

RIBBLE VIEW HEALTH CARE LIMITED

Ribble View

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Ribble View is a nursing home providing accommodation and personal care for up to 30 adults. There were 14 people living at the service at the time of the inspection. Some of the people lived with mental health, complex neurological conditions and required support with their physical needs.

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

People told us they felt safe and staff were kind and caring. However, our observations and findings showed that people did not always receive safe care and treatment. People did not always receive their medicines safely to manage their conditions. While safeguarding protocols were in place, they had not always been followed to report falls and to ensure internal safeguarding investigations were robust. Clinical risks to people were assessed however, they had not always been timely reviewed or used to make effective decisions on people's care. People were not supported by adequate numbers of suitably qualified staff to reduce risks of harm. Infection prevention protocols were in place and we were assured by measures in place, however, staff needed to follow them robustly to prevent and reduce the spread of infections.

People were not always supported by staff who had the right skills and knowledge. Staff did not receive suitable induction and training to meet the specialist needs of people they supported. 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 however this needed to be consistent. People told us staff sought their preferences. Staff supported people to have access to health professionals and specialist support. People were offered a variety of choice on their daily meals.

The registered manager and the registered provider had a governance system in place however, this had not been adequately implemented to promote a person-centred approach and the delivery of safe and high-quality care. Shortfalls were identified but not always resolved in a timely manner. Staff gave mixed responses regarding the culture and management style in the home and there was low morale. The registered provider needed to enhance clinical leadership and clinical oversight to ensure the service could admit people whose needs they can safely meet. Leadership in the home had established community links with local health and social care services.

People and their relatives were involved in designing their care and setting their goals however they were not always involved in the review of their care. Care records were written in a person-centred manner however they did not always accurately reflect people's current needs. Staff had not received training in supporting people towards the end of their life. We made a recommendation about end of life care. There were arrangements to maintain regular communication between relatives and staff. People and family members knew how to make a complaint and they were confident about complaining should they need to.

People and their relatives were positive about the service and said staff were kind and caring. People were

treated with dignity and respect and their right to privacy was upheld. The registered manager worked in partnership with people and their advocates.

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

Rating at last inspection

This service was registered with us on 19/11/2019 and this is the first inspection.

Why we inspected

We received concerns in relation to the management of people's clinical needs, the deployment of staff and the leadership in the home. A decision was made for us to inspect and examine those risks.

We have found evidence that the registered provider needs to make improvements. Please see the safe, effective and well led sections of this report. The registered provider took immediate action to address the concerns and improve the clinical oversight on the service and the management of medicines.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold register providers to account where it is necessary for us to do so.

We have identified breaches in relation to keeping people safe from preventable harm such as medicines management and clinical risks, safeguarding, responding to changes in people's needs, deploying suitably qualified staff and poor governance at this inspection. Please see the action we have told the registered provider to take at the end of this report

Follow up

We will request an action plan for the registered provider to understand what they will do to improve the standards of quality and safety. We will work alongside the registered 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the registered provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our well-led findings below.

Ribble View

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 registered 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.

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

Inspection team

Three inspectors, a pharmacy inspector and an Expert by Experience carried out the inspection. 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

Ribble View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the registered provider was 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 reviewed information we had received about the service, including information from the registered provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. The registered provider was not asked to complete a registered

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.

During the inspection

We spoke with four people who lived at the home about their experiences of the care provided. We spoke with nine members of staff including the registered manager, a clinical lead, the regional manager, maintenance person and catering manager on the inspection. We spoke with nine relatives over the phone. We also spoke to the nominated individual for the service on the phone. The nominated individual is responsible for supervising the management of the service on behalf of the registered provider. We reviewed a range of records. This included six people's care records, multiple medication records, accident and incident records six staff recruitment records and we looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager and the nominated individual to validate evidence found. We spoke to eight staff members via telephone. We looked at training data and quality assurance records and sought feedback from health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management;

- People were not adequately protected from the risk of harm because arrangements for assessing, reviewing and monitoring clinical risks were not robust. Whilst risk assessments had been carried out during the pre-admission's assessments, the identified clinical risks had not always been used to make decisions on whether they would be safely managed in the home. This included consideration whether people's presenting clinical risks could be met by the existing staff and their skill set. For example, a person was admitted requiring the use of physical restraint to support them with their personal care in their best interests. However, from the first day of admission the service did not have adequate numbers of trained staff to support the person in a timely manner. The lack of staff planning had also contributed to a number of people requiring to be moved out of the home as their needs could no longer be safely met.
- Arrangements for monitoring risks associated with service user on service user incidents were not robust because people who required supervision did not always get the supervision as planned. While assessments had been carried out to identify those at risk of choking, we found people had not been adequately supervised during mealtimes to reduce the risk. In addition, some risk assessments for choking had not been updated to ensure the known risks were shared. For example, where a person had experienced previous choking incidents, their care records had not been timely amended to prevent re-occurrences.
- There was a process for recording accidents and incidents and the registered manager carried out monthly accident and incident analysis and discussed ways to minimise them. However, we found incidents that had not been recorded. Robust recording of incidents would ensure incidents are appropriately investigated and areas for improvement identified and acted on.

We found evidence that people had been exposed to harm and 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 breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all people identified to be at risk had been reviewed and new risk assessment protocols shared with staff.

- The premises and equipment had been maintained to protect people from risks. People had personal emergency evacuation plans which ensured, in case of a fire, staff had guidance on how to support people out of the building. However, not all staff had completed fire safety training and training in relation to fire drills. The registered manager and the registered provider took action to address this immediately.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes for safeguarding people from risks of abuse had not been effectively implemented to ensure compliance with regulations and local safeguarding protocols. Not all staff had received training in the safeguarding of adults and the safe moving and handling of people. While some safeguarding incidents had been reported, we found a significant number of repeated falls that had not been reported to the local safeguarding authority in line with local protocols.
- We found the lack of suitably qualified staff had led to one person being unnecessarily left in soiled bedding which was dignified care and exposed them to risk of skin damage.
- The registered providers' internal safeguarding processes had not been adequately implemented to ensure robust internal investigations were carried out to identify areas of improvement and risks of abuse. For example, we found information which was essential to the investigation of unexplained injuries had not been shared with relevant safeguarding authorities and the police. The sharing of information would enable robust and transparent investigations to take place. We have shared this with the provider and the local authority, and they have taken immediate action to re-investigate the case.

There was a failure to report safeguarding concerns to authorities and protect people from inappropriate treatment. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider had protocols for facilitating staff to review and learn from incidents and near misses to enable them to improve practices and reduce repeated incidents. However, comments from staff showed that they did not always feel their views were always welcomed or valued. We shared this with management at the service who have started to take action to address this.

Using medicines safely

- People were exposed to risks of harm and poor outcomes because staff did not follow safe and best practices in medicine management, storage and administration. Before the inspection, we had received multiple allegations of neglect in respect of medicine management in the home. This included incidents of double dosing, not giving medicines as prescribed and/or omitting medicines. The systems in the home had identified the errors. However, they were not effective in reducing re-occurrences. The allegations of neglect and omission which were investigated jointly by the registered manager overseen by the local authority were substantiated by Action has been taken by the registered provider to improve the safety of medicines.
- Records we reviewed showed instances where one person had not been given their medicines as prescribed, which had contributed to a deterioration of their health needs. Another person was not adequately supervised to ensure they took medicines that had been given to them.
- People who consistently refused medicines or had a known history of not accepting their medicines as prescribed were not adequately supported. While in some cases staff had reported to the GPs and mental health services, this was not always timely and consistent. This led to significant deterioration of people's mental health needs, especially those with enduring mental health needs. We found hospital admissions and breakdown of placements which had been contributed by the impact of people not being effectively supported or monitored on the use of their medicines.

We found evidence that people's welfare had been affected by unsafe medicines administration practices, systems were either not in place or robust enough to support safe medicines management. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The registered manager did not always ensure there were adequate numbers of suitably qualified staff

care staff deployed in the home to meet people's needs. While the provider had a system to determine staffing levels, we observed people who were meant to be on one to one supervision were not always monitored in line with their agreed care plans or commissioned hours. There had been times when the failure to provide one to one monitoring had resulted in incidents of people entering other people's bedrooms or staff not being able to safely respond to an incident.

- We received mixed responses from staff regarding the staffing levels. Comments included, "I don't feel safe because of staffing levels, there are times when we have two staff only because other staff have been moved around." And, "I feel safe when there is enough staff, but today there are three of us when there should be five and the other week there were only two, we need the right amount of staff for people who need supervision." We shared the concerns with the registered manager and the registered provider's representatives who took action to deploy the right amount of staff immediately.

We found evidence that people's experiences had been affected as a result of lack of adequate numbers of staff in parts of the home. This placed people at risk of harm.

There was a failure to deploy adequate numbers of suitably qualified staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider had a system for ensuring safe recruitment to make sure staff were of a suitable character to work in a care setting. However, improvements were required to ensure all required records are checked and signed off for completeness. A number of records we reviewed did not contain the required records. While the provider had identified this shortfall before our inspection, some records still had not been signed off for staff employed after the issue had been identified. The provider could not be assured if all required checks had been carried out.

Preventing and controlling infection

- The registered provider and the registered manager had systems to protect people, staff and visitors against the risk of infection. They carried out regular infection prevention audits and cleaning schedules were in place. There was adequate signage to inform people about the risks of infection, social distancing and hand hygiene. While some staff were observed wearing personal protective equipment (PPE) and the home was visibly clean, improvements were required to ensure staff consistently adhered to PPE protocols.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff were not adequately supported with induction and training into their roles and responsibilities. The registered provider had a system for inducting staff at the beginning of their employment, however we found this had not been effectively implemented and they could not demonstrate whether staff had successfully completed induction into their role. Comments from staff included; "When I started, I was supposed to have two shadow shifts, but they were short and I never got to shadow. I was thrown in at the deep end. I managed because I had previous experience. I did not have any real training apart from restraint." And "I was offered a buddy for induction but they left I have not had another one allocated."
- While training had been provided in various areas of care and a training policy and plan was in place, we found staff had not always completed training that the registered provider had deemed mandatory for the role. This included areas such as moving and handling, person centred care, equality and diversity and safeguarding. In addition, the provider had not provided staff with relevant and specific training in line with the complex needs of people living at the service such as end of life care, mental health and oral hygiene. One staff member commented; "It would be better if we had a bit more training around the individual person's needs. Better knowledge would help us to understand people better. They are really complex patients." While the some of the training was impacted by COVID-19, we expected the provider to have provided or facilitated training in other areas using alternative methods such as e-learning in line with national guidance.

There was a failure to ensure that all staff had received appropriate support and training to enable them to carry out the duties. This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs and choices were assessed and reviewed and requests had been made for internal and external specialist professionals such as dieticians and mental health services to support where required. However, improvements were required to ensure pre-admission assessments took consideration of the homes' ability to meet people's clinical needs and that there were skilled staff to safely meet identified needs. Reviews of needed to be timely especially where people were not complying with the care provided. This included where people were refusing their medicines.
- Arrangements for supporting people with their oral hygiene were not effective, because people did not

always have oral hygiene care plans and staff had not received training in this area. The registered provider took action to address this after the inspection.

- The registered provider had arrangements in place to facilitate the delivery of care and treatment in line with legislation, standards and evidence-based guidance. Staff had access to National Institute for Health and Care Excellence (NICE) guidance, Covid-19 guidance. However, guidance had not been consistently followed including guidance on safe deployment of staff.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection all people living at the home were subject restriction under 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 were working within the principles of the MCA. Some staff had received MCA training and understood they could not deprive a person of their liberty unless it was legally authorised. The use of physical restraint was monitored and proportionate to protect people from harming themselves and others.
- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments. Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From records viewed, we saw consent to care and treatment was routinely sought and best interest decisions had been recorded.
- Staff carried out mental capacity assessments where required. We observed them seeking people's consent and giving them choice.

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

- Staff supported people to maintain a balanced diet. Records, when appropriate, documented any associated risks with eating and drinking. We observed people receiving support with their eating and drinking and being offered choice and alternatives. The atmosphere was pleasant and meals were appetising. A relative told us; "They offer him appropriate meals that are healthy and staff understand how to promote health eating." And; "I have not seen the food. I know my relative was clinically underweight when they arrived and they have gained two and half stones. They needed to."
- Food, drink and snacks were available throughout the day and some people were encouraged to make their own drinks to promote independence. Guidance from professionals was requested when needed. People's weights were recorded to track people's weight and the risk of unintentional weight loss.

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

- People's individual needs were met by the adaptation, design and decoration of premises. There were adequate spaces for people to spend their time on their own or to share with others. Access to the building was suitable for people with reduced mobility and wheelchairs.

- The registered manager had made efforts to ensure the environment was safe and suited to support people and maintain their safety.
- Communal areas were provided where people could relax and spend time with others. Corridors were free from clutter, which promoted people's independence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by caring and respectful staff who treated them with dignity. People and their relatives who we spoke with gave positive feedback and were complimentary about the caring nature of the staff team. Comments from people included; "The staff are respectful and caring, you get that when you speak to them." And; "They all seem to have a caring attitude I could not fault them."
- We observed people were comfortable in the company of staff and actively sought them out. People were included within conversations taking place. We saw staff redirecting people in a gentle and sensitive manner.
- Staff we spoke with showed awareness of people's human rights and their diverse needs. They supported people to have access to services and their local community. One relative commented; "Yes, they are just really caring, each nurse seems to spend time with [relative]."

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

- People and their relatives were consulted about care and decisions for their wellbeing and support they required. While some people's needs impacted on their ability to make decisions, staff made every effort and encouraged people to make daily choices and involved them in doing so.
- The culture at the home was caring, calm, kind and compassionate. This attitude of staff was reflected during our conversations with them and our observations. A relative commented; "Yes they are very caring I have no complaints; the staff are fantastic. [Relative] as a main carer with one to one care who has the patience of a saint."

Respecting and promoting people's privacy, dignity and independence

- Staff provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. People's personal private information was stored securely.
- The registered manager was responsive to any concerns about people's dignity or treatment. However, staff needed to be supported with training in areas such as equality and diversity, dignity and respect and person-centred care. The nominated individual assured us this would be addressed immediately.
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred names, they were polite, very friendly and cheerful when supporting people.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

End of life care

- People and their relatives were supported to share their end of life wishes and we observed people who were terminally ill receiving dignified care. While there was a policy on supporting people to discuss their end of life wishes and the home had links with local hospices, we found staff had not received training in end of life care. We would expect this to be provided as the home supported people living with terminal, complex and life limiting conditions. The registered manager took immediate action to address this.

We recommend the registered provider consult best practice on end of life care and review their practices.

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

- In the majority of the cases people's care records were well written and detailed. While care records were designed in a person-centred manner, practices in the home needed to be consistent to reflect a person-centred approach to care. There were times when people did not get the level of supervision and support they had been assessed for to safely monitor their individual risks and needs.

- There was a system for reviewing people's care needs, however, improvements were required to respond to people's changing clinical needs and to escalate changes in a timely manner to prevent deterioration or relapse. We found there were times delays in reviewing people had been caused by external professionals.

- We found not all care records accurately reflected people's risks and their involvement in reviews.

Relatives gave mixed responses us, "They have a care plan I don't know what is down in it. They have not rung for any updates and I would like to be involved", and, "Yes there was an incident and they did keep me informed every step on the way. They even rang me late at night as I wanted to be kept informed." Staff we spoke with were able to describe people's care and support needs in detail however other staff told us they did not always have enough information about people when they are admitted into the home.

- All the records we reviewed took account of people's likes, dislikes, wishes, allergies and preferences in relation to treatment and positive behaviour support. They also included guidance on how to support people including specialist guidance from professionals.

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

- The registered provider and staff had arrangements and plans for people to take part in activities of their choice in the home and in the community. Staff and the registered manager had established ways to support people safely with activities regardless of the COVID-19 pandemic.

- Due to the restrictions posed by the COVID-19 pandemic, the registered manager and staff had established alternative ways of supporting people to maintain contact with their families and prevent isolation.

Comments from relatives included; "We have got to do Zoom and Skype calls and it has been with all our

family . It is really good, to see [relative] and to be able to see their progress with their health conditions speech and language therapy, seeing them on video, that is very important to us" and; "One particular nurse sent a couple of videos, just off a mobile phone. It was the best thing, fantastic. One with [relative] on the karaoke, I am not sure if this staff member has gone now. I would like them to continue, it would be good if they could be more consistent."

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 registered manager had assessed people's communication needs as required by the AIS. People could be provided information and reading materials in a format that suited their communications needs.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints procedure that was shared with people's relatives when they started using the service. Relatives we spoke with knew how to raise concerns.
- We saw complaints had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily. The registered manager was quick respond to any concerns raised by people, including during 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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread shortfalls in the governance systems. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff and management understood their roles. Leadership in the home and decision making did not consistently support the provision of clinical oversight to anticipate quality performance issues and potential risks before and after admission into the home. We identified shortfalls in the local clinical decision-making processes especially on whether the service was able to meet people's complex needs. Admissions policy and community fit policies were not effectively implemented to take consideration of the skill and resources in the home.
- The registered provider had systems and processes to monitor quality and to assist in complying with regulations. However, we found the systems had not been robustly implemented to detect and deal with some of the emerging and ongoing clinical risks to prevent deterioration. Management had not adequately considered the home and staff's ability to meet the needs of people with complex clinical needs, which contributed to the deterioration of the standards of care provided and multiple placement breakdowns.
- The registered provider's quality assurance systems and audits were in place and had identified some of the shortfalls we identified. There was a system for checking quality, internal audits and inspections had been carried out, the findings were not used in a prompt manner to address and improve the safety and quality of care. For example, staff deployment, lack of suitably qualified staff, concerns and staff morale had been identified by the provider's internal checks however we found no evidence to show how this had been addressed as this was still carrying on at the time of our inspection.
- Systems for learning from incidents and near misses were in place but had not been adequately or consistently implemented. The registered manager and their staff could not demonstrate whether they had reviewed what could be learnt from significant events such as repeated placement breakdowns to reduce re-occurrences. We found no evidence of a lessons learnt process to show how the provider and the registered manager had looked at why a number of people had required to be moved out back into hospital and why they could not continue to have their needs met in the home. This would include whether staff had the right skills and training to support people with complex needs. This led to repeated themes of people experiencing poor care.

There had been a failure to assess, monitor and improve the quality, safety and welfare of service users and others who may be at risk. This was a 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 received mixed responses from staff regarding the culture and management's ability to respond to staff suggestions and clinical concerns about people. Staff morale was low and nine out of 13 staff stated they did not always feel valued or listened to by management in respect of people's needs and staffing levels. We observed a high turnover of staff in the service. The registered provider's own internal checks had identified this however there was no evidence to demonstrate how they had addressed the concerns. We shared our concerns with the nominated individual during the inspection.
- People's relatives told us they were involved in the planning of their family member's care. However they informed us it was not always easy to communicate with the home due to the phone system. Comments included; "I find it very difficult to make contact, I don't seem able to get in contact with them. I talked to the manager and said I am going to put the ball in their court and ask them to ring me." And; "We have difficulty getting through to them on the phone. It rings out and you can't leave a message. It would be good if you could do that (leave message) and they can get back to you."
- The registered manager had developed close links and working relationships with a variety of professionals within the local area. Following the inspection, the nominated individual took immediate action to start addressing shortfalls we identified. They were committed to improve the care and people's experiences.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered provider had systems for prompting person-centred care however they had not been consistently applied to support high-quality, person-centred care. Systems for admissions and supporting staff including inductions, and training were not adequately implemented to support the delivery of safe care.
- The registered manager had submitted notifications to the Care Quality Commission.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>There was a failure to ensure care and treatment was provided in a safe way for service users and failure to assess the risks to the health and safety of service users of receiving the care or treatment; including doing all that is reasonably practicable to mitigate any such risks;</p> <p>There was a failure to ensure the proper and safe management of medicines including, administration storage, recording and ensuring that medicines are available in the necessary quantities at all times to prevent the risks associated with medicines that are not administered as prescribed.</p>
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
Treatment of disease, disorder or injury	<p>There was a failure to protect people from abuse and improper treatment because some safeguarding concerns had not been reported and systems and processes to investigate any allegations or evidence of such abuse were not robust.</p> <p>People had been exposed to degrading treatment due to delays in responding to their needs.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

There was a failure to implement effective systems to assess, monitor and improve the quality and safety of the services provided and to respond appropriately and without delay.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered provider had failed to deploy adequate numbers of suitably qualified and competent staff to make sure that they can meet people's care and treatment needs.
	There was failure to ensure staff had received such appropriate support, induction, training, professional development, as is necessary to enable them to carry out the duties they are employed to perform.