

Skitini Care Homes Limited

Melody Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Melody Lodge is a care home that provides accommodation with support for up to 11 people with a learning disability or autistic spectrum disorder. On the days of our visit there were seven people living at Melody Lodge.

The home had been developed and designed before the principles and values that underpin Registering the Right Support had been published. This guidance aims to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support. 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 did not support this practice.

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

The service provided was not safe. People's health and safety was at risk due to a failure to identify and address issues and poor practices.

Risks associated with people's care and support arising from needs such as epilepsy and distressed behaviour were not managed safely.

Poor management of environmental risks arising from substantial and on-going exterior building work and fire safety arrangements placed people at risk of harm.

There were not enough staff to ensure people's safety at all times.

Not all of the staff had the training or knowledge to ensure people were provided with safe care and support. Staff did not always recognise when people were at risk of experiencing abusive practice.

People were at risk of inconsistent and unsafe care as their needs were not appropriately assessed or planned for.

People's right to dignity and privacy was not always respected.

The service was not well led. Ineffective quality monitoring systems meant there was no oversight of the risks associated with people's health safety and welfare. Opportunities to learn lessons and drive improvements when concerns were raised had been missed.

People were provided with support to take part in the local community and supported to keep in touch with

family and friends.

Improvements had been made to staff recruitment systems and management of complaints. Some improvements had been made to the ways in which the principles of the Mental Capacity Act 2005 (MCA) were applied. However further work was needed to ensure people were supported to make decisions in their lives.

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 inadequate (published 12 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of three regulations. However, enough improvement had not been made in other areas and the provider was still in breach of five regulations. A further breach of regulations was also found at this inspection.

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Melody Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to dignity and respect, safe care and treatment, safeguarding people from abuse and improper treatment, premises and equipment, staffing and good governance. We took action in line with our enforcement procedures. We added conditions to the provider's registration to drive improvement in the quality of the service provided.

Follow up

We have arranged to meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Inadequate' and the service remains in 'special measures'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not Safe.

Details can be found in our Safe findings below.

Is the service effective?

Inadequate ●

The service was not Effective.

Details can be found in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details can be found in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details can be found in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details can be found in our Well-led findings below.

Melody Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

We gave a short period notice for the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived at Melody Lodge about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager, a senior care worker and care workers. We also spent time observing the care people received.

We reviewed a range of records. This included four people's care records and multiple medication 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 were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also shared our concerns with local service commissioners.

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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection we found not all risks had been assessed or action taken to reduce the risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- At our last inspection we identified staff worked in ways which restricted and controlled people's behaviours and prevented them from doing things. At this inspection we found care plans had not been reviewed or updated to reduce the possibility of inappropriate restrictions being used. Before our visit one person had been secluded from others within the home. Seclusion was not part of the person's care plans and therefore risks relating to the seclusion were not identified or mitigated. Care plans and risk assessments had not been reviewed following the incident to ensure this was the safest most appropriate care for the person.
- In addition, this person due to their distressed behaviour had missed a hospital appointment where action could have been taken to manage their long-term condition. The registered manager had not monitored the impact this had on the person but told us they symptoms of their condition had been increasing. The registered manager had not put plans in place to ensure this person had the right support to attend future appointments. This impacted on the person's quality of life and safety.
- Care plans and risk assessments had not been fully reviewed and risk assessments remained out of date. For example, a member of staff explained to us one person's continence support needs, however there were no risk assessments or corresponding care plans to enable effective support for the person.
- The registered manager had failed to identify risks to people's safety presented by the internal environment. For example, we found a stair bannister was loose. The carpet in the ground floor corridor was poorly fitted, having raised areas where people walked. This increased the risk that people could experience slips, trips and falls.
- There was building debris on the ground around the side and rear of the main building, which was where two emergency exits were situated. The ground was also uneven. This presented a tripping hazard for people and may impede evacuation of the building in an emergency.
- On the third day of our inspection we were unable open a gateway at the side of the main building leading from a courtyard. . This was an emergency exit and risked impeding evacuation of the building in an emergency. This had been identified as an issue in a fire safety audit carried out by Lincolnshire Fire and Rescue on 14 October 2019.
- The registered manager told us how one person had shown reluctance to leave the building during a recent fire safety drill. On the first day of our inspection their personal evacuation plan (PEEP) had not been

updated to reflect the actions staff should take to manage any future reluctance or refusal to leave the home in an emergency situation. On the third day of our inspection, following liaison with the local fire and rescue service, the PEEP had been updated. However, it still did not accurately reflect the person's needs and there was no evidence to show how the increased risk to staff had been addressed.

The provider failed to ensure they had effective systems in place to reduce risk of harm to people. This placed people at risk of harm or potential serious injury. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Issues with heating and hot water systems were identified at our last inspection. At this inspection we found them to be in working order. Contingency plans were in place to ensure people were not left without heating or hot water in the future.
- Infection control risks related to bed mattresses, had been addressed by the registered manager. Advice and guidance had been sought from relevant professionals and regular monitoring systems were in place.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found effective systems were not fully in place to protect people from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 13.

- The registered manager and staff told inspectors the provider, who also worked as a member of the care team, had taken the decision to seclude a person in a corridor. There was no evidence available to show the provider had undertaken up to date training in the management of distressed behaviours and this may have led to the use of an unplanned restrictive practice. In addition, other staff had not identified at the time of the incident that this placed the person at risk of inappropriate and unsafe care.
- Following our last inspection the provider submitted an action plan telling us they would provide training for staff about how to keep people safe from harm and abuse. At this inspection we saw training had been carried out in a timely manner. However, the registered manager and staff had not identified that a recent incident in which a person was secluded in a corridor area whilst experiencing distressed behaviours was potentially abusive practice. There was no-one available within the area to safeguard the person against harm or injury.
- The registered manager told us they had not informed all relevant agencies, such as the local authority safeguarding team, about the incident.

The provider failed to ensure that they followed safe and effective safeguarding practises to support vulnerable people from abuse. This placed people at risk of harm. This was a continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People continued to tell us they felt safe living at the home.
- Staff demonstrated their understanding of whistle blowing procedures.

Staffing and recruitment

At our last inspection we found there were not sufficient staff to meet people's needs and on-call systems had failed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in

breach of regulation 18.

- The registered manager had not ensured enough staff were available at night to support service users in an emergency. On the third day of the inspection we saw a PEEP for one person had been updated. The PEEP indicated the person may not hear the fire alarm due to hearing difficulties and may need staff assistance to evacuate the building. However, staff work rosters showed on four out of seven nights each week only one sleep-in staff was on duty. This meant that if at least two people required support in an emergency at night there may not be enough staff to ensure people could evacuate the building safely.

The provider failed to ensure that there were enough staff on duty during the night to assist people in an emergency. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had employed more staff to work in the day to ensure unplanned staff absences could be covered effectively. They also ensured more staff, who were able to use the provider's vehicle, were available to support people to go out at weekends.
- People told us they were able to go out more at weekends and described some trips they had undertaken.
- Staff told us improvements had been made to the on-call manager arrangements and the arrangements were working well.

At our last inspection we found recruitment procedures were not operated effectively to ensure only suitable staff were employed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager had taken action to ensure robust recruitment procedures were followed.
- The registered manager had considered gaps in employment history and checked references from previous employers.

Using medicines safely

- Medicines continued to be managed safely. Protocols were in place to guide staff about when to use medicines which people only needed at particular times (known as PRN). The registered manager told us they were liaising with specialist healthcare professionals to update the protocols to improve the detail and clarity.
- Medicines records were completed when people had received their medicines.
- People told us they received their medicines at the times they were prescribed for them.

Learning lessons when things go wrong

- Most accidents and incidents involving individual people had been recorded and responded to appropriately. However, as noted above, an incident of distressed behaviour had not been responded to in line with positive behaviour support principles. The registered manager and staff could not provide evidence that the incident had been formally reviewed and management plans updated.
- In addition, the provider had missed other opportunities to learn lessons and drive improvements in the service, for example, failing to address breaches of regulations identified at our previous inspection. These issues are addressed in the Well-led section of this report.

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 deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not receive appropriate training to enable them to carry out their roles. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We applied a condition on the provider's registration to source accredited training and to confirm when training had been delivered to all staff.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 18.

- Not all staff had received the training necessary to enable them to support people effectively in line with good practice.
- Staff told inspectors that a person missed a second essential healthcare appointment as the person only responded positively to the registered manager. This meant not all of the staff team had the skills to effectively support the person to meet all of their healthcare needs.
- The registered manager and most staff had received training about how to keep people safe, positive behaviour support, care planning and risk assessing, and the Mental Capacity Act, including best interest decision making. However, as noted above, whilst staff had received training it had been ineffective in promoting knowledge. Staff were failing to put their training into practice and provide good standards of care and support.

The provider failed to ensure that systems were either not in place or robust enough to demonstrate staff received appropriate training to enable them to carry out their roles. This placed people at risk of not receiving appropriate care and support. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As part of conditions we previously imposed on the provider, the registered manager had informed CQC when training had been arranged and when it had been carried out.
- Records and discussions with staff demonstrated training had been delivered through face to face sessions and distance learning packages. The distance learning packages contained an assessment process so that the registered manager could be certain staff had gained the knowledge and skills needed.

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

- Previous inspection reports showed building work, in various stages, had been in progress since 2009. At this inspection we saw building work continued and the registered manager could not provide an updated and detailed action plan setting out their priorities or projected timescales for completion.
- The building works had impacted on people's environments and they were not fully protected from the increased risks this presented.
- From the car parking area at the front of the house the front garden access was via a slop to flat ground. There was a shallow trench with loose bricks in at the edge of the car parking area to be stepped over before descending to the flat ground. This increased the risk that people could trip in the shallow trench or slip in bad weather when accessing the front garden. In addition, there were no warning signs to alert service users to the risk.
- There was a large hole, which contained pipework, next to a pathway people used to access a side garden area. There was a safety barrier in place, however we saw this could be easily moved and would not prevent people from falling into the hole if, for example, they tripped on the pathway.
- The registered manager could not provide evidence that issues relating to the premises had been risk assessed, management plans had been developed to mitigate the risk, or that they had had taken steps to ensure the premises supported people's health, safety and welfare.

The provider failed to ensure that the premises were properly maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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.

At our last inspection we found the principles of the MCA had not always been followed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, further improvements were needed.

- DoLS applications had been made where appropriate. The registered manager told us appropriate external agencies were currently assessing five people's needs and no authorisations had yet been confirmed. However, staff had not identified an incident of seclusion as a deprivation of the person's liberty in accordance with DoLS. Only after inspectors raised their concerns did the registered manager contact the local DoLS team for advice and guidance. Following the inspection we were told a DoLS authorisation was granted on 30 October 2019.
- The registered manager and staff demonstrated a better understanding of how to support people in a way that was not restrictive.
- Most staff had received training about the MCA and best interest decision making.

- We saw the registered manager had arranged best interest meetings where people did not have capacity to make certain decisions for themselves.

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

- Staff continued to demonstrate a clear understanding of people's dietary needs and preferences.
- People told us they could have fresh fruit, drinks and snacks when they wanted them. We saw these were available for people.
- Two people told us they also liked to buy drinks and snacks for themselves which they kept in their private rooms.
- There was a varied and plentiful stock of food and drinks within the home. People told us they enjoyed their meals and could choose what they wanted to eat.

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

- As noted in the safe section of this report, one person had not been supported effectively to attend an essential hospital appointment. This meant the person's treatment for epilepsy, had not been optimised for a period of up to nine months. This increased the risk of the person experiencing more frequent and more severe seizures.
- Other people continued to be supported to have access to a range of healthcare professionals to ensure they remained healthy.
- People had been supported to understand the importance of oral health and they had access to information about the subject.

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 inadequate. At this inspection this key question has improved 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 our last inspection we found people were not always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 10.

- The registered manager had not considered the impact the environment had upon people's dignity. In addition to the long standing and substantial works around the exterior of the building, we noted on the first day of our inspection the registered manager had arranged for the removal of ground level kitchen cupboard doors. They told us this was so they could monitor the cleanliness of the cupboards. We discussed with the registered manager the impact this may have on people's dignity and put the cupboard doors back on the units.
- The registered manager had not considered the impact of people's distressed behaviours on the privacy and dignity of others. This resulted in, on one occasion, people being told to go to their bedrooms to keep themselves safe.
- On the third day of this inspection we noted that one person did not have any covering on their bedroom windows to protect their privacy and dignity. Staff told us this was because the person pulled curtains down. There was no evidence to show the registered manager had sought other ways to protect the person's privacy and dignity, such as window privacy screening.

The provider failed to ensure people were treated with dignity and respect. This was a continued breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we saw records which described punishments for people if they had behaved in ways which challenged staff. At this inspection we found the registered manager carried out audits of daily care notes to ensure staff used appropriate language to describe events in people lives. Where issues were identified the registered manager had taken action to improve recording.
- The registered manager had disabled CCTV in communal areas following our last inspection to address issues related to people's privacy and dignity.

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

- Information was available for people in ways they could understand. For example, pictures and easy read documents were visible to help people understand about oral health and how to keep safe.
- People's communication needs were recorded in care plans.
- Advocacy services had been used to support people. These services are independent of the home and local authorities. They can support people in their decision making and help to make sure their wishes and views are heard on matters that are important to them.
- Staff continued to support people to maintain relationships with their family and welcome visitors into the home.

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 remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection we found people's complaints had not been recorded or responded to. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- At this inspection the registered manager told us no concerns or complaints had been raised.
- People and staff told us they had not raised any concerns or complaints since the last inspection. People also told us they were confident the registered manager and staff would listen to any concerns if they had any and would take action to resolve them.

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

- Following the last inspection in December 2018 we applied a condition to the provider's registration. The provider was required to undertake a detailed audit of care records including reviews of all care plans and risk assessments relating to people's learning disabilities and corresponding behaviours and how these are managed.
- Information we received from service commissioners showed the registered manager had sought advice and support about the review and completion of care plans and risk assessments. However, despite this support and guidance not all care plans and risk assessments had been updated to accurately reflect people's support needs.
- On the first day of the inspection only one person's care plan and risk assessment had been fully updated. On the second day of the inspection further work had been carried out after we raised our concerns. However, on the third day of the inspection, we saw at least four people's care plans and risk assessments still required updating. This meant staff did not have all the information needed to enable them to care for and support people in an appropriate and safe way. Examples of this shortfall have been referred to throughout this report.
- People were supported to develop their independence within the home. For example, people told us, and we saw they were supported to develop their cooking skills and they engaged in keeping their home clean and tidy.
- Care records continued to reflect involvement with other health and social care professionals.
- People continued to benefit from activities within the home. They told us the opportunities to access the

local community at weekends had improved. This was because more staff were available to use the provider's vehicle.

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.

- One person who showed us around the home-made reference to the information on display and said staff had helped them to understand the subjects it related to.
- Staff had introduced innovative ways to help people understand information. For example, one member of staff had written poems about issues such as keeping safe and oral healthcare. People we spoke with told us this helped them to understand and remember the information.

End of life care and support

- At our last inspection we found care plans were not in place regarding people's wishes for their end of life care. The registered manager told us they had contacted social care professionals to request their involvement to develop care plans and discussions with people were on-going.

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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; How the provider understands and acts on the duty of candour; Continuous learning and improving care

At our last inspection we found the provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service or to monitor and mitigate the risks to the health, safety and welfare of people who used the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The leadership and quality monitoring systems within the home continued to be ineffective. The registered manager did not have full oversight of the risks to the health, safety and welfare of people who lived there, or staff. This meant they were not able to drive improvement within the home.
- The registered manager had not identified or taken timely action to minimise the concerns we raised during this inspection. In addition, eight breaches of regulations were identified at the last inspection and five of those breaches remained in place following this inspection. We also identified a breach of one further regulation. This demonstrated a lack of responsiveness and commitment to learning lessons from previous incidents.
- The registered manager had not identified or taken appropriate action to minimise the impact upon people's health, safety and welfare of inappropriate management of people's distressed behaviour.
- The registered manager had not ensured all staff had received appropriate and up to date training in order to provide effective and safe support for people who experienced distressed behaviour.
- The registered manager had not ensured appropriate healthcare was sought for people in a timely manner.
- The registered manager had not fully considered people's needs for support in the event of an emergency. This placed people at risk of not being able to evacuate the building safely.
- The registered manager had not considered the impact of substantial and on-going exterior building work upon people's safety and dignity. In addition, they had not appropriately managed the building work to ensure there was a clear end date.
- The registered manager had not promoted an open culture. On the first day of this inspection, the

registered manager told inspectors they had not sought specialist advice from relevant external agencies regarding an episode of seclusion. Action was only taken by the registered manager when inspectors raised their concerns.

- The rating from our last inspection was displayed in the home for people and visitors to see.

The provider failed to ensure systems were either not in place or robust enough to demonstrate the service was managed effectively. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We saw the registered manager continued to use satisfaction surveys to obtain the views of relatives in order to support engagement arrangements.
- People told us the registered manager and staff asked them about their views on topics such as holidays, meal provision and activities that were provided for them. People told us they felt registered manager respected their views.
- Staff told us they continued to feel supported by the registered manager and received supervision and appraisal of their work. They added the registered manager continued to be approachable and were available when they needed to speak with them.
- Following our last inspection the registered manager had sought advice and guidance from external agencies such as the local authority and specialists in the support of people who experience learning disabilities. However, this had failed to drive improvements in care.

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 were not always treated with dignity and respect. Regulation 10 (1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Effective systems were not fully in place to protect people from the risk of abuse. Regulation 13 (1)(2)(3)(6)(b)(c)(d).

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks had been assessed or action taken to reduce the risk of harm, including risks related to emergency situations. Regulation 12 (1)(2)(a)(b)(d).

The enforcement action we took:

We issued the provider with an NoP to remove their registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not carried out regular health and safety risk assessments of the premises, including the grounds. In addition, the provider had not developed management plans to minimise risks to people's health, safety and welfare presented by the premises, including the grounds.

The enforcement action we took:

We issued the provider with an NoP to remove their registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service nor to monitor and mitigate the risks to the health, safety and welfare of people who used the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).

The enforcement action we took:

We issued the provider with an NoP to cancel their registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>An effective system was not fully in place to ensure there were sufficient staff to meet people's needs at all times. Not all staff received appropriate training and support to enable them to carry out their duties they were employed to perform. Regulation 18 (1)(a).</p>

The enforcement action we took:

We issued the provider with an NoP to cancel their registration.