

The Frances Taylor Foundation St Raphael's

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

About the service

St Raphael's offers accommodation with personal care for up to 20 people with a learning disability. The accommodation is provided in two adjacent buildings, Fatima House and St Raphael's itself. At the time of the inspection eleven people were living in Fatima House and nine in St Raphael's.

St Raphael's is part of the Frances Taylor Foundation, a charitable organisation providing a range of services mostly for people with a learning disability.

Although the service was developed and designed according to the values that underpin the Registering the Right Support (Registering the Right Support CQC policy) and other best practice guidance, the provider did not always ensure that care and support to people was being provided in line with these values which include choice, promotion of independence and inclusion. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to twenty people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These principles ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The home did not have effective measures in place to ensure the environment people lived in was safe. Some risks to people had not been identified or addressed. Staff did not always appreciate the risks people faced and did not make sure the risks were appropriately mitigated. We observed the home was not very clean in places. People and staff did not have access to appropriate handwashing facilities. Medicines were not always managed safely.

The home provided some training for staff, but they did not always attend which meant some staff did not receive appropriate training to ensure they were knowledgeable and competent to do their work. Staff did not also receive regular supervision and appraisal.

Some people were not supported to have maximum choice and control of their lives and staff did not

support them in the least restrictive way possible and in their best interests, the policies and systems in the service supported did not support this practice. We have made a recommendation for the provider to improve this.

People did not consistently get varied meals that met their needs and preferences and that were presented to them in an appetising way. We have made a recommendation about improving this aspect of the service.

People and their relatives told us staff were kind although our findings did not suggest a consistently caring service or a service that was always respectful of people's choices. There was a lack of meaningful activities happening within the home or in the local community to keep people stimulated and engaged. The provider had a complaints procedure and people and relatives knew how to complain.

The service has not had effective leadership and staff morale was low. Staff told us they did not feel supported by the management team. The home did not have effective quality assurance and governance systems and had failed to address key concerns identified at the last inspection which are repeated at this inspection.

The service worked with other organisations and people were supported to access a range of healthcare services.

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 (report published 29 February 2019) and there were multiple breaches of 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, not enough improvement had been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection to check the provider has made the necessary improvements at the service. We had also received feedback from stakeholders that the provider was not making enough progress to address concerns at the service.

Enforcement

We have identified five breaches of Regulations in relation safe care and treatment, premises and equipment, person centred care, staffing and good governance. 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

St Raphael's

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must tell us by law, such as abuse. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with five members of staff and the manager. We reviewed a range of records. This included four people's care records and 16 people's medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service,

including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and sought feedback from professionals who regularly visit the service.

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 now 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

At our last inspection the provider was not effectively identifying and mitigating risks and this was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Since our last inspection risk assessments had been reviewed and they were clear and up to date. Where there were risks identified, these had been assessed. For example, medicines, risk of falls and choking. However, some staff were not aware of the risk assessments and the possible impact for people living at the home. They were therefore not working according to these risk assessments to mitigate risks for people.
- One person's nutritional care plan stated they were at risk of choking and required thickened fluids. This information was also written on the notice board within the kitchen. Despite this, we observed this person reaching over and taking a glass of water from someone sitting at a table. We moved the cup away from this person and made staff aware as they were busy and had not seen this incident. When we spoke to staff they were not concerned by this. We spoke to the manager about this so they could monitor the way care was delivered to the person.
- In Fatima house, one person was being supported with one to one care. They also had a sensor mat to help monitor their health condition. This person's mat was broken, and staff had not reported this to management so remedial action could be taken. This meant the person was not being adequately protected from the risks arising from their medical condition.

This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, we raised concerns over a door as the lock was not appropriate and this was a potential risk for people who lived at the home. Since our last inspection the door has been repaired.
- The provider maintained the safety of the building and equipment through regular fire checks, servicing and maintenance. Fire safety checks were completed, and information was recorded. We saw the provider had good policies in place for managing fire. Staff have been provided with evacuation plans and they had received training.

Using medicines safely

- Medicines were not always administered safely. Systems for recording and investigating medicines

incidents did not always work consistently. During our inspection, we identified a medicines error recorded on a medicines administration record (MAR) chart which the manager had not been made aware of. This told us the manager did not have appropriate oversight of the management of medication.

- We did not see documented risk assessments or evidence of advice from prescribers and chemists with regards to medicines being crushed or given in food. This was not in line with guidance from the National Institute for Care and Health Excellence on the management of medicines in care homes. Therefore, we could not be assured that this task was being undertaken safely. Staff told us the GPs had given verbal agreement to this practice but as staff were administering the medicines, they had no records to show they were acting in the best interests of the person in line with the above guidance.
- Records of the temperature of medicines storage areas showed this was not always in the correct range to ensure medicines were stored appropriately so they were suitable for use.
- When PRN (when required medicines) were given there was not a clear record made of the reason for use and the effect that the medicine had on the person. This meant the provider was not always following their policy and did not have adequate information to evaluate the effectiveness of the medicines.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Since the inspection the provider has provided information from the pharmacist to show that they had been involved in best interests decisions about crushing medicines.

Preventing and controlling infection

- People were not always protected from the risk of infection and cross contamination. We found the home to be unclean in places. The manager told us they recently recruited a cleaner, but they were away on holidays. We checked people's rooms, and some were not clean. There were missing entries on the cleaning schedule for these people's bedrooms.
- Many of the communal bathrooms in both buildings did not have soap or towels to help with hand washing. We spoke with the manager about this and they addressed this promptly.
- We identified concerns in two kitchens. The cupboards within the kitchens were soiled and had a build-up of dirt on the exterior surface. Kitchen bins were dirty, and, in some bins, there was no bags.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Since our inspection the manager has sent through evidence of a cleaning schedule, and pictures of kitchen and bathroom areas that have been cleaned.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff knew how to identify different types of abuse that could occur and were aware of how to report it and keep people safe. For example, one staff member said, "I would report it [abuse] straight away."
- Safeguarding incidents had been reported to the local authority appropriately, however on occasion the provider had failed to follow safeguarding procedures and notify the CQC appropriately. We spoke to the manager about this and since then they had been following the correct procedure.

Staffing and Recruitment

- During our inspection there were enough staff to meet people's needs. Staff were seen providing care and support to people promptly. The staff rota confirmed staffing levels and how staff were deployed to meet

people's individual care needs. Relatives told us they felt there was enough staff to provide care and support for each person. The service was using bank and agency staff as they were currently recruiting for six new staff members. The manager told us that management covered the rota if staff were absent and we saw evidence of this when we reviewed the rota.

- The provider had safe recruitment practices in place. We looked at two newly recruited staff files. These included evidence staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

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 required improvement. At this inspection this key question has now remained the same Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider could not demonstrate that all staff received appropriate training or support to fulfil their roles. As part of our inspection we reviewed the training schedule for all staff. Five staff who had started work in 2019 had not received training which was considered mandatory by the provider. We spoke with a staff member about this and they told us, some staff had not received this training. We also asked the manager about this and they told us that some staff had not had the training whilst others had but this had not been recorded appropriately.
- Training was provided in house and by an external training provider. We saw evidence staff did not always attend training organised by the provider. We spoke with the manager about this and they told us some staff just didn't turn up. The manager had written to all staff to remind them of their responsibilities as outlined in their job descriptions.
- Staff had not received regular supervision or appraisal prior to the inspection. The new manager was introducing new procedures to ensure supervision was provided regularly in future and the manager told us, "It was a priority."

The failure to provide staff training, supervision and appraisal was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our inspection the manager has sent evidence of an appraisal monitoring chart, with all appraisals to be completed by January 2020. The manager has also sent through a supervision monitoring chart. Since our inspection five staff have received supervision.

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

- The provider did not ensure the home was adequately maintained to meet the needs of people who used the service. One person's wheelchair was dirty whilst another person's wheelchair seat was torn.
- People's bedrooms had been individually decorated in accordance with their preferences and some rooms were personalised. However, in some rooms we found furnishings, including a mattress which was worn and damaged which could have affected its permeability.
- Repairs were not always reported when these were identified, so these could be addressed. We identified repairs that had not been reported which included an oven which was broken on one floor and had not been repaired.

The failure to ensure the premises and equipment were adequately maintained and suitable for the

intended purpose is a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they were continuing to make improvements to the home. This included plans to put in ceiling hoists and transforming some of the bathrooms into wet rooms.
- There were enclosed gardens including a sitting area where people could spend time if they wished

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

- People's needs were assessed prior to admission to help make sure their needs could be met by the service. Since our last inspection, some improvements had been made to the assessment process.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity was identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.
- People told us they were involved in their care and family members told us they were kept informed of any medical issues or concerns.

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

- People's comments about the quality of meals provided was positive. One person told us, "The food is lovely, and I like it." However, from our observations, we found some concerns in relation to the food on offer. On the morning of our inspection staff told us there was not enough food to prepare lunch. We spoke to the manager about this who showed us receipts of the food purchased for lunch and we saw the home had enough food purchased. We observed lunch in Fatima house where people were served shepherd's pie. The food was burnt and unappetising. One person looked at the food and refused to eat it. They were not offered an alternative option.
- One person who was on a pureed diet was given food which was unappetising as it was mashed up together, so the person could not taste the different component of the meal if they wanted to. We observed staff talking about needing to check the temperature of the food and they did this by feeling the bottom of the plate. One person was finding it difficult to eat as their food was spilling on the side of their plate. There was no plate guards or any other adaptation to help the person to eat more independently and in a more dignified manner.

We recommend that the provider seek and implement national guidance around the provision of varied and nutritious meals for people living in care homes.

- In St Raphael's people were supported to maintain healthy nutrition and hydration. Staff had guidance about people's nutritional needs. People's weight and food intake was monitored to enable staff to take action such as a referral to the GP if concerns were identified, such as excessive weight loss or gain.
- Staff told us how people were involved in menu planning, shopping and making snacks and how they promoted healthy eating. One person told us, "Staff are helping me to follow my diet and cooking food to make sure it is tasty."
- In St Raphael's people told us they received a choice of meals. We observed the evening meal and we observed staff giving people choices.

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

- People had hospital passports in place and these contained important information about the person for healthcare professionals, such as their personal details, medical conditions, level of comprehension and any behaviours that may challenge. Staff had signed to indicate hospital passports had been reviewed.

However, we saw this was not always correct. Some hospital passports still had the former registered manager's name and signature dated 3 January 2017. We spoke with the manager about this and they told us they would update the passport.

- Since the last inspection, people's care plans had been updated and included health action plans. These stated all aspects of the person's health needs and how to meet these in all areas of their life, such as communication, dental care, eyesight, eating and drinking, medicines and mental health.
- Where necessary, people were supported to attend healthcare appointments and we saw evidence of this in the care plans we looked at. Healthcare appointments were recorded and included any instructions or recommendations. We received feedback from healthcare professionals who told us the staff supported people with their healthcare needs and to attend their medical appointments.
- Since the inspection the manager has sent evidence of a new hospital passport which will be introduced into the service.

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.

- Staff told us they had completed MCA training. However, some staff were not working within the principles of the MCA. For example, some staff in Fatima house did not consistently gain consent from people when carrying out care tasks. Staff were observed placing protective clothing on people without asking their consent or explaining what they were doing.
- Some people were able to express their personal preferences however we saw staff give people drinks based on staff's knowledge of the people they supported rather than on asking them about their personal preferences at the specific time of the day.

We recommend the provider seek and implement national guidance on caring for people according to the principles of the Mental Capacity Act 2005.

- The service had carried out mental capacity assessments when there were indications people lacked the capacity to make some decisions about their care and support.
- The manager kept a record of all the DoLS authorisations they requested, when these were authorised and due for renewal. We saw evidence these were in date, and where there was a delay, this was explained appropriately.
- One person had a DoLS in place as they lacked mental capacity. There was an easy-read booklet for people to explain what DoLS were.

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 requires improvement. At this inspection this key question has now remained the same. 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

- The quality of the care provided for people and the way staff interacted with people was variable. Some staff interventions were caring, and we observed many examples whereby people were treated with kindness and compassion and staff had a good rapport with the people they supported. Other interactions were task orientated, not person-centred and did not always focus on people's wellbeing and comfort.
- In Fatima house we observed long periods of the day when staff did not talk or interact with people. For example, over lunch people ate in silence. During lunch one person asked for a drink but they had to wait several minutes for a drink to be provided and they were not told if their drink was being delayed. We reminded staff about the person needing a drink.
- In St Raphael's people received care and support that was based on their individual needs, routines and preferences. From speaking with staff, it was clear they understood people's diverse needs and we saw some lovely kind and caring interactions.
- People who lived in St Raphael's told us how happy they were and how much they liked living in their home. The home felt homely and relaxing.
- People's care plans included their religious and cultural needs. For example, one person was supported to attend mass in the chapel and received pastoral visits from a local priest.

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

- Staff did not always explain things clearly or in a way that could be easily understood to people. In Fatima house, people were not always involved in their care and support in a meaningful way. During our inspection we saw times when people should have been given choices and options. One person refused to eat the lunch provided. Staff commented the person would eat yogurt, but they did not provide this. We spoke to the manager about this and they spoke to staff so they could support the person appropriately. This told us staff did not always ask people what they wanted for lunch and some people were not given a choice. Their views about the meals were not always sought and they were not asked if they had enough to eat.
- In St Raphael's we observed staff interacting with people throughout the day and supporting them to make decisions about their care. We observed staff speaking with people and giving them options about activities they could participate in and speaking to people about their evening activity meal and providing different choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People received support with their personal care in private. Staff were

discreet when asking people if they required support.

- People were supported to maintain relationships with people who were important to them. There were no restrictions on when people received visitors.
- Care records and other records required to operate the service were stored safely maintaining the confidentiality of the information recorded.

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 requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

At our last inspection in February 2019 we found the provider in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have suitable arrangements to ensure that care was always provided to people in a person centred way. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

Meeting people's communication needs

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

- The care records did not contain clear information when people's communication and sensory needs had last been assessed. It was not always clear if people were actively seeking support from speech and language therapists and we didn't see evidence of the service exploring communication strategies and methods such as Makaton for people who might have had communication care needs. Makaton is a language programme designed to provide a means of communication for people who cannot communicate by speaking. We spoke with the manager about this and they told us they were trying to improve in this area.
- Some people used pictures and signs to support them to communicate their needs and preferences however during the inspection we did not see staff use these methods to communicate with people.

The fact that people communication care needs had not been fully considered and addressed was a continued breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information had been made available for people such as the provider's service user guide and complaint procedure in easy read so people had the necessary information to understand their rights.

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

- People were not always supported to follow their interests or encouraged to take part in social activities relevant to their preferences in line with the principles of Registering the right Support. One person told us, "I am bored".
- We received feedback from a range of healthcare professionals and a common theme was the need for the service to provide more meaningful activities. Comments from healthcare professionals Included, "The service plans activities during the week such as dance class, music session, and art session which many of

the other service users appear to enjoy. However, outside of these activities, some of the service users are not engaged and don't take an active part in their support," another comment was "It would be beneficial if staff members were more proactive and involving service users in more meaningful activities throughout the day, additional to the current in-house activities. For example, increasing access to the community, day trips, group cooking session etc."

- Observations during the inspection concurred with people's comments. No social activity was offered to people in Fatima house. Staff did not always ensure people were occupied and stimulated with activities which were engaging. During our inspection, one person was being supported with one to one care, however most of the staff just sat and watched people and did not interact with them in a meaningful way. We spoke to staff about this and they agreed sitting and watching a person was not a meaningful engaging activity.
- In Fatima house we observed staff leaving people in the lounge area with the television on. One relative told us they felt their relative had deteriorated as the home did not provide a range of activities and this resulted in people feeling bored.

The provider was not providing stimulating and appropriate recreational activities to people according to their needs and this was a continued breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In St Raphael's people were supported to engage in a variety of activities. On the day of our inspection people were attending a local day centre. We spoke with them when they returned home, and they told us there was lots of activities happening in the home. One person told us, "I do drumming and I go out regularly for tea and cake."
- People told us they were encouraged and supported to keep in touch with family members. For example, staff were helping one person to make telephone calls and another person was supported to visit a family member who lived nearby.

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

- Care plans had been re-organised since our last visit and were easier to read and follow through. Care plans contained a one-page profile in sections such as 'What people like and admire about me', 'What's important to me' and 'How best to support me'. These were person-centred.
- There was information about each person, including their medical conditions, current medicines and allergy status. The care plan for a person living with diabetes included a detailed diabetic support plan and an action plan for staff to follow to manage the person's condition. This was reviewed regularly.
- Care plans included details about foot care and dental care. We saw evidence the person was supported to attend regular chiropody and dental appointments, and there were guidelines for staff to follow in relation to brushing the person's teeth. Another person was supported to clean and maintain their dentures.

Improving care quality in response to complaints or concerns

- We reviewed the complaints procedure and we saw the manager had received one complaint since starting at the service. They had responded to the complaint straight away and addressed the issue. Relatives told us they would not hesitate to speak with staff if they had any concerns and they felt they would be listened to.

End of life care and support

- At the time of our inspection, nobody was receiving end of life care. Only six people had their end of life wishes recorded. The manager told us they were aware this needed to be completed for all and had plans to

do this. They told us they had sought support from another service and were using some paperwork that was similar and appropriate for the people who were living at the home.

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 now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we identified a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the audits and quality assurance systems had not been operated effectively to identify and address issues with the quality and safety of the service. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- During this inspection we found the provider had not made significant improvements at the service to ensure people were not placed at risk of receiving unsafe care and support. Despite sending an action plan, following the last inspection to tell us all issues where regulations were not met, would be resolved by the end of April 2019, the provider has not been unable to make the necessary improvements to meet the regulations.
- During this inspection we identified a number of concerns that the provider has not been able to identify so these could be addressed. The manager agreed these should have been identified and took immediate action by raising these matters with the staff team.
- The provider did not have effective quality assurance checks in place to ensure people were receiving good care and support. For people who did not attend the day centre we saw no evidence of staff supporting them to engage in meaningful activities. The manager recognised this was an issue, but they were not able to tell how they would improve in this area.
- Since the last inspection, the registered manager had left and a new manager has been recruited to the service. At the last inspection the staff team had varied opinions about the management team. During our inspection it was clear that staff morale had further deteriorated. Some staff did not speak well of the new manager or the management team.
- Staff were not receiving appropriate levels of support and supervision. The manager told us they were trying to make improvements to the service but there was at times resistance from staff. This was apparent during the inspection. The manager acknowledged culture in the home and staffing were issues and the provider was trying to address morale through additional training.

The provider continued to have ineffective systems to assess, monitor and improve the quality of the service.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the day of our inspection a new deputy manager had started in post. The purpose of this role was to support the manager to run the service.

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

- The manager told us they were planning to submit an application to become the registered manager. The manager understood their responsibility to be open and honest. Before and after the inspection the manager provided us with information we requested in relation to medicines errors and safeguarding.
- We did not find enough evidence to show that people's views and experiences were gathered and acted on to improve services. There were no effective systems in place to seek feedback from people and their relatives. Relatives told us they had opportunities to speak to the manager and they were kept informed of any incidents involving family members
- Staff told us they attended meetings with the manager to discuss the service and raise any issues. We saw evidence of team meetings being held. Records showed recruitment, medicine and safeguarding references were discussed.
- The manager was receptive to feedback and had been proactive in making improvements since our inspection.

Continuous learning and improving care; Working in partnership with others

- The provider was working closely with the local authority quality team as they carried out visits to the service and the manager was working closely to address the issues found during their recent visit. However, we saw no action plan detailing how these would be achieved.
- One staff member told us they had opportunities to develop their skills and knowledge. One staff member told us they had been supported to complete a nationally recognised qualification.
- Within people's files we could see the service worked in partnership with a range of healthcare professionals.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not do all that was reasonably practicable to make sure service users received care that was appropriate, met their needs and reflected their personal preference.</p> <p>Regulation 9 (1)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider did not always ensure the premises and equipment used to care for service users were adequately maintained and kept in good order.</p> <p>Regulation 15 (1)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not always receive the appropriate training and support to carry out their roles safely and effectively.</p> <p>Regulation 18 (2)</p> |

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always ensure that risks to service users were adequately assessed and mitigated.</p> <p>Regulation 12 (1)</p> |

The enforcement action we took:

A Warning Notice will be served to the Provider.

| 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 did not have effective arrangements to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risks service users faced while in receipt of care.</p> <p>Regulation 17 (1)</p> |

The enforcement action we took:

A Warning Notice will be served to the Provider