

Brownlow Enterprises Limited

Aronmore Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Aronmore Residential Care Home provides accommodation with personal care for older people, including those living with the experience of dementia and mental health needs. The service consists of a 27 bedded care home and four individual 'cottages' in the rear grounds of the main building. The service is registered for a maximum of 31 people and at the time of our inspection there were 19 people living at the service, 17 in the main building and two in the cottages. Since the last inspection, the provider had not been taking new placements.

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

The provider did not always have effective systems in place to safeguard people from risk. Risks had not always been identified, assessed and recorded in care plans. Medicines were not always managed safely, and safe recruitment practices were not always followed to ensure only suitable staff were employed.

The provider had a process for recording incidents and accidents and lessons learned but these were not always recorded in the care plan so staff had relevant information to implement.

We observed staff were task focused and did not have time for much meaningful interaction with people. We made a recommendation for the provider to review how they deployed their staff to ensure the numbers of staff deployed were adequate to meet people's needs and to ensure their safety.

There was also a lack of meaningful activities. We made a recommendation for the provider to consider recognised guidance for the provision of social and recreation activities for older people in care settings and provide meaningful activities for people living in the home.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. For example, the use of a senior mat without consent or a best interest decision for its use.

There had been some improvement in the environment and the provider had decorated some communal rooms and bedrooms but there were still areas such as bathrooms and toilets that required further maintenance. We made a recommendation for the provider to seek and implement national guidance in relation to providing a dementia friendly environment.

The provider had quality assurance systems in place, and we found there had been some improvements in how the home was managed but there remained identified shortfalls, such as risk assessments and the safe management of medicines, that the quality assurance systems had not picked up.

Although we identified a number of concerns during the inspection, relatives and staff were positive about

the service and felt improvements had been made. Relatives said people were safe and well looked after by kind and caring staff and they would recommend the service to others.

People were supported to maintain healthy lives and access healthcare services appropriately. Care plans recorded people's preferences, so staff knew their likes and dislikes.

Staff were supported to develop their skills and provide appropriate care through inductions, supervisions, appraisals, training and team meetings. Staff knew how to respond to possible safeguarding concerns.

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

Rating at last inspection and update

The last rating for this service was requires inadequate (published December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

Enforcement and Recommendations

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

We have identified breaches in relation to safe care, staff recruitment, consent to care and good governance at this inspection.

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 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 overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not 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?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Aronmore Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was conducted by two inspectors and a nurse specialist advisor. An Expert by Experience supported the inspection by contacting the relatives of people who used the service after our visit. 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

Aronmore Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aronmore is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

During the inspection we spoke with two residents, the deputy manager and two care workers. The registered manager was on leave on the day of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included ten people's care records. We also reviewed multiple medicines records. We looked at six staff files in relation to recruitment and staff supervision and the training records for staff working at the home. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively assess risks and implement risk management plans. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- The care records for one person indicated they smoked, but we did not see an assessment around the risks associated with smoking.
- We identified three people who used the stairs but who did not have risk assessments.
- The incident form for one person indicated after getting lost, they should be supported by a member of staff when going into the community, but this was not recorded in the person's care plan and there was no risk assessment for when they were in the community.
- Another incident form for this person recorded they kept food in their room after it had gone off. Although the incidents were recorded in the care plan, a risk assessment had not been completed around the dangers of the person eating food that was no longer fresh.
- The provider did not always manage risks to the environment. For example, flooring surfaces were not always even. In the lounge we saw a chair was holding up the radiator cover and two radiators had wires coming out of them, which could pose a danger if people got caught in them.

Systems were not always used effectively to assess and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a repeated breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, the provider had identified other risks to people's safety and wellbeing. Risk assessments included personal emergency evacuation plans (PEEPs) so people could evacuate safely in an emergency, risk of choking, pressure sore prevention, oxygen administration and falls.
- Risk assessments and mitigation plans had been developed for medical conditions such as diabetes and provided staff with guidance to manage these.
- Records indicated safety checks of the home had been carried out to help ensure people lived in a safe environment.

Using medicines safely

At our last inspection we identified medicines were not always administered and managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- As identified at the previous inspection, the provider did not have a process where the staff member administering medicines should not be disturbed to prevent errors. During this inspection we observed distractions during the medicines round because there were not enough staff on duty compared to the number of people and tasks required. We saw on a number of occasions, the staff member administering the medicines had to stop and support people for various reasons in order to ensure their safety.
- The medicines trolley was kept in the lounge. When we checked the temperature in the trolley, it read 26 degrees centigrade, when it was supposed to be between 15 and 25 degrees centigrade. This could affect the viability of the medicines.
- We saw an anticipatory medicine prescribed for a person in February 2022. Staff were not aware of it and the medicines administration record (MAR) for it was not kept with the daily medicines MAR sheets. The person's medicines care plan was not robust enough as it said the anticipatory medicine had been prescribed but not why or when staff needed to alert the GP that the person may need them.
- One person received crushed medicines. However this had not been agreed by a pharmacist or GP who may have been able to identify if there was an alternative type of medicines. Additionally, the care records did not contain a risk assessment for crushing medicines.
- There was a lack of paperwork for administering medicines covertly, such as a GP authorisation or pharmacy recommendation which meant people may not be getting their medicines as prescribed.

Medicines were not always managed and administered in a safe way. This placed people at risk of harm. This was a repeated breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had policies and procedures for the safe administration of medicines. This included protocols for people who received as required (PRN) medicines.
- The member of staff we observed administering medicines said they had received appropriate training, and this was confirmed by the records we saw.
- Medicines received and carried forward were clearly written. MARs were signed correctly. Records indicated people received their medicines at the right time.
- The provider completed weekly and monthly medicines audits. Errors were identified in the audits, an incident form completed, and an action plan put in place.

Learning lessons when things go wrong

At our last inspection we found the provider did not have robust systems within the service to learn lessons when things went wrong. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- The provider had systems in place to record safeguarding alerts, complaints and incidents and accidents. Since the last inspection the provider had not had any safeguarding alerts or complaints to respond to.
- However, we found that lessons learned from incidents and accidents had not always been implemented.

Risk assessments and care plan records were not always updated after an incident or accident to reflect lessons learned and implement what actions were identified to help prevent reoccurrence of the incident. For example, one person had a number of falls and was seen by the physiotherapist who recommended they use a zimmer frame, but this was not recorded in the person's care plan. The lack of relevant guidance for staff meant the person remained at risk of falls.

- The incident form for another person recorded they were jumping on the bed at night. An ABC chart which is used to record behaviour in terms of an antecedent to the behaviour, the behaviour, and the consequence of the behaviour was used, however there was no record of this in the care plan.
- We viewed the incident form of a person who got lost while out shopping and the action was to record his new phone number in his file. However, this was not reflected in a care plan, nor was how to support the person in the community.

The provider did not always ensure that lessons learned and actions from those were recorded in the care plan and updated to reflect when things had gone wrong. This was a repeated breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- During the inspection we found the provider did not always follow safe recruitment practices. We identified one staff member had two references, but neither was from their last employer. This meant the provider did not have evidence to ensure only suitable staff were employed to care for people using the service.
- The application for a second staff member did not include previous education or employment which meant the provider could not confirm any gaps in employment.

The provider did not always consistently employ safe recruitment practices. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we observed staff moved from one task to another without much interaction with people. At this inspection, the provider told us they had a full staff team, with the exception of an activity coordinator, and did not use agency staff. However, we observed staff were task focused and did not have time for meaningful interaction with people.
- The provider told us there were enough staff. However, our observations indicated that there were not enough staff, or they were not deployed effectively. For example, the staff administering medicines had to intervene with people because there were no other staff available.
- In the afternoon we observed there were times when there were no staff in the lounge with people. Also, the kitchen and the domestic staff left at 2pm which meant the care staff had to cover these areas from 2pm onwards.
- Staff told us there was enough staff to support people with personal care in the morning, but when we looked at the record of who had had a shower or bath that day, only one person out of 17 people had.

We recommend the provider reviews how they deploy their staff to ensure the numbers of staff deployed are adequate to meet peoples' needs and to ensure their safety.

- The provider had systems for the recruitment of staff. These included application forms, checks on applicant's identity, references, interviews and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff undertook an induction and training to help ensure they were equipped for the work they were undertaking.
- Relatives and staff told us they felt the staffing levels were adequate. One staff member said, "We have

enough staff here. If someone calls in sick, they call another member of staff".

Preventing and controlling infection

At our last inspection we found effective infection prevention and control measures were not always in place. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- The provider had infection prevention and control procedures in place. We saw general cleaning schedules and audits but there were no enhanced cleaning schedules for high touch points to help prevent the spread of COVID-19.
- Staff received training in infection prevention and control. The provider had enough personal protective equipment (PPE) and staff knew how to use and dispose of it appropriately.
- Visitors were aware of the infection control procedures and relatives told us staff wore PPE including gloves, masks and aprons. Comments included, "They have definitely taken precautions for COVID and were very strict. We wear PPE and distance when we visit."
- People and staff had COVID-19 risk assessments to help identify how vulnerable they may be to the virus.
- The provider undertook COVID-19 testing for everyone in the home and we saw evidence that people using the service and staff had been vaccinated against the virus in line with government guidance.
- The provider had implemented infection control procedures for visitors in line with government guidance. During the pandemic, visitors made an appointment to visit. They were required to take a lateral flow test either prior to the visit or at the home. Visitors temperatures were taken, they were asked to complete a screening questionnaire and given PPE to wear.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to effectively implement systems and processes to protect people from the risk of abuse. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had policies and procedures in place to safeguard people from harm or abuse. Relatives told us they felt people were safe. Relatives said, "[Person] is very safe and well looked after and they always put [person] first", "[Person] is safe because of me speaking to the staff and visiting and they seem settled there" and "[Person] has been well protected during COVID. They have done a lot to make sure they are safe."
- Records confirmed staff completed training on safeguarding adults and knew how to respond to concerns about abuse. A staff member told us, "If anything happened, we would tell the manager and if no one listened we would tell the safeguarding team."
- The provider knew how to raise safeguarding concerns with CQC and the local authority to help protect people from further harm. They maintained a record of safeguarding concerns and had a process in place to investigate concerns. However there had been no safeguarding concerns raised since our last inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to follow the principles of the MCA. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 11.

- During this inspection we found MCA principles were not always followed. For one person we saw their partner had consented to COVID-19 testing and vaccinations but there was no MCA test to determine if the person could consent to these and no one had consented to the person receiving medicines or personal care.
- For another person who had capacity, we identified the confirmation of consent to care section was not completed which meant it was not clear if the person was in agreement to receiving their care.
- The 'Principles of MCA' document included a mental capacity assessment in one person's records, but the assessment was not decision specific. The person had a mental capacity assessment completed for COVID-19 testing and a best interest decision was made for having a vaccination and swab test but there was no capacity assessment or best interest decision for the use of the sensor mat in the bedroom. The use of a

sensor mat is considered a restrictive practice and therefore, in line with the principles of the MCA, a best interest decision is required to be made for its use.

The provider had not always followed the principles of the MCA and ensured people, or their legal representatives had consented to their care, or a best interest decision was made to meet the decision specific need of the person. This was a repeated breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities).

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

At our last inspection we found that in many places the premises were not adapted to meet the needs of people with dementia so as to ensure the environment was safe or suitable for them. This was a breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Since the last inspection we saw improvements had been made to the environment. Communal rooms had been redecorated, painted and new furniture put in. However, we saw that bathrooms still required updating and redecorating.
- Some of the people the provider supported were living with the experience of dementia and the provider had begun to make changes to meet people's needs. Some basic sensory touch boards had been placed on communal walls to engage people, but there were few sensory items for people to sit in chairs with, which was important as most people were sitting.
- Bedroom doors had been painted different colours and photos of people put up by the doors to help people recognise their room.
- The provider was also in the process of redecorating people's bedrooms, personalised to individual tastes, so they had familiar things around them. Relatives told us, "[Person's] room is always clean and tidy and was nice and homely when we went in. [Staff] have put photos up and all the little things [the person] likes that they had at home" and "I was advised [person] was moved to a different room while they did up [person's] room. They have asked for more photos to make it more homely".
- Menus had photos to help people know what choices were on offer, however the activity board did not have visual clues to support people in making choices about their activity.

We recommend that the provider seek and implement national guidance in relation to providing a dementia friendly environment.

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

- Prior to moving into the service people's needs were assessed to help determine if the provider could meet these needs.
- Care plans were developed to reflect people's needs, and wishes and were reviewed, although not always updated regularly. Appropriate referrals were made to other professionals to help ensure people's needs continued to be met.

Staff support: induction, training, skills and experience

- People were cared for by staff who had relevant skills and training.
- Staff were supported to keep up to date with relevant guidance through inductions, supervisions, annual appraisals and team meetings.
- The induction for new staff followed Care Certificate standards. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and

social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- There were a number of opportunities, including supervision and team meetings, for staff to reflect on their practice development. For example, we saw in one staff member's supervision notes there was a discussion about practice that needed to improve, and actions implemented to support the staff member with making improvements.

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

- People were supported to have enough to eat and drink. Relatives told us, "[Staff] guide [person] with the food as they need a softer option. The food I think is good. [Person] has plenty of drinks and water in their room" and "[Person] showed me the menu and is happy with all the foods."
- Dietary needs and preferences were assessed. The nutrition and hydration plan recorded specific dietary requirements, relevant clinical information, likes / dislikes and cultural information about the person's dietary needs.
- When required, people's nutritional needs and weight were assessed and monitored for changes. Records included management plans to improve weight loss and progress was monitored and recorded.
- Most people were able to eat independently, but where support was required, we saw staff sitting with people and supporting them appropriately with their meals.

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

- Records included information about people's specific healthcare needs.
- Referrals to other agencies were made appropriately. Records had evidence of regular reviews by other professionals such as the tissue viability nurse (TVN), speech and language therapist (SALT), dietician, GP and chiropodist.
- Relatives were happy with the care provided around people's health and told us, "[Person has to go to hospital quite a lot due to [condition]. When [person] does they deal with them very quickly and let me know."

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 requires improvement. At this inspection the rating has remained requires improvement.

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

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

At our last inspection we observed people were not always supported in a person-centred way that supported their equality and diversity characteristics. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- During the inspection we observed one incident where a person who had pureed food was served all the food types pureed together in one bowl. Staff serving the meal were unable to say what they were serving.
- Although interaction was mainly task orientated, the interaction we observed between people and staff was positive. Relatives told us they felt people were well cared for and treated respectfully by staff who understood their needs. Comments included, "[Staff] are very supportive and have a smile on their face. They seem to do the right things around people" and "They really understand[person] very well."
- People's care plans contained information about diverse support needs. For example, guidance for staff in care plans stated what religion the person observed or if they had cultural or dietary needs. A relative confirmed people were supported with their cultural needs and told us, "[Person] can go to church and they walk there and [staff] go with them. The priest has also been to the home as well."

Notwithstanding that staff were individually caring, the provider had not ensured that people were always supported in a caring way. At the last inspection we identified areas that needed to improve to make sure people received safe and appropriate care. The provider has not, however, acted in a caring way to address all of these issues so people received care safely and were protected from risks that can arise if fundamentals standards of care are not met or good practice guidance is not followed. For example, the provider had not sufficiently improved the way risks were managed, staff were recruited, or consent was sought for people.

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

- Care plans included information about people's preferences and likes. This helped the staff to have a better understanding of how people would like to be cared for.
- We observed staff giving people a choice of meals and changing the meal if the person wanted something else.

- Most relatives told us they had some input into developing the person's care plan and people could make their own choices. Comments included, "[Person] can make their own choices as far as I know", "They have helped [person] choose new glasses and they help [person] choose what clothes they want to wear" and "[Person] can make their own choices but they try to get [person] up to do things that are good for them."

Respecting and promoting people's privacy, dignity and independence

Staff respected people's privacy and dignity. Relative's told us, "They understand [person] and their needs and they are good with them. They respect [person's] privacy and dignity", "They respect [person's] privacy and dignity and treat them very well with lots of respect" and "They really look after [person] well and encourage them to do things."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant people's needs were not always met.

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 we found activities were not meaningful and the home was not following the latest guidelines on activities for people living with the experience of dementia. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- During the inspection there was no activity in the morning, and we saw one activity of bowling take place in the afternoon. The activity board listed musical instruments and sensory activities as the activity seven mornings a week. There was one activity in the afternoon which included, on different days, painting, karaoke, board games and nail painting.
- Although the home had put up some tactile carpet panels on the wall, there were otherwise very few sensory activities that people could initiate themselves and as at our previous inspection, people were sitting passively not engaged in an activity.
- We observed one person doing a jigsaw puzzle with a missing piece. When they finished it they were trying to ask staff to get another puzzle, but either staff did not hear the person or were busy focused on other tasks.
- In connecting rooms there were televisions on different channels which made it difficult to hear either one properly.
- There was no record of who was involved in activities or if they enjoyed it so staff could identify what activities were popular and who needed alternative activities.

We recommend the provider consider recognised guidance for the provision of social and recreation activities for older people in care settings and provide meaningful activities for people living in the home.

- The deputy manager told us that the service was trying to recruit an activities coordinator and, in the meantime, other staff, including the previous activities coordinator, were supporting with activities.
- Relatives told us the provider kept them involved by sending photos of people doing activities. Comments included, "I get pictures of [person] singing and dancing and doing jigsaws", "The staff are very caring and sit and look at photos with [person]", "We can phone up and talk to [person] on the phone" and "There are much more activities now and they are much more approachable. [Person] has always loved to read and

staff encourage them. [Person] also paints and joins in lots more things. [Person] also does exercises and I get photos of her doing this when I did not before."

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

At our last inspection we identified care plans were not always personalised to meet people's needs. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans highlighted people's individual needs and recorded preferences for how they wished to receive care. Information included background history, the person's culture, religion, likes and dislikes. For example, one person's care plan described how their hair care needed to meet their religious guidance.
- Care plans were specific to the person's needs. For example, we saw assessments for diabetes, oxygen therapy and indwelling catheter care with guidance for staff on how to support these needs.
- Relatives thought people had choices and told us, "I believe [person] can make their own choices", "[Person] can make her own choices as far as I know" and "[Person] can make their own choices, yes or no, but the days differ."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans, including if they required assistive aids such as glasses or a hearing aid.
- The provider told us everyone communicated verbally, and staff knew people well which helped facilitate communication.
- Some people spoke different languages, but staff were employed who also spoke those languages so they could communicate more effectively with people whose first language was not English.

Improving care quality in response to complaints or concerns

- At the last inspection we found the provider did not have a systematic way of recording complaints. At this inspection we found the provider had made improvements to how they recorded complaints.
- There was a procedure for complaints which were now recorded on a template that include actions taken, an investigation and an action plan. However there had been no complaints since the previous inspection.
- Relatives told us they knew who to speak with if they had any concerns. One relative said, "I have never had to raise any concerns. If I needed to complain I would go to the manager."

End of life care and support

- At the time of the inspection, no one was receiving end of life care. If people were being supported with end of life care, the provider told us they would work closely with the palliative care team.
- Completed end of life care plans helped to ensure people's wishes and preferences for care at the end of their lives were known.

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 remained inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

At our last inspection the provider had failed to operate quality assurance systems effectively to ensure people would receive a safe and appropriate level of care. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- At this inspection we found some improvements had been made but the quality assurance systems were still not being operated effectively. The provider remained in breach of three regulations around safe care, consent to care and good governance and had not fully complied with the warning notices issued after the last inspection.
- As at the last inspection we identified continued shortfalls in risk assessments, the management of medicines, MCA, the level of engagement with people and provision of recreational activities for them.
- Risks to people had not always been identified, assessed and risk mitigation plans put in place. This included the risks around people using stairs and smoking.
- Risk assessments and care plan records were not always updated after an incident and accident to reflect lessons learned and actions identified implemented to help prevent reoccurrence of the incident. For example, the person who kept out of date food in their room.
- Risks to the environment were not always identified and managed. For example the unsecured radiator cover and wires coming out of the radiator.
- Medicines were not always managed safely. The person administering medicines did not have dedicated time to do so, the medicines trolley was not kept at an appropriate temperature and there was a lack of paperwork for covert medicines such as a GP authorisation or pharmacy recommendation.
- Safe recruitment practices were not always followed.
- The provider told us there were enough staff, however our observations indicated that there were not enough staff, or they were not deployed effectively.
- The principles of the MCA were not always followed, and it was not clear people had given their consent to the care they received or had an appropriate decision specific capacity assessment and subsequent best interest decision. For example, for the use of a sensor mat.
- There was a lack of meaningful activities for people to participate in and staff did not have time to engage

socially with people.

Failure to effectively operate systems and processes for monitoring the quality of the service and identifying risks was a repeated breach of Regulation 17 (good governance) 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 provider had followed government guidance to support people's family visiting the home. Relatives generally felt the provider engaged with them and told us they were satisfied with the care provided. Comments included, "I have recommended here to other people", "It is well run, and I would recommend it to anybody" and "I would recommend this place. The best thing there is their understanding as one day is good and another not so good for [person] and they understand [person]."
- Staff also spoke positively about the service.
- Where a risk or need had been identified, care plans were person centred with guidance to help achieve good outcomes for people.

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 understood their responsibility around the duty of candour including sharing information with other agencies. However, since the last inspection, there had been no safeguarding alerts or other information that required sharing. Nor had there been any complaints for the provider to respond to.
- Relatives we spoke with had not had to raise concerns but felt there was good communication with the registered manager, and they were approachable. Comments included, "They are very helpful, and the manager always rings me if needed. I have good contact they are very good and always keep me informed. I have no reason for any concern", "The manager is very nice and approachable, and they mix well with the residents", "It is well run and the manager is hands on. They would act on things" and "The new manager is approachable and friendly. I think the manager would act on things."

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

- During the inspection we saw the provider's old rating was displayed in the home instead of their current rating. We raised this with the deputy manager. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors, of our judgments.
 - The provider had processes to monitor the quality of services, for example, a clear system to audit people's files.
 - There were clear management and staffing structures in place. The registered manager was supported by newly appointed deputy manager and received further support from the provider.
 - Relatives gave positive feedback about the registered manager and told us, "The manager is very good and keeps me informed and they are always going in to the lounge and are proactive with the residents", "I have had more communication now and the manager seems to be turning things around. The manager has good values. They are doing their best and now and then I get asked my views."
- Staff told us they felt supported and said, "[Registered manager] is a new manager but they are very nice and kind. They are always coming down and talking to residents. They look after everyone. If we have some problem they listen. They are very good" and "[The registered] manager is very good. They are helping me with everything".

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

- Stakeholders were engaged in how the service was run. People had opportunities to feedback about the care provided. This included monthly residents' meetings chaired by a person using the service. This person was also involved in staff recruitment interviews.
- Care records included some information about people's protected characteristics such as religion and culture and how to meet their communication needs. People's cultural and communication needs were supported by a diverse staff team from similar backgrounds.
- We viewed satisfaction surveys completed by staff about their experience of the service. The feedback from the survey was positive and confirmed they felt supported by the registered manager. Quarterly staff meetings gave staff the opportunity to express their views and share good practice and learning.

Working in partnership with others

- People's care records indicated the provider worked with other professionals to maintain people's wellbeing. These included the GP, diabetic nurses, district nurses and dentists.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not always seek consent for care and treatment from the relevant person and did not demonstrate they always acted in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure recruitment systems were operated effectively when employing new staff.</p> <p>Regulation 19 (1)</p>