Belmar Care Homes Limited

The Belmar Nursing Home

Inspection report

25 Clifton drive
Lytham St Annes
Lancashire
FY8 5QX

Tel: 01253739534
Website: www.belmarcarehome.co.uk

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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
The Belmar Nursing Home is registered to provide care for up to 44 people with a mental health condition, dementia or substance misuse. At the time of our inspection 31 people were receiving care and support at the home.

People's experience of using this service and what we found
Although people told us they felt safe living at the home, we found people were not always safe. The provider had not ensured people's individual risks were managed effectively. Medicines were not managed properly and safely. People were not protected against the risks of infection. Staff were recruited safely and there were enough staff on duty to meet people's needs safely.

People were not supported to have maximum choice and control of their lives and staff supported 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.

The provider had not ensured people's consent to care and treatment was gained. Staff lacked understanding of the Mental Capacity Act 2005. People's capacity to make decisions was not always assessed when required and the correct processes were not always followed to make decisions where people laced capacity.

Staff received an induction when they started working at the service and told us they felt well supported. We have made a recommendation to the provider about staff training. People were supported to eat and drink enough to maintain a balanced diet. We noted some improvements to the premises, however further work was required to ensure good infection control standards could be maintained.

People were not always involved in making decisions about their care. Staff respected people's privacy and supported people to maintain their dignity. Staff encouraged and promoted people to be independent. People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity.

People's written plans of care did not always accurately reflect their needs. There was not enough detail in care plans to guide staff on how to manage behaviours which may challenge, to achieve positive outcomes for people. The service did not use any recognised recovery models to promote positive outcomes for people living with mental illness. We noted some improvements with the quality of information recorded in care plans around allergies and professional guidance. The service ensured people's communication needs were met. Provision of a range of activities at the service had continued to improve since the last inspection.

The provider had not ensured they maintained an accurate and contemporaneous record in relation to each person using the service. Risk assessments and care plans had not been reviewed regularly to ensure they

were up to date. The provider's systems to assess, monitor and improve the service were not operated effectively. Some improvements had been made in relation to leadership and organisation of the service. Staff felt the service was much better organised. We found improvements had been made in respect of secure storage of confidential information. The service engaged with people, staff and external professionals.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 20 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
The inspection was prompted in part due to concerns received about medicines, staffing and managing risk. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified breaches in relation to the proper and safe management of medicines, risk management, consent, 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.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The 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.

The Belmar Nursing 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 carried out by two inspectors, a medicines inspector and an inspection manager on the first day, and by one inspector on the second day.

Service and service type
The Belmar Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced on the first day.

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

We 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 used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, activities coordinator, senior care workers, care workers, maintenance person and the chef.

We spent time in communal areas observing interactions between people who used the service and staff. We also observed staff administering medicines.

We reviewed a range of records. This included seven people's care records and multiple medication records. We also reviewed a variety of records related to the management of the service, including policies and procedures, audits and safety certificates.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at staff training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely
At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People told us they received their medicines on time and did not raise any concerns about how their medicines were managed. One person confirmed they were supported to have regular blood tests related to their medicines. Comments from people included, "They always give me my medicines on time."
- Information to support staff with the administration of 'when required' medicines was not always in place. The records that were in place were not always correct or did not provide adequate details for staff to administer 'when required' medicines safely.
- We could not be assured medicines were administered as prescribed. The quantities of medicines received were not recorded. Therefore, remaining medicines did not match the records of doses administered to the person.
- Medicines were not always signed as being administered. We were not assured people were receiving their medicines as prescribed.
- The documented evidence of authorisation to administer medicines covertly, hidden in food or drink, was not always in place.
- Paracetamol-based medicines were not always given at the right time, for example at least four hours apart. This placed people at serious risk of harm.
- Medicines with a short-dated expiry once opened, were not dated when opened. Therefore, there was a risk they would be used beyond their expiry dates and be unsafe to use.
- Staff did not follow safe administration practices. We found medicines were taken from the packaging and 'potted up', not within properly labelled packaging, when people were not available or ready to take their medicines.
- Information regarding people's allergies was not always recorded on relevant documentation. There was a risk people may be given medicines which they have previously reacted to.
- The systems used to audit medicines at the home were ineffective. The audits had identified some issues found during the inspection, however these had not been actioned to make improvements.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed properly and safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

● Individual risks were not always appropriately assessed and managed. Although people told us they felt safe, staff did not always routinely review risks following significant incidents. Information to guide staff on, for example, managing behaviours which may challenge the service, was not always available. Staff confirmed they had not received any training to help them to de-escalate situations.
● The provider had not ensured risks related to smoking were managed appropriately. Several people who lived at the home chose to smoke. The service's policy was for people to smoke outdoors, in order to reduce the risk. However, we found several cigarette ends and ash in people's bedrooms and a communal bathroom, with burns to the furniture and flooring in these rooms. The control measure to manage the risk was for staff to make regular observations of people to ensure they were not smoking. However, this was clearly ineffective.

We found no evidence that people had been harmed however, 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 continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Risks related to the premises were generally managed. The maintenance person and external contractors carried out regular checks to ensure equipment and facilities were safe.

Preventing and controlling infection
At our last inspection the provider had failed to ensure they had adequate measures to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

● Areas of the home were not adequately maintained to ensure proper infection control. We found cracked tiles in bathrooms and flooring in bathrooms which had begun to perish. These areas could not be thoroughly cleaned to control the spread of infections.
● Areas of the home were visibly dirty and required thorough cleaning. We found communal toilet and bathrooms, including flooring and tiled areas were visibly dirty. When we discussed this with the registered manager, they confirmed these areas were not included for deep cleaning on the cleaning schedule.
● Staff had not all received training in infection prevention and control. The staff who had not received

training included nurses, care staff and cleaning staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate infection control was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following our inspection, the registered manager supplied us with a revised cleaning schedule which included a deep clean of all rooms within the home.
● The registered manager showed us they had taken action in response to the last infection control audit. This included introducing a dedicated sluice room, replacing the flooring in some bathrooms and replacing cracked tiles.

Staffing and recruitment
● The service was staffed sufficiently to ensure people's needs could be met safely. The registered manager told us they acted on feedback from people who used the service and staff to ensure staffing levels were sufficient. People we spoke with told us they felt there were enough staff on duty. Comments we received included, "If I have problems, they will give me ten minutes and help me sort out all my problems" and "There's plenty of staff. They'll come quickly if we use our call bells".
● Staff told us there were usually enough staff on duty. Staff told us they worked well as a team and pulled together if someone called in sick. They also confirmed they had time to spend with people on a one to one basis in the afternoons. Staff went on to explain they had seen an improvement with staffing; several new staff had been recruited and less agency staff were being used. This was having a positive impact in terms of consistency for people who used the service.
● The provider followed processes to ensure staff were recruited safely. This included checks to ensure they were of good character and suitable to work with people who may be vulnerable.

Learning lessons when things go wrong
● The registered manager had processes to learn and make improvements when something went wrong. For example, staff documented accidents and incidents. The registered manager reviewed these regularly to identify any trends or themes. This enabled them to seek advice and refer people to other services, to try to reduce the risk of similar incidents.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse. The provider had systems to record, report and analyse any allegations of abuse. Staff understood their responsibilities and knew what action to take to keep people safe, including reporting any allegations to external agencies. People told us they felt safe. One person said, "Yes, I definitely feel safe here. Just the atmosphere makes me feel safe."
● Staff had not all received training in relation to safeguarding people from the risk of abuse. Staff who had not received training included care staff, nurses and domestic staff. Following our inspection, the registered manager provided assurances staff would received this training in November 2019 and confirmed some staff covered this topic in other qualifications, such as National Vocational Qualifications.

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.

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure they had consent from the relevant person for the care and treatment provided. Also, the provider had not ensured they took action in line with the Mental Capacity Act (MCA) 2005 where people may have lacked capacity to make their own decisions. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- Staff lacked the knowledge to ensure they acted in people's best interests, in line with the MCA. We reviewed the staff training matrix and found only one nurse had completed training on the MCA. Staff we spoke with did not fully understand the MCA and how to follow processes to ensure decisions were made in people's best interests.
- The service had not ensured people's capacity to make decisions had been assessed when required. We

looked at care documentation and found staff had assessed some people's capacity, but not others. Where staff made decisions because people were judged to lack capacity, recording of the decision-making process was not in line with the MCA code of practice.
● People told us they were consulted with and were involved in developing their plans of care. However, we found people's consent to their plan of care was not formally recorded.

The provider had not ensured care and treatment was only provided with the consent of service users and had not they had acted in line with the MCA 2005 when required. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Where people's liberty was restricted, we saw staff had followed processes to ensure any restriction was lawful. Applications to deprive people of their liberty had been submitted to the local authority.

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

At our last inspection, the provider had failed to work in association with other healthcare professionals to ensure safe care and treatment was provided at all times. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Safe care and treatment).

During this inspection we found improvements had been made and the provider was meeting legal requirements in relation to working in association with other healthcare professionals.

● Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We saw the service worked with services such as people's GPs and specialists. Staff incorporated professional guidance into people's care plans.
● People were supported to access healthcare services. People told us, and records confirmed, they were supported to see external healthcare professionals for regular monitoring or if they were unwell. One person told us, "I get to see the doctor regular, it all goes through the nurses. They talk to the doctor and get me the treatment I need."
● There was a lack of care planning around oral health. The registered manager explained they had identified this as an area for improvement and had taken steps to address people's oral health needs. Each person who used the service was prompted by staff and encouraged to attend to their oral health needs. Following our inspection, the registered manager confirmed they had been in contact with local dental practices and was supporting people to register for check ups and treatment.

Staff support: induction, training, skills and experience
● Staff received an induction when they started to work at the home. Staff told us this helped them to familiarise themselves with the service, the premises and to begin to get to know people in their care. The induction included some training and shadowing experienced staff, to help prepare knew staff for their role.
● Staff received training to try to ensure they had the skills and knowledge required to support people effectively. Several staff had signed up to complete National Vocational Qualifications. Training was provided in different formats, including face to face and e-learning.
● There were significant gaps in staff training. We reviewed the staff training matrix, maintained by the registered manager. We saw a large proportion of staff had not received training in important topics, such as infection control, safeguarding, fire safety and the Mental Capacity Act 2005. Following our inspection, the registered manager provided details of courses booked for staff which would address these gaps in training.

We recommend the provider reviews their processes to ensure staff receive the training necessary to ensure people's needs are met effectively, in line with the law and guidance.

● Staff felt well supported. Staff told us they were well supported by the registered manager and other staff. However, we received mixed feedback about how effectively nurses and care staff worked together. It appeared there had been some friction between the teams, but staff told us this was improving.
● Staff received supervision to enable them to carry out their role effectively. Staff told us they received supervision with either the registered manager or a nurse. The meeting gave them opportunity to receive feedback about and to discuss their performance, any issues or concerns and learning and development.

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

When we last inspected the service, we made a recommendation for the registered manager seeks and implements good practice guidance regarding fluid intake to prevent dehydration. During this inspection we found improvements had been made to recording of people's fluid intake.

● Staff recorded people's fluid intake to prevent dehydration. Staff recorded the amount of fluids people drank and nurses checked the totals regularly, to ensure people received enough fluids.
● Staff supported people to maintain a balanced diet. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met effectively.
● People were satisfied with the food provided. Comments included, "Marvellous food!" and "The food is good and there's plenty of it". They told us they were involved in choosing what they would like to see on the menu and could choose to eat something else if they did not like what was planned on the day. The chef was provided with information about people's dietary preferences and needs, to ensure these were met effectively.

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

When we last inspected the service we made a recommendation for the provider to seek and implement good practice guidelines in ensuring the home is appropriately maintained. We found the premises were poorly maintained.

During this inspection, we noted some improvements to the premises, with ongoing work to replace flooring in bathrooms and decoration of empty bedrooms. However, there were still areas of the home that required maintenance.

● Flooring in ground floor bathrooms had been replaced. This helped to ensure risks around infection control could be better managed. However, bathrooms on the first and second floors still required maintenance. The registered manager also explained they were planning on replacing the carpet in the dining room with hard flooring, to aid effective cleaning.
● Many of the windows were in a poor state of repair. The maintenance person had continued their monthly checks to ensure the windows were safe. The registered manager explained they had received a quote for replacing the windows but was yet to secure funding from the provider.
● The registered manager had no budget for the upkeep of the premises. All works had to be approved by the provider on an individual basis. They confirmed they had made their concerns about the premises know to the provider, but no further action had been agreed at the time of our inspection.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

When we last inspected the service, we made a recommendation for the provider to seek and implement good practice to ensure dignity is considered and promoted throughout the home. This was because not all staff understood the importance of promoting people's dignity. During this inspection, we found improvements had been made.

- People's dignity was promoted. We observed staff supported people sensitively to maintain their dignity. For example, prompting people to freshen up following meals. People spoke positively about the caring approach of staff.
- People's privacy was respected. Staff understood and respected people's right to privacy. People had keys to their own bedrooms, which they could secure if they wished. People confirmed staff always knocked and sought their permission before entering their bedrooms. People told us they could choose to spend their time in private if they wished. Staff respected people's requests not to be checked on during night time hours.
- Staff promoted people's independence. People were able to come and go from the home as they pleased, if they had been assessed as safe to do so. Staff encouraged people to make choices for themselves and to do what they could themselves, rather than simply doing things for them. The registered manager told us they were looking into how they could help people to learn or re-learn life skills to increase their independence.

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

- The service did not always involve people or, where appropriate, others acting on their behalf in making decisions about their care. Some people we spoke with told us they had been involved in planning their care. However, we found staff had made decisions for people where they lacked capacity, without following processes to ensure the decision made was in their best interests. We observed staff respected people's decisions during the inspection, such as how they wished to spend their time.
- The registered manager used several methods to gain people's views. These included daily interaction and resident's meetings. We saw minutes of residents meetings where topics such as changes to the service and meal provision were discussed. The registered manager was using this feedback to make positive changes for people who used the service.

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

● People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff understood the importance of valuing people's individual backgrounds, cultures and life experiences. People were complimentary about the approach of the staff team. People told us, "I'm very happy here, very fulfilled here", "The nurses are good here" and "Staff are fine, I get on with all of them."

Requires Improvement

Is the service responsive?

Our findings

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

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

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

At our last inspection the provider had failed to develop individualised plans of care to ensure people's needs were met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

● People's written plans of care did not always accurately reflect their needs. Staff had not regularly reviewed risk assessments and care plans. Plans lacked information around strategies, for example, to guide staff on how to manage behaviour which may be challenging. We discussed this with a nurse and the registered manager who confirmed care planning was an area in which the service needed to improve.
● The service did not use any recognised recovery models to promote positive outcomes for people living with mental illness. The registered told us that following the last inspection, they had been planning to source some support from a local service to help them implement a recognised tool, but this had not happened at the time of our inspection.

Care planning was not person-centred. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had made some improvements with care planning. We saw the quality of information recorded for some people had improved since the last inspection. For example, people's allergies were better recorded, and we saw staff had incorporated professional guidance around rehabilitation.

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 service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

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

● A range of activities were provided by the service and people were supported with their recreational needs. This helped to promote people's health and well-being. We received feedback from people, staff and professionals who worked with the service about how activities had continued to improve since the last inspection.

● People took part in activities provided at the home and enjoyed organised trips out. People were provided with the opportunity to take part in quizzes, bingo, board games and to visit local attractions. During our inspection, people were decorating the home ready for Halloween.

● The service supported people to develop and maintain relationships. People who had been assessed as safe to do so were free to come and go as they pleased, which enabled them to visit friends and family. Where people required staff support to do this, support was provided. One person told us about how the registered manager had helped them to get back in contact with a family member which they were very grateful for. People told us their relatives were able to visit without restriction.

Improving care quality in response to complaints or concerns

● The provider had processes to ensure complaints were dealt with properly. The service had received no complaints since the last inspection. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.

● People knew how to make a complaint or raise concerns. People we spoke with told us they would have no hesitation in speaking with the registered manager or other staff if they had a concern or complaint. They were confident any issues would be resolved swiftly.

End of life care and support

● The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was not supporting anyone at the end of their life. The registered manager explained how they would work with other professionals to coordinate people's care at the end of their life. They told us information about people's end of life wishes was discussed with them when appropriate and when people were comfortable to do so.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure leadership at the home and oversight of risk was consistent and effective. Staff were not always clear about their roles and records related to people's care and treatment were not maintained securely and accurately. The provider had failed to operate effectively systems and processes to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Records related to people's care and treatment were not always accurate and reflective of their current circumstances. We found records did not always provide enough information to guide staff to provide care and treatment which met people's individual needs. Staff had not regularly reviewed and updated risk assessments and care plans. The service was receiving support from the manager at another of the provider's services to implement a new care planning system, but this was not in place at the time of our inspection.
● The provider's systems to assess, monitor and improve the service were not operated effectively. We saw audits of care plans and risk assessments had not addressed the concerns we found during our inspection. The provider's medicines audit had identified some of the concerns we highlighted during our inspection, but no action had been taken to address these shortfalls in practice.

The provider had failed to operate effectively systems to assess, monitor and improve the quality of the service. The provider had failed to maintain contemporaneous records related to people's care and treatment. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Some improvements had been made in relation to leadership and organisation of the service. Staff felt the service was much better organised. They were now delegated responsibilities for each shift, which meant things were not being missed, as they were at the last inspection.

● Communication within the service had improved. The registered manager had implemented a handover document and handover meeting for staff on each shift. This provided an opportunity for important information to be shared in order to meet people's needs and manage risk.
● Some improvements had been made in relation to records. At the last inspection, we found people's confidential information was not kept securely and records were often incomplete, inaccurate or missing. During this inspection, we found people's information was stored securely, in line with regulations. We also noted staff managed records better. For example, we saw food and fluid monitoring charts were being completed accurately and were monitored by senior staff to identify any concerns.
● The registered manager had made some improvements in relation to quality monitoring. However, more improvement was needed to ensure the systems used were robust enough to adequately assess, monitor and improve the service. The registered manager showed us improvements they had made in response to audits. For example, the introduction of a sluice room in response to the infection control audit. They also showed us how actions had resulted from a care plan audit, which had led to a discussion with one of the nurses and an improvement in care planning for one person.
● The registered manager was receiving increased support to assist them in making improvements. The manager from another of the provider's homes was visiting regularly to support the registered manager with supervision of nurses and implementation of improved systems, for example around care planning.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
● The care and support delivered to people was not always person-centred. Although we saw improvements to care planning in some respects, more improvement was needed to ensure the care delivered fully reflected people's preferences and met their needs, to achieve positive outcomes for people.
● The culture at the service had improved since our last inspection. Staff told us they put people who used the service first and tried to ensure their needs were met. We received positive feedback about improvements in activity provision, personal care, organisation of the service and how people's healthcare needs were met. We received mixed feedback about how well care staff and nurses worked together. However, the majority of staff we spoke with told us they felt they worked well together as a team and felt the registered manager provided positive support when they needed it.
● The registered manager had processes to follow around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The service engaged with people and staff in an inclusive way. The registered manager used face to face meetings to gain feedback about the service. We saw various topics about the service were discussed in meetings where people were able to influence decision making about the premises, food provision and activities, for example.
● The registered manager engaged with staff. Staff meetings were held, along with individual meetings with senior staff. This gave staff the opportunity to influence how the service was delivered to people.
● The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced. The registered manager had continued to engage with the local authority-led quality improvement process.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure care provided was appropriate and met the needs of service users. 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure care and treatment was only provided with the consent of the relevant person. 11 (1) The provider had failed to ensure where people lacked capacity to consent, they acted in accordance with the Mental Capacity Act 2005 11 (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risk of, and prevent, detect and control the spread of, infections. 12 (1) (2) (h)

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. The provider had failed to ensure 12 (1) (2) (g) The provider had failed to assess risks to the health and safety of people and do all that was reasonably practicable to mitigate risks to ensure care and treatment was provided in a safe way. 12 (1) (2) (a) (b)

The enforcement action we took:

Warning notice served.

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 The provider had failed to establish and operate effectively systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. 12 (1) (2) (a) The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17 (1) (2) (c)

The enforcement action we took:

Warning notice served.