell them if I wasn't happy."
- Complaints received by the service had been responded to appropriately in line with the complaint policy and procedures.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

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

- The system in place to assess, monitor and improve the quality and safety of the service was not effective. We found four breaches of the Regulations and have also made recommendations to improve the rating of the service to Good. The rating of this service has deteriorated to Requires Improvement.
- The registered manager and provider did not have an action plan in place which identified the shortfalls we found. Although the registered manager was aware of some of the concerns we identified such as the lack of up to date and accurate care records and risk assessments. There was no clear plan of action to show what would be done by whom and by when. The registered manager had raised the issue with staff, but we could not see any further actions had been taken to monitor and manage improvements. These concerns had also been identified by the Local Authority following a safeguarding investigation.
- An audit was carried out by an ex-registered manager of the home, on behalf of the provider. This showed the status of areas of practice but did not identify action to be completed by whom and by when. The registered manager said they verbally discussed improvements, but the system and processes were not fit for purpose.
- Audits were carried out on several areas including wound care, accidents and incidents, nutrition and safeguarding. Actions were identified but did not show when they had been completed. We found areas for improvement in all these areas.
- Leadership roles, responsibilities and accountability arrangements were not clear. The registered manager was being supported in their role to make improvements at the service by the provider's representative and the ex-registered manager, both of whom were working on behalf of the providers. However, it was not clear what authority either person had to act when the recommended improvements had not been made.

The failure to ensure an effective system to assess and monitor the service and improve the quality and safety of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager told us they carried out a 'walk around' of the service with the ex-registered manager every two to four weeks. The purpose of this was to, "Check people were treated as individuals and that the home was comfortable." In addition, when the providers representative visited they said, "I will

address anything I hear or see on the spot, we also remind staff at handover to make sure they are asking the residents what they want."

- Staff we spoke with told us the culture in the home was positive. They felt supported by the registered manager and their comments included, "[Registered manager] is a good manager I feel I can go to her and I am listened to" and, "I like this home, we all love our jobs and the residents."
- One staff member commented that the lack of completed care records did not reflect the 'good' care they provided and said, "As far as the care and what we provide for the residents it is good." People and their relatives told us they thought the home was well-run. Relatives comments included, "I'd move in here tomorrow if I needed to. The staff are friendly, and the food always looks nice, I couldn't fault the place" and, "The managers' very good and it's very well run here."
- The provider had a mission statement which outlined the values of the service and these included treating people as individuals and with respect for their privacy, dignity, safety and security.
- The recruitment process for staff included values-based questions which helped to ensure staff were recruited who shared the provider's values.

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

- The provider had a duty of candour policy. We saw evidence that the duty of candour had been applied following incidents in the home.

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

- Quality assurance surveys were carried out by the provider's representative. These included survey's for people, staff, professionals and visitors. The surveys were analysed for actions required, by date and by whom. Not all actions were shown as completed as some said 'as soon as possible' or had not been marked as completed.
- Residents meetings were held and required confirmation that action had been taken in response to actions requested.
- The provider's representative told us equality monitoring was carried out for staff. The provider's representative and the registered manager told us about the support they offered staff in relation to their equality characteristics. Staff we spoke with confirmed they had not experienced any discrimination and felt this would be challenged if it occurred.

Working in partnership with others

- The service had relationships with other key organisations such as; community nurses, occupational therapists, GP surgery, and local churches.
- The registered manager also met with the manager of the provider's other service and worked with other local homes to share practice ideas and support each other.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not being met: The provider had failed to carry out an assessment of the needs and preferences for care and treatment of all service users, which considers nationally recognised evidence-based guidance. Regulation 9 (3)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent How the regulation was not being met: The provider had failed to work within the principles of The Mental Capacity Act (2005). Regulation 11 (1)(2)(3)(4)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: People who use services and others were not protected against all the risks associated with their care because these were not always assessed. Incidents were not always investigated fully and reported to the relevant bodies. Regulation 12 (2) (a)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	The lack of an accurate, complete and up to date record in respect of each service user meant people could be at risk of harm from support that did not meet their needs and preferences.
	The provider had failed to ensure an effective system to assess and monitor the service, mitigate risks to people and improve the quality and safety of the service.
	Regulation 17 (2)(a)(b)(c)