

V & V Care Limited

St Mary's Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

St Mary's residential care home is a residential care home providing personal care for up to 29 people. At the time of the inspection there were 24 people living in the home.

The home provides accommodation over two floors with a lift and stairs available to access the upper floor. There are two lounges and a dining room as well as a number of communal bathrooms and toilets.

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

There were not enough staff to meet people's needs, specifically at night. Due to the numbers of staff at night and how they needed to be allocated to meet people's needs, a large part of the building was usually left unmonitored. The daily allocation of staff meant some people's mealtime experience was not as good as it should be. Staff were mostly safely recruited but we had ongoing concerns in relation to the information collated at recruitment to assure the provider recruited staff were of good character. We have issued a recommendation in this area. Environmental risk assessments had now been completed and were effective at addressing risks. Individual risks were mitigated but records to show this were not always up to date. The provider had not implemented the latest guidance on managing and administering medicines and some concerns in practice were noted. We have issued a recommendation about this.

People's autonomy and independence was not always respected and we saw walking aids often taken out of people's reach due to the layout of the lounge area. We also saw an inappropriate response when concerns were raised and undignified support provided to someone whilst they were having their lunch. Interactions we saw were mostly positive and we were told staff were predominantly caring and that this area had recently improved. People were supported to provide feedback through suggestion boxes, surveys and resident meetings, action plans were developed and concerns addressed.

The new registered manager had taken positive steps to improve the service and had been proactive at addressing concerns from the previous inspection in the short time they had been in post. However, they were aware there was more to do. A suite of quality audits had been introduced and areas of concern were known but a live action and improvement plan had not been developed from which the provider and registered manager could systematically work through. This meant improvement remained reactive. There were two action plans, one from the last inspection which was complete and one following a quality visit from the local authority which the registered manager was working through. They told us they were going to add all the action plans together following feedback from the inspection.

The provider was working to improve the environment and had taken some steps to ensure it met people's needs better. Work was completed with other professionals to support people's needs and the provider delivered food which met people's dietary requirements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were comprehensive and information was available in different formats. Records of people's additional monitoring requirements were accurate and in line with the care plans we looked at. There were limited activities but people told us they had enough to keep them entertained. When complaints were received we saw the provider acknowledged when they needed to make improvements and apologies were made. We shared our concerns in the response to the information received above and were assured it would be managed correctly.

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 Improvement (14 January 2019) and there were three breaches to the regulations. 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 two of the previous breaches had been met and we found additional breaches. This meant enough improvement had not been sustained and the provider was still in breach of regulations.

The provider has been rated as requires improvement for the last two inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the promotion of independence and autonomy, a lack of staff to meet people's needs and ineffective analysis of risk at this inspection. We have also noted a continuous breach in relation to overall governance and oversight.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Mary's 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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

St Mary's Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service and any information held in the public domain. We used all of this information to plan our inspection.

During the inspection

We spoke with seven staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with kitchen, domestic and maintenance staff as well as staff who provide direct care to people.

We spoke with five people who lived in the home and two visitors. Following the inspection we contacted one professional who visited the home.

We reviewed seven people's care plans, three in detail and the rest for specific information. We looked at three staff recruitment files and other training and supervision records for staff. We also looked at medicine records and other management information and observed how people and staff interacted.

We were shown around the home, at all aspects of the accommodation including communal areas and people's bedrooms, we looked at the kitchen and laundry areas and the garden.

After the inspection

We requested the provider send us some information electronically which we reviewed and we sought clarification from the registered manager as required.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The last inspection found aspects of the environment and how it was managed which were not safe. This included exposed radiators and water temperatures which were not tested and exceeded recommended temperature.

- We found at this inspection that the provider had addressed these concerns. Radiators and exposed pipe work were now covered and they had installed a mixer valve system to the water to ensure it never exceeded recommended temperatures of 44 degrees. We saw records to show water was tested and this was the case. The provider had addressed the concerns which had led to the previous breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- However, we found poor management of the risks associated with accidents which had potentially led to an increase in falls. When we discussed this with the registered manager, we were told that accidents were not previously being recorded properly. Whilst records of each fall were now kept, we were not assured steps had always been taken to reduce the risk of falls.
- We looked at the number of falls and found they had risen significantly since September 2019 where one was recorded, to December 2019 where 17 were recorded. None of the accident records had been reviewed by the registered manager and there was no analysis to determine if there were any themes or trends in the reasons why people had fallen, in order to attempt, to manage and reduce the risk of falls.
- We found on numerous occasions people sat in the lounge with their walker or Zimmer frame some distance from them. We also saw staff support people to a seat and move their Zimmer frame away from them. We were told this was to allow access through the lounge and reduce the risk of falls. But when we looked at accident records we found the reason for a fall was often due to the person trying to mobilise without their walking aid.
- We discussed this with the registered manager who assured us they would take immediate action and inform staff, people's walking aids should remain with them, wherever they were to support both their independence and safety.
- Medicines were administered with dignity and people told us they received their medicines as prescribed. However, records for the administration of medicines did not always reflect this and we saw medicines that were prescribed to give an hour before food were administered with or after food. Staff told us this was

because there was no one on nights to administer an earlier medication round.

- One person's pain relief had changed from an "as required " medicine to a regular interval medicine. The change had not been captured on the MAR and it was being administered differently by different staff, dependant on whether they knew the change had been made.
- When a medicine was offered and refused it was not always recorded so it was unclear as to if the person had needed the pain relief but it was not offered. We discussed this with the registered manager who assured us they would add a record to the MAR whenever there had been engagement with a person around a medicine.
- The medicines policy had not been updated with the latest best practice guidance from the Care Quality Commission and from the National Institute of Health and Social Care Excellence.

Not enough improvement had been made at this inspection in relation to mitigating risk to people and we found the provider was still in breach of regulation 12. Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Service certificates were in place to show equipment at the home was safe and plans were in place in the event of an emergency.
- There were good person-centred care plans for medicines and people had comprehensive PRN (as required medicines) protocols. Records held photographs of people to reduce the risk of mistakes and allergies were recorded on each Medicine Administration Record (MAR).
- Staff received medicines training and their competency was tested annually.
- People at risk of malnutrition or pressure ulcers received care and support to reduce those risks.

Staffing and recruitment

- There were not enough suitably qualified staff to meet the needs of people in the home in a timely or effective way.
- People on the top floor mostly required the support of two staff to transfer or be supported by a hoist. At the time of the inspection there were only two staff on the rota scheduled to work during the nightshift. This meant the lower floor of the home was left unmonitored, when people were being supported upstairs. This shortfall was compounded by the fact that not all the monitoring equipment and the front door bell were connected to the alarm system and could not be heard all over the building. Walkie talkies were used to alert staff at different parts of the building if support was required elsewhere, but with only two staff on shift there was no staff available to notify them if they were both supporting people on the top floor. We were told staff relied on another resident to use their call bell to alert staff to others requiring attention.
- Emergency plans required three staff and we were told there were other staff who lived in the vicinity who would be able to help out. The staff were not contracted to help out in an emergency and there was no process in place to ensure they were fit and available to do so.
- A senior had recently left employment at the home and there was no senior on rota on any of the night shifts in the month of January 2020. This meant there was no one on shift available to administer medicines to those who may require them through the night. When we checked the training matrix, we also noted there was also no-one on night shift who was trained in emergency first aid or to be a fire marshal should the need arise. The registered manager told us they were currently recruiting for a night senior and they would be called out if anyone needed medicines through the night.
- During the day staff were not always visible in the lounge areas when people wanted to mobilise. This increased the risk of people attempting to mobilise when their mobility aids were out of reach.
- There was not enough staff to actively observe people as they were eating or offer support when it was

required. When people were asked if they had enough of their food prior to it being taken away it was often the case they had difficulty eating independently and support was not available to support them to eat more.

People were not suitably monitored and there were not enough staff present to offer support as required. People were at risk of not receiving their medicines or emergency first aid at night as there was no suitably trained staff on duty. There was also no night staff trained to lead an emergency evacuation or enough night staff to implement the evacuation procedure. This placed people at risk of harm and was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found staff were not safely recruited and appropriate checks were not made of their suitability to work with vulnerable people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed three personnel files and looked at the process followed to recruit staff to post. Since the last inspection checklists had been implemented to monitor the information in the file. However, the checklist did not include all the information as required under schedule Three of the Health and Social Care Act.
- As a consequence one file we looked at was missing key information including their full employment history and references that had been verified as truthful and accurate.
- We spoke with the Nominated individual about this recruitment and they told us they had interviewed the person via video link. But there was no record of this. We asked how the person had applied for the job and were told their details were sourced from an agency of care staff from Romania.
- Without an application form or record of the interview there was no way to determine an effective process for their safe recruitment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19, but we have issued a recommendation.

We recommend the provider completes thorough safety checks on its staff prior to recruitment to include all the required information in schedule three of the Health and Social Care Act 2008

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and had a good knowledge of what constituted abuse. Staff told us they would report any concerns they had.
- There was available information on how to report safeguarding concerns to the local authority on the main notice board.
- Referrals were made by the provider to the local authority and when asked they provided all the relevant information to conclude any associated investigations.
- People we spoke with told us they felt safe. One person said, "The staff are marvellous and look after me well, I feel very safe."

Preventing and controlling infection

- The home was clean and tidy and in the middle of a planned redecoration and refurbishment programme. Cleaning schedules were in place and there was available equipment to promote good hygiene.
- The home had an outbreak of infection in the winter of 2019 and records showed good barrier nursing to reduce the risk of infection and control of the infection. Appropriate steps were made and contact was kept with the health protection agency as required.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection the provider was issued with a recommendation to improve the environment to better support people living with dementia.

- New signage had been placed at appropriate points around the home showing directions to main communal areas and bedrooms. There was also new signage on the doors of communal bathrooms, the dining room and the lounge.
- Pictorial menus had been introduced in the dining room to advertise the menu for the day and we also saw staff used smaller pictorial cues when supporting people with their choice for the day or the type of drink they wanted.
- The provider had invested in new carpets to replace the highly patterned ones in both the lounge and the hallways.
- The registered manager was looking at best practice guidance to continue with the programme of redecoration ensuring it met the needs of people in the home.

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

- Information was gathered prior to placement at the home to ensure the provider could meet people's needs. Comprehensive care plans were developed from the information and the person's preferences once they had moved into the home.
- Hospital passports were ready to send with people to hospital if an emergency admission was required. They included information on the person's key needs, medication and any allergies.

Staff support: induction, training, skills and experience

- Staff received an induction when they started the job and new staff were registered to complete the care certificate. The care certificate is a certified approved induction to health and social care.
- Bi monthly supervision had begun to take place and regular team meetings were held. We could see by minutes of meetings that staff had the opportunity to share concerns and information at the meetings.
- When we raised any concerns with the registered manager around staff conduct we were told a dedicated supervision would take place and additional training would be provided as required.

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

- People at the home had their food likes and dislikes recorded as well as any special dietary requirements. This list was available to the chef on the kitchen notice board. The list also contained information about any food allergies.

- The chef had a good understanding of how to support people with special diets including the fortifying of foods and drinks when people began to lose weight.
- We saw from records that people were supported when they were at risk of malnutrition by referral to specialist teams and increased monitoring to ensure they were eating and drinking enough food.
- Five people were recorded as requiring assistance with their meals but there was not enough staff to do this effectively at lunch time. When we discussed this with the registered manager there was discussion around implementing a different allocation of staff serving specific meals to people in their rooms either a little earlier or later.

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

- A clinical nurse practitioner visited the home twice weekly to support people with medicine reviews and any referrals to specialist teams.
- Chiropodists, opticians and dentists visited the home on request to meet people's needs in these areas.
- Staff would request GP appointments when they were required and the GP would visit the home to review people.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had made applications to the DoLS team as required to ensure people were not unlawfully restricted. The home had a secure main entrance and people could not leave independently without assessment of this being safe to do so.
- We saw the MCA was considered in all care plans with best interest decisions being made when required. This included when bed rails or sensor mats were used.
- We saw assessments were signed by people when they had capacity and by appropriate people with authority when they did not.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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;
Respecting and promoting people's privacy, dignity and independence

- At the last inspection the provider was recommended to improve their environment specifically for people living with dementia.
- One of the concerns noted was there were no dignity locks on communal toilet and bathroom doors. These would allow people to lock the door when using the toilet, ensuring no one could gain access without the release key, held by staff to use if needed. We checked all communal toilet and bathroom doors and found dignity locks had not been fitted to any of the doors.
- People's autonomy and independence were not always respected.
- When people were seated in the lounge area or dining room, we saw staff remove their walking aids to a distance where people could not get to them independently without putting themselves at risk.
- When we were talking to one person with a staff member, the person said they were not happy with something the staff member had done. The staff member responded inappropriately to this which made the person angry. The staff member did not know how to de-escalate the situation and the inspector had to intervene.
- The registered manager assured us the person would receive immediate additional training to support people with dementia.
- During the lunch time meal service one person was refusing their food but a staff member continued to support them to eat it. It was clear the person did not want to continue eating but the staff member did not stop.
- The registered manager told us they would investigate who the staff member was and supply some additional training.

When people are not supported to maintain their independence and autonomy there is potential people will put themselves at risk attempting to do so. People's right to privacy and to refuse should be upheld at all times, we found this was not the case and constituted a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Visitors were encouraged to visit the home when they chose and people told us they could receive visitors at any time.
- Preferences were collated from people on what they liked to eat and drink, when they liked to get up in the morning and when they liked to retire for the night.

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

- Care plans included reviews involving people or their representatives and we saw some changes were made following these discussions.
- There was a suggestion box in the main foyer of the home and resident meetings took account of people's views in key areas of the home including the menu and available activities.
- Regular annual surveys were completed with key groups of people including professionals who visited the home, staff and the family of people living in the home. Results were collated and were mostly positive.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Comprehensive care plans were in place which were reviewed with people and their representatives as required. However, care plan review records did not always reflect when a care plan had been updated and often stated no change.
- The registered manager had been developing one-page profiles and room files which were up to date with the most recent information and assured us this information would be reflected in the main plans of care.
- People's life histories were captured and talking points were identified for distraction when it was required. We also saw good information on people's life histories in pictures which staff used as prompts to aid memory and reflect on times past.
- When people were assessed to receive additional support including regular repositioning and monitoring of their food and fluid intake, we saw this happened at the required frequency

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Plans of care identified how staff should communicate with people and included tools and prompts to help staff engage with people with fluctuating capacity.
- Pictures were used to support menu choices and information posters and signage were written in large text with supporting pictures. This included arrows to show the direction to areas of the home.

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

- An activity coordinator had recently left their post and the position was out for recruitment. In the interim staff took the lead in delivering activities and we saw people engaging in puzzles and balloon bouncing to aid dexterity.
- Activity plans were kept for people showing what people enjoyed doing and how this was accommodated. This included trips to the village shops and visiting therapy dogs.
- People told us they were not bored and there was always someone to talk to, we were also told "I like to have a snooze in the afternoon, so prefer it when it's quieter."
- An activity plan was displayed showing daily arm chair exercises and daily activities including crafts, baking and bingo.
- The registered manager assured us more meaningful activities would be implemented when the new

activity coordinator started.

Improving care quality in response to complaints or concerns

- A quality issue report was developed when the registered manager came to post in September 2019.
- The report included details of complaints and issues raised by people and other professionals that could lead to changes in practice and make improvements.
- A complaints procedure was available and accessible to people and we saw the provider responded to complaints in a timely way.
- Investigations were completed and apologies given if required. Steps were then taken to mitigate the same or similar areas of concern being raised again.

End of life care and support

- Hopes and wishes for the end of people's lives were captured in care plans.
- The provider did accept people at the end of their lives and worked with local professionals to enable delivery of sensitive care and support at this time.
- The provider had enrolled staff on specialised palliative care training which was due to take place shortly after the 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found the provider had ineffective systems to assess, monitor and improve the quality of care nor were those systems effective at identifying steps to mitigate risks relating to the health and safety and welfare of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection risks were identified in the management of the health and safety of the building. This included water that was too hot, radiators were uncovered and a risk of burning people and there were no associated risk assessments for the danger of hot surfaces.
- This inspection found appropriate steps had been taken to address the concerns. Radiators were covered and the temperature of the water had been stabilised at a safe temperature.
- A suite of quality audits had been introduced and systems had been developed to identify risks and issues. The registered manager told us they were to pull all action plans together to form one plan and to add to this when they were aware of other actions to take which could lead to improvements.
- However, these systems were yet to embed and they had not been effective at identifying themes and trends in bad practice which had led to unidentified risk and undignified practice.
- Audits of the meal time experience were yet to be regularly implemented and manager walkarounds had begun so had not identified concerns.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 17. Of the Health and Social Care Act (regulated Activities) Regulations 2014

- The registered manager had begun to engage both staff and people living in the home to ensure all of their needs were met. Staff felt supported and people felt listened too.
- Team meetings raised issues brought to the registered managers attention by people in the home. This included encouraging people to do as much as they can in relation to their own personal care and not to just assume people require full assistance.
- The registered manager had to reintroduce basic monitoring systems as they had not been used for some time. This included accident records and cleaning schedules which had been used again since October 2019.
- New audit and monitoring records were still to be introduced which included a mattress audit and hand

hygiene audit.

- Some audits were undertaken on samples of evidence rather than all of the evidence. For example, eight care plans a month and six medicine administration records a week. This was historic practice that had continued. However, auditing in this way had not identified the issues noted in this inspection.
- We discussed with the registered manager how limited auditing of key procedures and systems could result in delays being made to identify any issues. We were told they would increase the number of records audited to ensure issues were picked up and addressed in a timelier way.
- We saw monthly audits had last been completed in key areas in the month of the inspection and analysis of the results was to be undertaken.
- The registered manager also planned to introduce more frequent qualitative and practical audits including manager walkarounds, meal time experience audits and night checks to allow them to check the quality of service provision at these times. This would better equip the registered manager to address any issues with staff performance. They had already introduced observational supervisions.

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

- The provider had supplied an action plan following the last inspection and had addressed the areas of concern noted within it.
- Notifications had been sent to the Care Quality Commission of events as required under the provider's registration.
- The last inspection had identified three breaches to the regulations which the registered manager had addressed and met. This inspection found three further breaches. The registered manager and provider were aware a senior staff member was needed through the night and were in the process of recruiting one. This post would be in addition to the two care staff currently working through the night.
- The registered manager was in the process of developing new accident records and procedures to analyse and mitigate risks identified from the accident records. Following identification of concerns we were told this would be an immediate priority following the inspection.
- The registered manager was aware from people in the home and some staff that there were some issues with how some staff performed their role and we were told they were to undertake more comprehensive supervision to include performance and culture when supporting vulnerable people some of whom may be living with dementia.

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

- The registered manager had developed a handover sheet, allocating staff to specific roles and duties throughout the day. This would allow them to hold specific staff to account if specific duties were not completed.
- Staff were now supported through better supervision and supported when they required additional training in certain areas.
- The registered manager had recently acquired a more comprehensive training suite which provided both electronic and classroom-based training on more than the required mandatory training.
- The last report was on display in the home for people to see.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and people in the home were aware there had been a period of change since the start of the registered manager in October 2019.

- When the registered manager started in post they went to each person in the home and introduced themselves, explained what they wanted to achieve and asked people if there was anything they felt needed to change.
- People told us they had been impressed with the speed in which things had improved and how most of the staff showed a keenness and enjoyment of the job that they had not shown before. One person told us, "I'll never forget how when [registered manager] first started I told them about some staff that were not very nice. They are not here anymore and I feel much happier."
- Staff told us they are much better supported and felt like everyone was now doing the same job and were supporting each other. One staff member told us, "There is nothing I'd change about this job now. I like coming to work."

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 10 HSCA RA Regulations 2014 Dignity and respect People's autonomy and independence was not respected. Regulation 10 (1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who lived in the home were not protected from the risk of falls. Risk management principles had not been applied to the analysis of accidents and incidents. Regulation 12 (1) (2) a, b
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Whilst the registered manager was developing governance procedures they were yet to embed and had not allowed the identification of concerns noted within this inspection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough suitably trained and available staff to meet people's needs in a timely way. There were not enough staff on at night to be able to safely respond in the event

of an emergency.

Regulation 18 (1)