Cornerstones (UK) Ltd

Palmarium

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Palmarium provides accommodation and personal care for up to 7 people with a learning disability and/or sensory impairment. Accommodation is provided on 2 floors accessed by stairs. People have their own self-contained flat and access to outdoor space. Six flats are within one adapted building and one flat is detached sited next to the main home. The location was within walking distance of local amenities such as shops and a park. At the time of our inspection there were 3 people living at the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

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. Where people lacked capacity to make their own decisions, evidence was not always available to demonstrate decisions had been made following the principles of the Mental Capacity Act 2005. Evidence to demonstrate best interest decision making was not available which meant the provider could not be assured least restrictive options had been implemented. This was a concern as restrictions on people's liberty were in place.

People's care and support was not outcome focused and the provider failed to support people to be independent and active in their community. Risks to people's safety were not managed consistently and staff did not have opportunity for de-briefs following all incidents. This led to missed opportunities for avoiding reoccurrence.

Right Care:
People did not experience person-centred care. People's care and support plans were not kept up to date with changes of needs and did not reflect individual's wishes and aspirations. People had not been involved in planning their own care and were not encouraged to maintain their levels of skills. This had led to people losing some of their independence and abilities to be active partners in their care. Care and support provided did not consistently ensure people had a good quality of life.

Systems to make sure safeguarding processes were followed were not robust. Professionals investigating safeguarding concerns told us trying to gather information had been difficult. Not all safeguarding incidents had been reported to CQC as required by law.

People had their medicines managed safely. Whilst there had been some medicines incidents the provider recognised these shortfalls and had taken action to improve. Staff received medicines training and had their competence levels checked.

People had enough staff to support them. There had been a turnover of staff which had led to inconsistency in some people's support, but the provider had experienced some recruitment success. The provider was aiming for people to have a core group of staff who worked with them consistently and knew people well. Overall staff enjoyed working with people and wanted to provide good care.

Right Culture:
Leadership and management had been inconsistent. Since the service opened there had been changes in management and a turnover of team leadership. This had led to poor communication and a concern from professionals, families and some staff about whether care and support was safe. The provider did not have a clear staffing structure in place at this service, this meant there was confusion about staff roles and responsibilities.

Provider systems had not been followed in some areas of care provision and staff told us they were often unsure about what they were doing day to day. Staff told us things changed regularly and because of poor communication they were not always updated.

Staff were aware of people's needs and recognised the importance of activities to meet people's sensory needs. However, this was not always demonstrated in practice. People needing visual references did not always have them available, one person did not have access to their sensory activity temporarily which was really important for their well-being. We could not see any effort made to provide them with alternatives. The service had not been supported by the provider to make sure best practice was implemented throughout the service.

Quality monitoring had not identified all the shortfalls found at this inspection and had not made sure providers systems and processes were being followed. The provider recognised this and had taken steps to start improvement work. Other managers had been asked to work at the service to carry out improvement needed.

We found the provider to be open and transparent about shortfalls seen. They recognised the service was not to their usual standard of operating. A new manager had been recruited and started their induction during our inspection.

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 11 July 2022 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about people's care and support and safeguarding concerns. A decision was made for us to inspect and examine those risks.

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 COVID-19 and other infection outbreaks effectively.

Enforcement
We have identified breaches in relation to consent to care, safe care and treatment, lack of person-centred care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Palmarium

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 Health and Social Care Act 2008.

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
This inspection was carried out by three inspectors and a medicines inspector.

Service and service type
Palmarium is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Palmarium is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
This inspection was unannounced.

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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spent time observing care and support and informally interacting with all 3 people living at the service. We used an electronic communication system to speak with 1 person to hear their views of care provided. We spoke with 8 members of staff, a regional operations manager, a regional operations director and the provider's commercial director. We also spoke with 5 visiting healthcare professionals.

We reviewed care and medication records for 3 people, recruitment files for 4 members of staff, health and safety records, quality monitoring records, policies and procedures, meeting minutes, incident and behaviour analysis, training data, staff survey results, health monitoring records and staffing rotas.

We spoke with a further 6 members of staff on the telephone and two relatives about care and support provided. We also received feedback from 1 relative and 2 healthcare professionals by email.

Requires Improvement

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 of this newly registered service. This key question has been rated requires improvement. 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

- People's risk management plans were not always robust and did not always give staff clear guidance on support needed to mitigate risks.
- Staff were monitoring people's food, fluid and bowel movements to mitigate risks of ill health. Fluid records seen were not totalled and information about the amount of fluid people should be drinking, was not always recorded. This meant the provider could not be assured people were consuming the required fluid to mitigate ill health.
- Bowel monitoring was not completed consistently. For example, one record we reviewed recorded the person had opened their bowels once over a period of 13 days. There was no record of action taken in response to the lack of bowel movement. This placed people at risk of harm.
- People were not always supported with their health needs in a timely way which placed them at risk of harm. For example, one person's temperature had been taken and recorded as high for a number of days. It was not clear what action staff had taken as a result of their findings. For another person we saw their temperature recorded was very low. There was no action recorded to demonstrate what action staff had taken in response to this finding.
- People who experienced distress had behaviour support plans in place. The provider's policy was for staff to have a de-brief following any incident of distress or restriction. These de-briefs had not consistently taken place which meant staff had little opportunity to talk about what had happened and what they could do differently in the future. One member of staff told us, "I have been involved in a couple of incidents and not received a de-brief. They [managers] have not sat down with me and asked me how we could be better. I think they could do more with the de-brief as this is affecting staff confidence."
- Staff had received fire training, but no practice of fire evacuation had taken place. Staff we spoke with did not know the fire evacuation procedure and there was confusion about where the fire assembly point was. We spoke with one agency worker who had not been given any fire instruction prior to them working at the service. This placed people at increased risk of avoidable harm in the event of a fire.
- One person had a hearing impairment, however there was no mention of this in their personal emergency evacuation plan. This meant staff and emergency services might not be aware of this information in the event of an emergency which would reduce communication.
- Risk management plans in place for one person to access and use the car were confusing and conflicting. There were two risk management plans in place, one described a need for a Perspex screen to mitigate risks, one recorded a net was needed to protect staff. Staff told us a Perspex screen was required for safety, but the provider was not clear about this.

Failing to have clear, consistent and detailed risk management plans in place and failing to provide care and

support which mitigated risks, placed people at risk of avoidable harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● Professionals, staff and relatives told us they were not confident people were always safe at the service.

● Comments included, "I do worry about the staff not being trained as much as the agency staff", "There have been regular aggressive incidents. They [staff] needed a lot of support from the [professionals] team" and, "They [management] need to put a lot of work in, they are going to need to prove that [person] is safe, [relative] feels they are not safe there, [relative] feels [person] is deteriorating."

● The provider had employed a behaviour specialist to develop approaches to keep people and staff safe. The provider was working closely with other agencies to make changes to care and support where needed. This had helped to reduce incidents of aggression.

● Incidents of safeguarding had been reported to the local authority, though professionals told us they had difficulties in obtaining information needed. The provider was hopeful with a new manager starting this would improve communications and partnership working to keep people safe.

● Staff received safeguarding training as part of their induction. Staff told us they would not hesitate to report abuse and would go outside of the service to report concerns if needed.

Staffing and recruitment

● During our inspection we observed there were sufficient numbers of staff to support people. The provider used agency staff to fill gaps on rotas.

● The provider told us recruitment had been challenging but they had seen good interest for their vacant posts. A central support team at the provider's head office helped with recruitment and made sure relevant paperwork was completed.

● Staff had been recruited safely. Checks had been carried out prior to staff starting employment. This included a check with the Disclosure and Barring Service (DBS).

Using medicines safely

● The staff gave medicines prescribed to people and recorded this on the medicine administration records (MAR).

● Medicines were not used to control people's behaviour. Staff members were aware and used the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment.

● There was a process in place to report and investigate medicines related errors and incidents.

Preventing and controlling infection

● We were not assured that the provider was responding effectively to risks and signs of infection. When people's temperatures were taken and recorded as being high, the provider could not demonstrate what action had been taken. We have reported in more detail on this in assessing risk above.

● We were somewhat assured that the provider was using PPE effectively and safely. One person had a behaviour which needed additional PPE when staff were in close contact with them. We did not observe staff wearing the required additional PPE during our inspection. We raised this with the provider who told us they would review the risk.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● 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's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes
● People had visits from family members regularly. During our inspection we observed family members visiting people in their own flats.

Requires Improvement

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.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not working within the principles of the MCA. People did not have MCA assessments or best interest decision making records in place for specific restrictive decisions made. This meant there was little evidence decisions made were the least restrictive or who had been involved in the process.
- Examples found during the inspection were alarms placed on people's front doors to alert staff to people's movements, one person had been prevented from using one room in their flat as staff kept the door locked, and internal moves had been made from flats to other flats within the location. There were no records on people' files to evidence the MCA process, and what other decisions had been considered and discounted, to ensure the least restrictive intervention was implemented.

Failing to ensure people's consent to care and treatment had been sought in accordance with the MCA was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they were aware of these shortfalls and would make the improvement required.
- DoLS applications had been submitted to the local authority and the service was waiting for them to be processed.

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

● Healthcare professionals and relatives shared concerns they had about people's health needs not being met. For example, for one person who was moving to the service, one healthcare professional told us they were not made aware of the person moving to the area. No advanced planning had been made so that local healthcare professionals could plan how they would meet the person's health needs. One professional said, "The transition was not good, there was no health handover, that did not inspire confidence."
● For one person weekly multi-disciplinary team meetings were set up. These were organised to discuss the person's care and support and make sure there was a co-ordinated approach. The provider attended the meetings to share and receive information. Staff working with the person told us they were not always informed what was discussed during these meetings relating to the person's care and support. Professionals told us things had improved but there was further improvement needed, particularly around sharing information. One professional said, "Sharing records has been difficult, we have not been able to have access."
● Staff had opportunity for handovers to share information, but staff told us communication at the service was not good which meant they often were not sure what they were meant to do for people. One member of staff said, "Communication is the main thing, people not knowing what we are doing, every time I come in, they change the paperwork, we are doubling up on things. I am sat in the office doing paperwork, that can be half an hour, that takes you away from people. Repeating yourself on loads of different sheets of paper is too much."

Failing to have systems in place to make sure people's needs were known and recorded meant the provider could not be assured people received person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet
● People had their own menu plans which were available in their flats. However, there was no process for supporting people to plan and shop for their food. We were told people had meals planned which then had to be changed at short notice as the food was not available. This at times had caused distress for one person.
● Staff recorded people's meals daily. Records we reviewed demonstrated people had little opportunity to eat a healthy balanced diet. For example, for one person we saw their meals consisted of convenience food over a one-week period. For another person we saw staff had recorded in daily notes they did not like one particular item of food. This dislike was not recorded in the person's support plan so all staff would be aware of this preference. One relative told us, "[Person] only has frozen food. They [staff] pack the freezer with chicken nuggets and chips."
● One person went out for the day to attend college. It was not clear in their support plan what meals they had at college. Some guidance said they were to take a packed lunch, other guidance said they would have a cooked meal at college. This meant the person might not have the support they needed with meals as staff would not know their needs.

Failing to have people's needs, preferences and wishes recorded so staff had guidance to follow to provide person-centred care was a breach of Regulation 9 (Person-centred care) 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
● People's needs were assessed prior to them moving to the service. Whilst pre-admission assessments were carried out, there were gaps in information gathered about distress reactions. This meant staff did not have all the information they needed to provide effective support when people first moved into the service. This had resulted in a serious incident for one person.

● The provider told us they were reviewing this incident to identify lessons learned for the whole organisation. Following our inspection, the provider told us information about people's needs had not been shared with them during the assessment process.

Staff support: induction, training, skills and experience

● New staff received an induction which included some training and shadowing shifts with more experienced members of staff. Staff had the opportunity to complete the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

● The provider told us the regional trainer monitored progress of the Care Certificate and was responsible for assessing staff competence.

● Some staff we spoke with told us they had not had opportunity for supervision. The provider recognised this and was taking action to address this. Another manager from one of the provider's other services was carrying out supervisions during our inspection.

● Staff had been provided with specialist training on areas such as Autism, Makaton and behaviour support. The behaviour specialist employed by the provider told us they were also providing workshops for staff to help improve skills on positive behaviour support.

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

● The service had been designed to meet people's needs. There were six individual flats in the main adapted building with some communal space available. There was also a self-contained flat next to the main building with its own entrance.

● All the flats had their own bathrooms and kitchen areas.

● The provider told us the building had been sound proofed to help reduce noise. This would be beneficial for autistic people.

Requires Improvement

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

- Terminology used in people's care records was not respectful or dignified. Staff used words such as 'demand', 'complies' and 'command' when describing how staff should communicate with people. This type of terminology indicated people did not have choice or were not partners in their care and support.
- People had little information recorded on their life story and what their potential could be. One person's care plan started with information on their 'challenging behaviour' which did not promote a strengths-based approach. There was a concern staff might label the person as 'challenging' without recognising their potential.
- For one person we found staff had recorded they did not follow their religion. There was no indication of what the person's religion was. For another person we found their religion was recorded but no guidance for staff on how their religious needs would be met.
- We found for 2 people, staff working with them had not signed to say they had read and understood people's support plans. This meant the provider could not be assured they had read the support plans and were understanding of people's needs.
- One person required visual objects and pictures for reference to help them understand and know about their care delivery. We observed on the day of our inspection the wrong staff picture was up on their board. This meant they had the wrong information to process about their care and support. This may have caused unnecessary confusion or distress.
- People's independence was not being promoted. People were not consistently supported to carry out any activities of daily living themselves. People were not involved in simple daily activities such as shopping, cleaning and laundry.
- Care plans did not reflect that people had been involved with decision making around their care. Plans were not available in an easy read or pictorial format so people could be involved in making sure their care was what they wanted.

The provider failed to ensure people received consistent person-centred care in line with their wishes and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had a one-page information sheet so agency staff could have knowledge of people's care and support in a timely way.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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.

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

- People were not always supported to reach their potential and have the best quality of life they could achieve. There were no clear plans in place to make sure people were able to participate in activities and engagement relevant to them. People's sensory needs had not always been considered or met.
- Professionals and relatives shared concerns that people's skills were deteriorating and there was a lack of structured activities. One relative said, "[Person]'s physical mobility and stamina has deteriorated whilst there. Staying in bed continuously, and not supporting [person] to be physically active is detrimental to their health and wellbeing." One professional said, "For [person] they [staff] need to sort out the communication and staffing, [person] needs to go out, it needs to be happening. I keep asking where has [person] been, what have they been doing. I have been saying for a long time it is not good enough." One relative told us, "It is almost like they have not humanised [person], they have not thought about what this [sensory activity] means for [person], the noise causes physical pain."
- The service had a car for people to use. Staff told us there were not always drivers available to use the car. This had limited access to the wider community or people's favourite places such as the beach.
- One person had an engagement action plan in place to improve outcomes in participating in activity and engagement. The aim was to provide more structure for the person and the deadline for completion was the end of September 2022. We found none of the actions had been completed. The same person needed a sleep diary completed so healthcare professionals could review the person's care and support. Records were not complete or had gaps in recording.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication profiles were in place to give staff guidance on people's communication needs. We found for one person there was no reference to their hearing impairment or that they should have hearing and visual aids. This meant staff did not have all the guidance needed to communicate effectively. We saw in in this person's notes, some staff were struggling to communicate with this person.
- For one person who used pictorial aids and references their relative told us staff had not thought to obtain pictures of local places for them to visit. When the person needed encouragement to go out for an activity, pictures of places to visit would help.

Failing to provide care and support that reflected people's needs, preferences and wishes placed people at risk of harm. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

● No formal complaints had been received, however, professionals and relatives told us they had raised concerns with the service about care and support received. We were told the service were slow to act on information received and repeated requests for resolution had to be made.

● The provider had a complaints policy and a process to manage complaints and concerns. The lack of leadership and management had contributed to systems not being embedded at this service.

End of life care and support

● Nobody was receiving end of life care at the time of our inspection. We found in people's care records staff had started the process of thinking about end of life care, some information was recorded.

Requires Improvement

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 requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was no registered manager in post. There had been management cover provided by interim managers which meant the leadership and management of the service had been inconsistent. We were told trying to obtain information was difficult and there was a lack of trust and confidence in management.
- Prior to our inspection we were informed by the local authority of a serious safeguarding incident involving agency staff. The provider had not notified us of this incident. There had also been other safeguarding alerts the provider failed to notify us of. Systems in place for making sure notifications were submitted to CQC were not robust.
- Quality monitoring systems were not effective in assessing and monitoring the quality and safety of the service. Systems had not identified the provider's policies and procedures were not being followed in all areas. For example, there had been a lack of staff meetings, staff supervisions and de-briefs following incidents. Systems to record incidents were not robust, staff had used paper records which had not been added to electronic systems. This meant the provider did not have a complete oversight and there was a build-up of information to be added retrospectively to electronic systems.
- Quality audits carried out identified some actions to improve the service. However, we found these actions had not been carried out. For example, a health and safety audit completed in November 2022 identified an action for a fire evacuation drill to be carried out within the next 7 days. We visited after these 7 days and found a drill had not been completed. This placed people are increased risk of avoidable harm.
- Governance systems had not been effective in making sure staff at all levels were aware of their role and responsibilities in providing person-centred care. Relatives and professionals told us they were concerned about people's care and support and the lack of oversight from the provider. One professional said, "It has been a nightmare from the start. Communication has been poor; staffing has been poor, and the care plans have been poor. I have repeatedly asked for things, I don't want to be asking them for daily routines, I don't want to be monitoring them this closely."
- Systems were not in place to ensure open communication with relatives of people living at the service. One relative told us, "The turnover of staff and the high level of agency workers is incredible. Communication is appalling. I never know if they [staff] have received my messages or emails." Another relative said, "Anything I say, goes straight over their heads, they [provider] don't value me as a voice."
- The provider failed to support people with sharing their views or influencing the service provision. Whilst obtaining people's views might not have been easy due to communication challenges, the provider had not

tried different ways of monitoring or seeking feedback, for example by carrying out observations.
● Staff had mixed views on being able to share their ideas and views about changes and concerns. Team meetings had not consistently taken place and some staff felt unable to approach management. One member of staff said, "I have tried to raise ideas, to try and help the service run better, but I have to chase things up."

Failing to have effective systems in place to assess, monitor and improve the quality and safety of the service and to mitigate risks relating to the welfare of people, failing to seek and act on feedback to continually evaluate and improve the service placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● The provider recognised the service had not started off as they would have wished. They told us with the start of a new experienced manager and regional operations manager they were confident things would improve. The new registered manager would have support to embed systems so the provider would have good oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The provider failed to ensure there was a staffing structure, effective leadership and that someone was taking the lead in promoting a person-centred culture. During our inspection we spoke with 3 different managers who were on site carrying out management tasks. However, none of these managers were leading the care staff and role modelling good practice.
● Professionals and relatives told us they were concerned about the lack of person-centred care taking place and poor management at the service. One professional told us, "We have had promise after promise things will get better. I want to give them the benefit of the doubt, Palmarium has the capacity to be fantastic, but they [management] need to get it right. We don't have the confidence they can get it right."
● Staff spoke to us about how the lack of management had impacted their experiences of working at the service. In addition, some staff were not clear about the vision and ethos of the service. One member of staff said, "We are confused what the home is, is it supported living or is it a care home." Another member of staff said, "Everything is constantly changing. We do get a handover and we have a communication book, but it is not all written down. Everything is all over the place, having so many different managers."

Working in partnership with others
● There were many healthcare professionals involved in the service to try and make sure people's health needs were met. Professionals told us communication was not good and there was a lack of leadership at the service. However, some professionals told us they were hopeful things would improve with a new manager at the service. One professional told us, "We have an action plan ……. Palmarium are keen to address the concerns identified within the service. A new manager is starting shortly, and I am hopeful (given his experience) this will bring some stability to the service, which has likely been missing due to the lack of (on the ground) consistent manager."

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
● There had been no incidents that came under the duty of candour process. The provider understood their responsibility to be open and honest when something went wrong.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to provide and record care and support that reflected people's needs, preferences and wishes which placed people at risk of harm. Regulation 9 (1) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to make sure people's consent to care and treatment had been sought in accordance with the Mental Capacity Act 2005. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to have clear, consistent and detailed risk management plans in place and failed to provide care and support which mitigated risks. This placed people at risk of avoidable harm. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to have systems in place to assess, monitor and mitigate risks to people's health and welfare. The provider failed to have systems in place to assess, monitor and improve the quality and safety of the service including failing to seek and act on feedback to continually evaluate and improve the service. This placed people at risk of harm.

Regulation 17 (1) (2) (a) (b) (e) (f)