

## St. Catherine's Care Homes Limited

# Monson Retirement Home

### Inspection report

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Date of inspection visit:  
03 December 2019  
04 December 2019

Date of publication:  
11 February 2020

### 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

Monson Retirement Home is a residential care home for up to 50 older people and people living with dementia. At the time of inspection there were 31 people living at the home.

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

Monson Retirement Home had changed owners in May 2019. There had been a Registered Manager who deregistered in October 2019. The new provider had failed to provide enough oversight of the home between June and October 2019. This led to systems to assess, monitor and improve the quality and safety of the home not being implemented or embedded.

Since November 2019 the provider employed an experienced management team who had begun the process of implementing procedures to improve all areas of the home. For this reason, all the planned systems and processes were in their infancy and required completion or embedding into practice.

The provider had an action plan for all the areas they had identified and those we identified at this inspection. Their action plan required time and resources to complete. The provider continued to commit the resources required.

People's risk assessments and care plans did not always reflect their current needs. The management team were training staff in a new care planning system and had yet to transfer people's records to this. Staff did not always have information about people's current needs, which put people at risk of not receiving all the care they needed. The management team put measures in place to inform staff of people's needs at handover.

The provider was supported staff to improve their skills and knowledge in safeguarding and reported and acted upon concerns.

The provider did not have access to historical records of staff training, supervision or appraisals. This meant they could not be sure what training staff had received. They had implemented a programme of training and supervision which would take time to complete.

The provider did not have all the systems and processes in place to assess, monitor and improve all areas of the home. The management team were setting up a programme of planned audits.

Following an independent external audit in August 2019, the provider was undertaking fire safety and electrical works to comply with fire regulations. These had not been completed at the time of the inspection.

The home required changes to the environment to be suitable for people living with dementia.

There were enough staff deployed to provide people's care, there were care staff vacancies that were being covered by agency staff. People received their medicines safely. Staff identified when people became unwell and referred them to medical professionals promptly.

Permanent staff knew people well and had formed good relationships. People were regularly engaged in activities they enjoyed and involved people from their local community.

The management team responded to complaints, they followed the provider's complaints policy. The provider held their first meeting with people using the service and their relatives; they implemented suggested changes and improvements to the home.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 10 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified three breaches in relation to risk assessments, safety of the environment, staff training, supervision of staff and management oversight. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Monson Retirement Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by an inspector and an assistant inspector.

#### Service and service type

This service 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection took place on 3 and 4 December 2019, the 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. We had not requested any information from the provider before the inspection. We took this into account in making our judgements in this report.

#### During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, operations manager, estates manager, manager, care and domestic staff.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We asked the provider to send their updated action plan to us by 16 December 2019. This was to include details of the actions they had taken in relation to environmental checks, fire safety, Mental capacity assessments, Deprivation of liberty safeguards, new care planning system and handover information. The provider sent us all the information we requested, which has been taken into account when making the judgements in this report.

# 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 Good. At this inspection this key question has deteriorated to 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

- People were at risk of not receiving care that met their needs as staff did not have enough information to provide care to mitigate risks. People's risk assessments and care plans did not reflect their current needs. At the time of inspection 25 of 33 people's risk assessments had not been reviewed since before May 2019. Where people had fallen, or their needs had changed, their risk assessments and care plans did not reflect their current needs.
- Staff did not have a comprehensive or written handover between shifts to ensure they knew how to provide safe care that met people's current needs. Information about people's health status or change in needs was not passed on to staff on the next shift. This meant there could be a delay in receiving medical care or not receiving the support they required to mobilise or eat.
- People were put at risk of potential harm from electrical systems, hot water and steep stairs as the provider did not carry out regular environmental checks to ensure there was restricted access to unsafe areas, such as electrical cupboards, unoccupied rooms, the cellar and behind the bar. Doors to these areas were unlocked.
- The provider did not ensure there were window restrictors on the attic roof windows to prevent the windows from protruding into the corridor or access out of the window. This put people at risk of injury and falling from height.
- The provider did not protect people from the risk of falling from the end of their beds. People had new mattresses which were too long for their bed bases. Two people had sat on the end of their beds and fallen, they had not incurred a serious injury. The provider failed to carry out a risk assessment for 18 people using longer mattresses or take immediate action to ensure mattresses fitted bed bases. Although staff told people not to sit on the end of their beds, the provider had not mitigated the risk promptly to remove the risk of people falling.
- There were no records of staff having completed fire drills or having allocated fire wardens.
- The provider had not completed all fire safety works such as fire exit signs and replacement of fire doors. Until the outstanding work was completed, staff had been advised to evacuate the building in the event of a fire alarm.
- People were at risk of not receiving assistance as the call bell system had not been working for five days. The manager told us staff checked on people regularly, however, these checks had not been recorded. There was no risk assessment or contingency plan for the loss of use of the call bell system.

The provider failed to always assess the risks to the health and safety of people using the service, or take action to mitigate risks, this is a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- The provider implemented a written handover on the second day of inspection. The handover provided staff with important details about people's care to help mitigate known risks.
- After the inspection the provider sent evidence to show they had commenced a programme of assessing people's risks, such as skin integrity, falls and nutrition.
- The provider's action plan shows they ordered new bed bases following our inspection. The provider implemented regular environmental checks to ensure people did not have access to unoccupied rooms and electrical cupboards.
- The provider was undertaking works required to comply with the fire regulations which were almost complete. This included replacing fire doors to increase
- Risk assessments were carried out for all building, repair and electrical works in the home prior to them starting.

#### Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with understood their role in identifying types of abuse, but they were not confident in knowing when to report low level concerns, or how to record these.
- There were no records to show staff had received training in safeguarding. Not all staff could confirm they had received safeguarding training.
- Staff did not demonstrate an understanding of the provider's whistle blowing policy which would enable them to raise concerns if the provider did not take appropriate actions to protect people from potential abuse.
- People could not be sure their personal finances had been kept safe as systems had not been followed to manage people's personal spending account. The provider had identified shortfalls in the way people's personal finances were managed and had arranged for time and resources to rectify this. The provider was in the process of reconciling the account, there was no suggestion any monies had been misused. The provider had since implemented a system and allocated competent staff to maintain accurate records of people's finances.
- The provider arranged for all staff to complete safeguarding training by 13 December 2019.
- After the inspection, the provider issued all staff with the Code of Conduct for Healthcare Support Workers, which included guidance on being accountable and whistleblowing.
- The provider notified us after the inspection they had completed a reconciliation of people's personal accounts and informed people and their relatives of their current balances.
- The new manager recorded safeguarding concerns and reported these to the relevant safeguarding authority and CQC.

#### Using medicines safely

- People received their medicines as prescribed. However, improvements were required in recording and monitoring of medicines administration.
- Where people were prescribed medicines that could be taken 'as required' staff did not have protocols readily available to refer to. For example, where people were prescribed pain relief; staff did not have immediate access to guidance on when to give these, or record whether these had been effective. We brought this to the attention of the manager who immediately arranged for the 'as required' protocols to be kept with people's medicines administration records (MAR).
- Staff did not record the times they gave regular medicines prescribed for pain relief; these were recorded as morning, lunch, tea or night. The medicines rounds were not always carried out at the same times each day, there was a risk of people receiving these medicines at irregular periods and receive more than one dose in a four-hour period. The manager told us they were changing pharmacists and believed the new MAR charts would allow space to record these times.
- The regular monitoring of the medicine's management had not identified these issues or where staff had

not recorded when they had administered people's medicines.

#### Staffing and recruitment

- The provider assessed people's dependency and ensured they deployed enough staff to meet people's needs.
- There were care staff vacancies, so agency staff were used regularly.
- The provider was in the process of employing a new chef and deputy manager.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service. These checks were also carried out on contractors working in the home.

#### Preventing and controlling infection

- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons. People told us staff used these when providing care.
- Staff had been provided with uniforms that could be washed in a hot wash to help prevent the spread of infection.
- The house keeping coordinator monitored the quality of the cleaning within the home, they told us, "I check the bedrooms and a few places and to see whether it's up to scratch". People's rooms were deep cleaned regularly.
- The management team were in the process of carrying out an infection prevention audit.

#### Learning lessons when things go wrong

- Since the registered manager had left in October 2019, the provider had learnt they needed to have closer oversight of all systems. The provider and their new management team had been pro-active in analysing all areas of the home. They had already identified and made changes to areas such as improving the building's fire safety, electrical works and increasing staffing levels. The management team were pro-active in using information from complaints, incidents and safeguarding alerts to improve the service. However, the provider and management team recognised they needed to prioritise the improvements to ensure people's safety was prioritised.

# 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 Good. At this inspection this key question has deteriorated to 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

- There were no historical training records available in the home. The provider told us they had to assume staff had not had training; staff competencies had not been checked. People were at risk of receiving care from staff that had not received training to meet their needs. Staff could not confirm what training they had received.
- There were no historical records of staff supervision or appraisals. The management team told us staff had not received supervision in the last six months. People were at risk of receiving care from staff that had not received the support they required to carry out their roles.
- Agency staff had not always received an induction to the home, people were at risk of receiving care from agency staff that did not know where the emergency equipment and exits were or safety procedures.

The provider failed to ensure all staff had received all the training and supervision they required to carry out their roles and meet people's needs. This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing

- The provider had implemented a programme to train all staff in all areas. They had employed a training company to oversee their training and training records. Training had begun in November 2019 and was ongoing.
- After the inspection the provider sent a training matrix which showed safeguarding training refresher courses were due for all staff and moving and handling refresher training for all but five members of staff.
- The provider had trained staff in using a new risk assessment and care planning system which was about to be implemented.
- The provider only employed staff with experience in providing care. New staff had received an induction which had included training in all areas.
- The management team had created a plan to supervise staff regularly. Five staff had received supervision the remaining staff were booked in for supervision from January 2020.
- The manager had implemented a programme to provide induction to all agency staff the first time they work at the home.

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

- People's risk of losing weight through poor nutrition and hydration had not been reviewed since May 2019.
- Staff did not have the information they needed, to know if people required referral to health professionals for nutritional advice.

- People were at risk of receiving food and drink that did not meet their needs. For example, we observed two people coughing during their meals; staff had not assessed them for their risk of choking or referred to health professionals for a swallowing assessment.

The provider did not ensure people's risk of poor nutrition or choking had been assessed or their risks mitigated. This is a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- Where people had historically been assessed by health professionals, staff followed their advice and provided food and drink to meet their needs. One relative told us, "Staff know what people need, they liquidise meals for those that need it."
- People could choose their meals, and alternatives were found if they did not like what was on offer.
- Kitchen staff prepared foods that people liked; they had information about each person's likes, dislikes and allergies.
- Kitchen staff had information about people's dietary needs.
- The provider had changed the provision of meals to home cooked food. People told us the quality and quantity of food had improved. One person told us, "The food is very good." A relative told us, "[Name] is now eating more, they have more energy."
- The provider had employed a chef and had plans to improve people's dining experience.

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

- People's likes, dislikes and preferences were not always detailed in their care plans. Five of the 31 care plans had been updated to include this information.
- Previous assessment documentation showed all aspects of a person's needs were not always considered. The characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs were not always included. The provider's new care planning system included these assessments.
- Records showed previous risk assessments included evidence-based tools to assess people's risks and needs. The provider's new assessment included tools and best practice guidance, for example for skin integrity and nutritional screening.

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

- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness.
- The management team were establishing links with the GP and local district nurse team to work together in planning reviews and ensure smooth referral paths.

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

- The home did not have any adaptations or decoration to meet the needs of people living with dementia. All the doors were the same colour and areas such as bathrooms were not easily recognisable. People's bedroom doors had numbers on and did not indicate who resided in the room. The management team told us they had plans to improve signage around the home and make memory boxes to be attached to people's doors to assist with way finding.
- The home was located over five floors. The stairs to each floor had stair risers of different depths, which could be a trip hazard. Most people took the lift to each floor, however, there was only one lift in the building. The provider told us they were looking at contingency plans in the case of lift failure.
- There was a large communal area, secure gardens and a cinema room which were accessible to everyone.

There was also a lounge in the design of a pub where people could meet their families and use the coffee machine.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA were being met.

- Staff had not carried out regular mental capacity assessments to establish whether people had insight and understanding of their care needs. This meant people may not have been able to make informed decisions about their care. The management team showed us their new paperwork for mental capacity assessment and best interest meetings they planned to implement in January 2020.
- The management team had audited the number of people subject to a DoLS and found seven people had DoLS authorisations and one had been applied for. They planned to establish if anyone else required a DoLS application.
- Staff demonstrated they understood the principles of MCA, supporting people to makes choices. People confirmed the staff always asked their consent before providing their care.

# 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 Outstanding. At this inspection this key question has deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always treated equally or with respect. On the first day of the inspection the mayor came for lunch. The dining tables were beautifully decorated and there was a sense of occasion as people ate a Christmas meal together. However, there were eight people living with dementia who were not sat in the dining room, they were in an area where the tables had not been set, and there was no sense of occasion.
- People's bedding was not substantial; people had thin sheets and blankets. The provider told us they were unable to provide duvets as their laundry did not have the capacity to wash them. The provider had arranged for refurbishment of the laundry to include industrial equipment. They told us once these had been installed, they could purchase duvet covers and replace bedding.

In the meantime, the underfloor heating provided people with adequate heating in their rooms.

- Permanent staff had got to know people well and had good relationships. People told us they were treated kindly. One person told us, "Staff are very good." Relatives told us people were very comfortable in the company of staff.

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

- People were not involved in planning their care. Only five care plans had been reviewed or updated since May 2019. The provider had identified this and was allocating a key worker to each person to review their care monthly in the future.
- People had the opportunity to feedback about the service. The management team had held a residents' meeting where people had said they would like more salad options and condiments on the tables at dinner which were now available. The manager had displayed these changes on the notice board as 'You said', 'We did' to encourage people to tell them about the changes they wanted to see in the home.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People living with dementia did not always have their meals prepared in a way that encouraged them to be independent. For example, their meat had not been cut up, we observed people eating with their hands as they could not manipulate the cutlery to cut the meat. People's eating aids were used incorrectly which meant they were unable to eat independently.
- Staff supported people to maintain their dignity. Personal care was provided in private. One relative told us their experience of observing care, they said, "The dignity is in keeping with what you would expect."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- People were being offered choice in how they spent their time, what they ate and when they went to bed. Staff who knew people well knew people's preferences, but these had not always been recorded for agency and new staff. The provider was in the process of changing the care planning system to incorporate people's preferences, religious faiths, hobbies and interests.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spent every day with each other in communal areas; some people had made friends. The management team were developing people's care plans to include people important to them and to introduce people with similar interests to each other.
- The activities staff were proactive in arranging and providing activities. On the day of inspection in addition to the mayor visiting, they had a children's choir. Relatives told us of other activities such as a pet as therapy (Pat) dog visiting the service and weekly holy communion.
- Staff played music in the afternoons instead of having the TV on in response to people's feedback.
- Staff introduced armchair workouts fortnightly and golf putting in the lounge. One person told us, "It is never boring here, there is always something going on."
- There were books available, one person told us, "I am always reading books, I love them."
- People's birthdays were celebrated, the kitchen staff provided cakes and time was taken to sing happy birthday.
- People's visitors were made to feel welcome; the provider had installed drinks machines for visitors. One relative said, "I feel so welcome, I never feel like I want to go."

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 provider did not comply with the Accessible Information Standard, as they did not ensure people with a disability or sensory loss had access and understood information they were given.
- The provider was updating the resident's handbook and told us they intended to make it available in different formats, so people could access the information such as how to make a complaint.
- Staff ensured people wore their hearing aids and glasses, so they could communicate the best they could. One relative told us staff knew the importance of having glasses, they said, "When [Name] broke their

glasses, [manager] organised to get them mended."

#### Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. Relatives told us they had no reason to make a complaint but felt confident to do so. One relative said the new management team were open to feedback.
- The new management team had responded to complaints. They followed the provider's complaints procedure which set out the timescales for response and who to refer to if people were unhappy with the response to their complaint.

#### End of life care and support

- Staff liaised with health professionals to ensure people were assessed for their symptoms and kept comfortable.
- People's wishes were followed. For example, one person's wish was to stay in the home for their care. One family told us their relative was being well cared for, they said "Staff are in all the time to check on [Name]."
- The provider was developing ways of recording what was important to people including information about how they wanted to be supported towards the end of their lives.

# 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 Good. At this inspection this key question has deteriorated to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was no registered manager. The provider had employed a new manager who intended to register with CQC.
- There was a change of owner of St Catherine's Care Homes Ltd in May 2019. The provider had inherited a registered manager who oversaw the management of the home, the registered manager deregistered 28 October 2019. During this time the provider failed to have oversight of the registered manager. The lack of provider oversight meant they failed to notice that systems and processes had not been followed leading to the issues identified at this inspection.

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

- The provider did not have a system to regularly audit the quality and safety of people's care.
- There was no system in place to regularly check the water safety of the home.
- People's risk assessments and care plans had not been regularly audited, leading to risk assessments and care plans that did not reflect people's current needs. Staff did not have the information they required to ensure they gave care to meet people's needs.
- The safety of people's beds had not been checked. Mattresses were too long for the bed bases, resulting in two people falling off the beds.
- Where people's finances had not been recorded accurately they had not been rectified in a timely way, leaving people and their relatives without information about their balances.
- There was no system to monitor staff training and supervision; people could not be assured staff had the appropriate training to provide their care, or the support to carry out their roles.
- Where audits had been carried out they were not always complete (infection prevention), or the audit had not included enough records to provide the management with sufficient oversight (medicines).
- There was no reliable system of recording the agency staff working in the home.
- Not all policies and procedures were in place. For example, the provider had cameras in corridors linked to a CCTV system. The provider did not have a policy or procedure relating to the CCTV, nor did they display signage to let people know they were being recorded. The provider had identified this and had switched off the screens, but the footage was still being recorded. The provider did not have a policy to follow to know when it was appropriate to access the recorded footage

The provider had not ensured there was sufficient management oversight, or systems and processes in place to assess, monitor and improve the quality and safety of people living at the home. This is a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- After the inspection the provider sent a copy of their CCTV policy and displayed notices to inform people CCTV was being used in communal areas.
- The management team had started to carry out audits, where issues were identified, the managers acted to improve the service. However, the action plan was large and required time and organisation to complete all the actions. The management team had rated each action in order of priority.
- The provider understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Staff told us they had noticed positive changes since the provider had created the new management team. They told us staffing levels had improved. One member of staff told us, "[The management team] have turned it [the home] around. It is much more positive. Things are getting sorted, we have paperwork to record the care and staff are accountable for their actions."

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; Continuous learning and improving care

- The management were aware of their responsibilities to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.

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

- The management team had arranged meetings with people at the service and another for their relatives. Feedback from these meetings had been used to improve areas of the service.
- Staff had their first meeting in November where they discussed people's safety such as having staff supervising people in communal areas. The management team had shared letters of concern with staff to involve them in improving care.

Working in partnership with others

- The registered manager was developing their relationship with people's GP, district nurses and health teams.
- Children from the local school visited the home at planned times.

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 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure all staff had received all the training and supervision they required to carry out their roles and meet people's needs.

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  The provider failed to always assess the risks to the health and safety of people using the service, or take action to mitigate risks.

### **The enforcement action we took:**

We issued a Warning Notice which required the provider to be compliant with this regulation by 31 March 2020.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure there was sufficient management oversight, or systems and processes in place to assess, monitor and improve the quality and safety of people living at the home.

### **The enforcement action we took:**

We issued a Warning Notice which required the provider to be compliant with this regulation by 31 March 2020.