

Horizon Care (Derby) Limited

Ivy House

Inspection report

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Derbyshire
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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service: Ivy House is a care home. It is registered to provide personal care for up to 20 older people including those with living with dementia aged 65 and over. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 15 people were in residence.

People's experience of using this service:

At the last inspection on 6 and 7 November 2018 we asked the provider to take action to make improvements in a number of areas. These included; the premises and equipment, the recruitment, training and ongoing support of staff, people's privacy and dignity and effective oversight and governance of the service. At this inspection we found the provider had not improved sufficiently and continued to be in breach of regulations. The provider had not sufficient improvements to meet the requirements of the warning notice.

The lack of oversight and governance systems remained fragmented and there were continued failings as a result. The audits in relation to people's care, care plans and medicines did not always identify issues which impacted on the quality of people's care. Where issues had been identified, the provider did not take action to improve care. Systems to identify any trends from incidents and accidents were not in place. Opportunities for people and staff to comment upon the quality of the service were limited.

The service had a registered manager but in their absence the leadership was ineffective. The registered manager did not fully understand the requirements of Duty of Candour in relation to information about the management of the service and complaints.

We found some improvements were made to the premises. However, further action was needed to ensure the repairs identified at the last inspection were addressed as well as the new issues found during this inspection. The premises were not always clean and hygienic. The home environment did not promote the lives and independence of people living with dementia. There signage and lighting was poor in parts of the home and a lack of furnishings and fixtures made the service less homely. The outdoor space was accessible to people but had nothing of interest to people.

Staff recruitment procedure was mostly followed to protect people from unsuitable staff. Further action was needed to ensure all staff had references and the appropriate level of police check. Staff completed on-line training, but their competencies were not always checked to ensure safe procedures were followed.

People did not always receive individualised care and support. People's communication needs had been identified but information was not available in formats that people could understand.

People were not always involved in the reviewing of their care to ensure they received person centred and responsive care as their needs changed.

People's complaints were not recorded or responded to. The complaints procedure was not accessible to people who required easy read or large print.

People's privacy and dignity was not always protected. There were limited opportunities for people to take part in meaningful activities of interest, especially for those living with dementia.

People told us they felt safe and protected from discrimination. Risks to people were assessed and managed in a safe way. There were enough staff to meet people's needs. Staff knew what abuse looked like and the action they should take.

People had enough to eat and drink and cultural dietary requirements were met. People received their medicines in a safe way. People were supported to access health care services as required.

People's rights to make their own decisions were respected. Mental capacity assessments were completed as required. Staff sought consent before care was provided.

People were supported by kind and caring staff.

People had the opportunity to express their wishes about their end of life care.

Rating at last inspection: Requires Improvement (report published 29 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service was rated as Requires Improvement because systems and processes to assess, monitor and improve the quality and safety of the service were not used effectively.

Following the last inspection on 6 and 7 November 2018, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection the provider continued to fail to meet Regulation 12: Safe care and treatment. The provider had not made sufficient improvements to meet the warning notice and is still in breach of Regulation 17: Good governance.

Enforcement:

We have identified a further breach of Regulation 15: Premises and equipment, and Regulation 16: Receiving and acting on complaint at this inspection. Please see the action we have told the provider to take at the end of this report.

Since the last inspection we recognised that the provider had failed to display the rating. This was an offence under Regulation 22 of the 2014 Regulations. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and

local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, 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 Safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Safe findings below.

Inadequate ●

Ivy House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check 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:

On the first day of the inspection the team consisted of one inspector and an expert-by experience. The expert-by-experience had personal experience of caring for someone living with dementia who uses this type of care service. The second day of the inspection was completed by the inspector.

Service and service type:

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ivy House accommodates 20 older people and those living with dementia. At the time of our visit there were 15 people using the service.

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.

What we did:

We reviewed information we had received about the service from the provider since the last inspection, such as serious injuries. We used the information the provider sent us in the provider information return (PIR). 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.

We sought feedback from the local authority who work with the service. We also sought feedback from Healthwatch, which is an independent consumer champion that gathers and represents the views of the

public about health and social care services in England. This information helps support our inspections.

During inspection we spoke with seven people who used the service and a relative about their experience of the care provided. We spoke with a health care professional who regularly visit the service. We spoke with five members of staff. These included senior carers, one care staff with responsibility for activities, house-keeping staff and maintenance staff. We spoke with the nominated individual and company director who were present on the first day of our inspection visit. 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 four people's care records which included risk assessments, care plans and medicines records. We looked at five staff files in relation to recruitment, training and supervision. We looked at other records relating to the management. This included a range of policies and procedures, accident and incidents reports.

We asked the senior care worker, in the absence of the registered manager, the nominated individual and director to email further information to us, so that we could see how the provider monitored the service to drive improvements. We did not receive all the requested information relating to audits and survey results.

Is the service safe?

Our findings

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

Requires Improvement: 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.

At our last inspection in November 2018 we found the provider had failed to protect people from risks of unsafe premises, equipment, infection control and medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found some improvements had been made in relation to how people's medicines were managed, stored and administered in a safe way and radiators were made safe. However, further improvements were needed to meet the requirements of Regulation 12.

Preventing and controlling infection; and Assessing risk, safety monitoring and management:

- Daily cleaning was not effective to protect people from the risk of infection. For example, a bedroom and ensuite floor was sticky and stained. Another toilet seat and floor of the toilet was soiled. Equipment people used such as walking frames, shower chairs were dirty and had evidence of limescale build up. Electronic key pads were stained and dirty. This was a cross contamination infection risk to people.
- The house-keeping staff member had completed training in infection control and COSHH but was seen using aerosol air fresheners to mask offensive odours in the home. This was not safe practice or within the infection control policy. This showed risks were not understood and procedures were not followed.
- Monitoring of cleanliness and infection control was not effective. Cleaning checklists did not have sufficient information the cleaning of all rooms, toilets and communal area. There was no information as to the frequency of deep cleaning of rooms and equipment in line with infection control procedures.
- Further action was needed to make the environment safer. For example, frayed carpets, uneven flooring and gaps between the floor panels, posing a trip hazards to people using service. This supported the feedback we received from the local authority. They found people were at increased risk of trips and falls because the flooring was not safe.
- The maintenance work schedule showed some deadlines had been extended. For example, to improve the lighting, decoration and replacement of bathroom furniture such as the loose pedestal.
- The maintenance book showed staff reported faults which the maintenance staff were responsive to.
- At the last inspection we saw a nail protruding from the wall in an en-suite shower, which we had identified at our last inspection in November 2018. This had not been addressed or included in the provider's action plan. We brought this to the attention of the maintenance staff who rectified the issue immediately.
- There were no suitable arrangements to monitor and maintain the premises or equipment to ensure the safety, hygiene and cleanliness within the home, leading to risks to the health and safety of people using the service.

The provider's failure to assess the health and safety and mitigate the risks is a continued breach of

- Some improvements had been made to the home such as radiator covers had been fitted, wardrobes were secured to the walls and new flooring in the lounge and dining room.
- A fire risk assessment was in place and each person had a personal emergency evacuation plan (PEEP), which identified the support people needed in the event of an emergency.
- People told us they felt safe. A person said, "I use a [walking] stick and have had no falls."
- Risk assessments were in place, including individual risks such as falling and swallowing difficulties. The care plans provided staff with guidance on action to take to reduce the risks.
- Staff knew how to keep people safe when walking. A staff member told us they made sure people had the appropriate footwear and used their walking frame if required.
- The laundry area was cleaner, but people's clothes were not organised. This supported the feedback we received from the local authority. They found clothing was not separated and people's names had been removed from the storage containers, which could lead to lost clothing.
- Care staff were trained in infection prevention and were aware of good practices such as hand washing techniques. We saw staff use disposable gloves and aprons when supporting people with personal care needs.

Using medicines safely:

- People told us they received their medicines as prescribed. A person said, "The senior [care staff] gives my [medicine] to me and I take them. They are to make my sickness less." We saw the staff member administer medicines correctly.
- Improvements were required to the recording of the administration of medicines. A sample of the medicine records viewed were mostly completed, with the exception of the occasional missing signature and not recording the times when the 'as required' medicines were administered. We brought this to the attention of the senior carer. They assured us staff with responsibility to administer medicines would be reminded of accurate record keeping.
- Care plans included the level of support people needed to take their medicines. Body maps identified the area of application of topical medicines such as creams, so staff knew where to apply it. Protocols were in place for medicines administered 'as required' such as pain relief medicines.
- Medicines were stored securely. This included medicines that needed to be refrigerated. Eye drops were dated when opened as it only has a 28-day shelf life. All bedrooms had a secure medicine cabinet used to store prescribed creams.

Staffing and recruitment:

- At the last inspection in November 2018 the provider had failed to protect people from unsuitable staff. This was a breach of Regulation 19, (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of regulation 19.
- All new staff had been safely recruited in line with the provider's recruitment policy. Staff recruitment files contained evidence of an enhanced Disclosure and Barring Service (DBS) check and renewals, references obtained, and confirmed their identity and right to work.
- Further action was needed to ensure staff were suitable to work in a care setting. We found there was no evidence that a DBS check was carried out for the house-keeping staff member. This was shared with the senior carer who assured us they would inform the registered manager. However, no response has been received from the registered manager about the action they took.
- A staff file audit in January 2019 identified references were not in place for a staff member. However, there was no evidence of what action had been taken or evidence that a risk assessment to ensure the staff

member was safe to look after vulnerable people.

- We saw there were enough staff and they were quick to respond to people's needs.
- A person told us, "There's always enough staff around during the day and night. [Name] walks with a staff member and hasn't had any falls."
- The staff rota showed that staffing levels were maintained to meet people's needs. Absences were overseen and managed by the registered manager.

Systems and processes to safeguard people from the risk of abuse:

- People and relatives told us they felt safe and staff protected them. One person said, "I do feel safe. No one interferes with me." A relative said, "I don't worry about [name] safety because staff do look after [name] and everyone else."
- We observed staff were patient when they supported people. Staff demonstrated a good understanding of abuse and were clear on how to report concerns to external agencies such as the local authority safeguarding team and the Care Quality Commission (CQC).
- The provider had safeguarding and whistleblowing policies including the contact details of external agencies people and staff could contact. This information was not available for people or visitors to the home. This was brought to the attention of the senior carer.

Learning lessons when things go wrong:

- The staff meeting minutes showed the registered manager had reminded staff to 'adopt a clean and go process' to maintain a hygienic and clean environment. However, our observation during the inspection showed this was not adopted.
- Accidents and incidents reports were completed. People's electronic care notes showed the action taken by staff. However due to poor governance there was no evidence that incidents had been analysed to enable the management to prevent further risks.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- At the last inspection in November 2018, the provider had started to a programme of refurbishment to make improvements to the décor and premises.
- At this inspection we found the environment internally had not been adapted to meet the needs of people especially those living with dementia. There were large plastic crates and cardboard boxes in the reception area.
- The environment did not promote interest and sensory stimulation such as different textures, tactile objects and points of interest. The signage and lighting around the home was poor. Some bedrooms were numbered but had no other visual identifying characteristics which would enable people living with dementia to orientate themselves. This meant people were being restricted and were unable to find their way around the home.
- A staff member said, "I think we need more storage space and the home could be cleaner."
- The décor throughout the home looked tired. People's bedrooms were not personalised and lacked essential furnishing and furniture such as no lampshades and an arm chair.
- At the last inspection we found the two small outdoor space could not be used because damaged furniture, decorating material and the filled waste bags were stored. At this inspection we found both areas had been cleared and was accessible to people using wheelchairs. There was some seating provided for people to use. However, there was nothing of interest to people such as plants, garden ornaments or sensory items.

The provider failed to ensure people's environment was appropriate and met their needs. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff support: induction, training, skills and experience:

- At the last inspection in November 2018 we found staff training had not been kept up to date.
- At this inspection staff training and training records had been updated. further consideration was required to training for staff to meet all people's needs.
- Records showed staff had not completed induction prior to working independently. Further action was needed to ensure staff were inducted for their roles and had time to learn about people's needs and read their care plans as part of their initial training.
- Staff told us they did not receive practical training to move people and use equipment safely. A staff member told us a person used a wheelchair when they went out and relied on they relied on the training completed in a previous care setting.
- There were no records to confirm staff practices were checked in relation to infection control.

- The activity staff member said, "It's hard to know what activities to do with [people living with] dementia. It depends on people's skills. Some like to chat. We do singing, dance, exercise or play dominos."
- Care staff told us they had completed on-line training and their understanding was discussed in supervisions and staff meetings.
- Training topics covered health, safety and welfare, which included the moving and handling of people, medicines management, food hygiene and dementia awareness. The training was all on-line and staff were required to complete a workbook.
- A staff member told us training was on-line, and they said, "[Registered manager] checked my competency before I could administer medicines. There's no practical moving and handling training at present because no one uses a hoist."
- Staff told us they felt supported by the registered manager. A staff member said, "[Registered manager] is always available and will tell us what to do if we are not sure."
- Staff meetings were used to discuss staff work and inform them of any changes and updates.
- People and relatives were confident that staff were trained to meet people's care needs. A person said, they said, "I think [staff] do the job. I think they take good care of people."

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

- People's needs were assessed prior to moving to the home. These included the support required in relation to their diverse culture and dietary requirements, likes, dislikes and personal preferences.
- People and relatives told us they were involved in the care planning and confirmed they received the support that was agreed.
- Further action was needed to ensure care was provided person centred way in line with local and national guidance and best practice guidelines.

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

- All the meals were frozen and heated up on the day. One person said, "The food and drink is alright. There is a couple of choices. I am not on diets and can eat what I want. I sometimes get biscuits and tea for snacks."
- A range of suitable meals were prepared to meet people's dietary and cultural requirements. Meal times were relaxed, and staff supported people as required.
- People's nutritional needs had been assessed and their food choices were documented in their care plans.
- People at risk of malnutrition or those with swallowing difficulties had been referred and assessed by a dietitian. The care plans included guidance from the dietitian, which staff followed.

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

- People's health care needs were mostly met. One person told us their hearing aid was not working. The senior carer assured us they would change the battery.
- Another person said, "If I need the doctor then staff will contact my family GP for me. I went for blood tests and got iron tablets. [Staff] keep an eye on me. If I needed I could ask for the optician."
- A health care professional described how one person's health had improved. They told us staff knew people well and sought advice when people's health was of concern.
- People's records included the impact of their medical conditions such as dementia and word finding difficulties. Any ongoing health needs were met by the health care professionals such as the dietitian and community nurses.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes 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. We found people's capacity was assessed. For example, for a movement sensor mat used to alert staff when the person was moving around in their room at night.
- Where people lacked capacity best interest decisions were made by the person's close family or representative. However, the names of those individuals with the legal authority was not always documented.
- Any restrictions on people's liberty had been authorised and conditions were met.
- Care plans directed staff how to communicate with people to understand their responses and know when they gained their consent. A staff member said, "If [name] ignores you or pushes your hand away it means no."
- A relative with a lasting power of attorney for care, and local authority representative had been involved in best interest decisions made about their family member's care.
- People told us staff sought their consent before they were helped.
- Most staff had awareness of this legislation and had completed training on MCA.

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.

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence:

- At the last inspection in November 2018 the registered manager told us the door to the communal toilet in the lounge that opened outwards would be adjusted. This was not done, and we saw instances where people's dignity continued to be compromised.
- At the last inspection in November 2018 we found people were not given a choice whether they wished to shower in the privacy of their room or the communal shower room. At this inspection although there was some improvement, further consideration was required to staff practices to preserve people's dignity.
- People told us their privacy was respected. One person told us they preferred to use the en-suite shower where they had their own personal toiletries. Another person said, "[Staff] always knock on the door. The curtains and door are closed when I shower. Its private. I think the staff do respect me."
- People's independence was promoted. People said, "I like to sleep late, and I can do that. I sit in the lounge till about 10pm. You can wake up when you want." And, "I can eat anything I want. I shave with a shaver I got. I shower myself and can do it, but I get help."
- People's care plans and records had information about the circumstances in which people's records would be shared and with whom. People had signed the records to confirm this.
- Staff maintained people's confidentiality. All confidential information was managed and stored securely, and electronic records were password protected.

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

- People's care records did not always show they or their relatives had been consulted about how they wanted their care to be provided. For example, a person's relative was named as the key person to be consulted in decisions made about ongoing care needs. However, the review was completed by the registered manager and the person's views were not documented and records did not show their relative had been involved.
- People told us about their involvement in planning for their own care. One person said, "The home is aware of what care I need and that is what is going on." Another person said, "I told them about me and they wrote it down. Staff know what I need. I'm happy with my care."

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

- Some people told us staff were sometimes not so kind. One person told us, "A couple of staff can be short and rude to residents who don't do what they are told. I see it every day and it upsets me."
- Some people told us staff were kind and caring. Their comments included, "Very good (staff). They repeat things if I can't hear them." And, "Staff are very nice and friendly. There are moments when they will sit back and talk with you."

- A relative whose family member was living with dementia said, "[Name] doesn't know the staff by name but recognises them in the way they speak, their voice and their approach."
- Staff were aware of and treated people equally and protected people from any discrimination whatever their race, religion and gender. Not all the protected characteristics were known to staff.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns:

People could not be confident that complaints would be managed and resolved.

One person told us, "I lost my hearing aid. They keep saying they'll get me another one. I left them in my bedroom and they disappeared. For the last year I can't hear and it's awful really." There was no record of this complaint.

- A relative said, "There was the initially settling-in issues for [name] but it was sorted. [Registered manager] has given me her mobile number and told me to call her anytime." These complaints had not been recorded.

- One A person said, "I got no complaint. I can't complain about anybody at all. If I was worried I'd talk to the [registered manager]."

- There was no record of verbal complaints made such as a person who continually asked for new batteries for their hearing aid.

The provider had a complaints procedure, but it was not accessible to people using the service or their relatives. The complaint procedure was not in an easy read format or large print for people who required this.

- Following the inspection visit the company director wrote to us to confirm the service had not received any complaints. This showed the complaints system and procedure was not robust.

The provider failed to have systems in place to identify, record and respond to complaints. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- People did not receive personalised care. We observed care people received in the morning was task focused. Staff assisted people to the lounge or the dining room for breakfast after being supported with their personal care needs. Staff focused on what the person wanted to eat and drink, without any meaningful engagement about what the person wanted to do that day.

- People were not also supported to remain in control of their life. One person told us they had told staff several times that their hearing aid was not working. The senior carer assured us they would replace the batteries in the hearing aid.

- People's care plans did not always reflect their backgrounds, likes, dislikes, preferences and belief. One person's care plan only had information about their spiritual needs and no information about their interests.

- A relative said, "[Name] was always enjoyed being outdoors and in the garden. It's a shame there's limited outdoor area for [them] to use." However, the person's care plan had no information about their interest in gardening.

- There was a lack of meaningful activities promotes people's wellbeing and protects them from the risk of

isolation. Activities did not relate to people's past experience, hobbies or interest. We asked people how they spent their time. A person said, "There's the telly. Or doing a jigsaw. Books to read. Last week two entertainers came who were singing." Another person told us they did watch sporting competitions, played dominoes and listening to the favourite type of music.

- The activity staff member tried several activities to engage people to sing-a-long, which was not successful. A few people were seen playing the tambourines and passing a large balloon around.
- Although picture menus were available we saw these were not available or used prior to meal times. One person require information to be made available in large print. However, we did not see information was made available in large print for this person. The provider was failing to comply with the Accessible Information Standard and further action was needed to ensure people with a disability or sensory loss can access and understand information they are given.
- Some people were aware of their care plans and told us they had been involved in the planning and review of their care. This helped to ensure staff knew how to support people when their needs had changed.
- People's care plans were mostly individualised to reflect their needs, wishes and interests. A person's care plan stated they enjoyed peanut butter on toast and a large cup of coffee and enjoying watching cricket. Another person's care plan showed their faith was important to them and a prayer mat and the prayer timetable was kept in the person's room.
- We saw people made decisions about how they spent their time. One person liked to sit in the dining room with the patio doors opened for fresh air.
- People were able to follow their own cultural or spiritual needs. One person went for mass at the church. Another person said, "People from church visit here. The pastor comes to see me on Saturday or Sunday. My friends or my family take me to church sometimes."
- People's communication needs were documented in their care plan to enable staff to provide the appropriate care and support. Information was available in easy read style for people to understand.
- A staff member told us there was always a staff member on duty who was able to communicate with a person in same language which was not English.

End of life care and support:

- The provider had a policy in place for supporting people with end of life care.
- People had the opportunity to express how they wished to be cared for at the end of life.
- There was no one in receipt of end of life care at the time of our inspection.

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.

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At our last inspection November 2018, the provider did not have in place systems to ensure good governance of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We issued a warning notice, setting a date of compliance of 28 January 2019. We found there had been some improvement, however further improvement is required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; and lessons learnt and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Our findings at this inspection showed the provider had not made sufficient improvements to meet the warning notice.
- There was ineffective leadership in how the service was managed. The service had a registered manager, but they were not working at the time of our inspection visit. The director was unable to locate the evidence during the inspection visit. This has still not been provided.
- There was a continued lack of managerial oversight and systems to monitor and assess the quality of care and no system to drive improvement.
- Good record keeping enables the provider to continuously assess and monitor the quality of care provided and ensure the service is safe for all. However, some records were not available or accessible to care staff, in the absence of the registered manager.
- Systems were not in place to monitor and identify any trends from incidents, accidents and complaints that would improve the service. The analysis were not available to us during the inspection. Following this inspection the company director told us they were still not able to find this information.
- The audits were not fit for purpose as they did not identify where people were at risk or received poor care. For example, the medicine audits did not identify medicines charts had not been signed and people were at risk of not receiving their medicines. The infection control and the premises were not clean and hygienic despite the audit stated all areas of the home were clean, safe, good condition internally and externally.
- There was no system in place to take action where audits did identify issues, for example, the medicines audit did identify the 'as required medicines' had no time recorded. People were at risk of receiving medicines they were not due.
- Although staff had reported faults and repairs in the maintenance book, small issues were being addressed such as replacement of light bulbs and securing wardrobes to the wall. The management team had not checked progress of works to repair and improve the home since January 2019.

- There was little evidence to show the service was continually striving to improve. The 'works schedule' action plan identified improvement needed in order of risk and priority. Some of these the target dates for works to be completed had been extended to March 2019 and were still not completed, such as the loose tap fitting in the communal toilet. More serious issue identified at the last inspection were not listed such as the unsafe flooring in a bedroom. Similar issues were also identified through the local authority's quality visits to the service. This showed lessons were not learnt and systems were fragmented.
- Staff files audited in January 2019 identified there was a missing reference for a staff member. The nominated individual told us new references had been requested but there was no evidence of this or risk assessments completed to ensure the staff member was safe to look after vulnerable people.
- Opportunities to develop the service were not fully utilised. For example, there were no house meetings for people and their relatives.
- Staff helped people to complete the satisfaction surveys in February 2019. It was not clear whether people had been given the opportunity to be supported by an advocate or their relative to complete the survey. People rated activities, food choices and the laundry services as average or poor. There was no evidence that the survey responses had been considered and a plan of action to address the issues.
- Staff told us they had regular staff meetings, but the meeting minutes were not made available at the time of the inspection visit.
- We received the last two staff meeting minutes after the inspection visit. These showed meetings were not used effectively to share information with the staff team about the improvements, to give feedback and seek their views to bring about positive changes.
- Staff training did not always equip staff for their role for example practical training to move people safely. Staff practices were not always checked in relation to infection control.
- There was no evidence the provider had used best practice and research to plan activities suitable for people living with dementia.
- The information in the completed Provider Information Return (PIR) did not reflect what we found on the inspection visit.
- It was evident the registered manager did not understand the duty of candour requirements. Complaints were not recorded or investigated. There was no evidence to show a written account of the investigation outcome, any actions being taken to prevent a recurrence or an apology. Information was not available.
- The latest Care Quality Commission inspection report was not available, and the rating was displayed, which is a legal requirement.
- Since the last inspection the registered manager sent notifications to the Care Quality Commission (CQC) and relevant authorities as required.
- People, the relative and health care professional told us they liked the staff. However, their views about how the service was managed were mixed. Their comments included, "I don't know the manager. I deal with the nurses and carers" and "I don't know the manager at present. There isn't a lot going on at the minute. I think the place is run alright. Not bad at all."

Working in partnership with others:

- The staff had good relationships with health care professionals and worked with them to achieve good outcomes for people. A visiting professional said they found the staff helpful and knowledgeable about people's needs.
- Representatives from the local authority quality team had conducted quality monitoring visits and found improvements were still needed. Their findings supported what we found during this inspection visit.

The provider failed to have systems or processes in place to assess, monitor and improve the quality and safety of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure people's environment was appropriate and met their needs. Regulation 15.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider failed to have systems in place to identify, record and respond to complaints. Regulation 16.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had fragmented systems and a lack of oversight to monitor the quality and safety. Systems to seek people's views about the service including incidents, accidents and complaints were not effective. This is a continued breach of Regulation 17 (1) (2).</p>

The enforcement action we took:

Imposed conditions to the registration. The Registered Provider must submit an action plan demonstrating how you intend to become and maintain compliance in risk assessments, record keeping, care plans, staffing and medicines management. This must be sent on every first Monday of the month and be updated once actions are complete.