Alcyone Healthcare North East Ltd

Baedling Manor

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Baedling Manor is a residential care home providing accommodation and personal care for up to 54 older people. Accommodation was over three floors; Millfield, Hollymount and Chesters. Chesters was currently not being used, people resided in Millfield or Hollymount. At the time of this inspection 29 people were living at the home and in receipt of care and support.

People's experience of using this service and what we found
A robust safeguarding system was still not in place following our previous two inspections in July 2020 and January 2021. The communication and recording systems within the home meant that not all safeguarding incidents were reported to the appropriate agencies in a timely manner.

An effective system to monitor and manage risks was still not in place. Shortfalls were identified with the safety of the premises; including fire safety, the water system and the security of the building. Government guidance relating to safe working practices including the appropriate use of Personal Protective Equipment (PPE) was not always followed.

Medicines were not managed safely. Records and medicines counts did not always demonstrate that medicines were always administered in line with prescribed instructions.

There were not enough suitably competent and skilled staff deployed. Staff told us and our observations confirmed, that staffing levels had affected person centred care and the provision of activities. There were gaps in the skills and knowledge of staff in areas such as, safeguarding people from the risk of abuse, infection control, care planning and meeting people's nutrition and hydration needs.

A system to ensure regulatory requirements were met was still not in place. We identified shortfalls in many areas of the service including the assessment of risk, infection control, safeguarding people from the risk of abuse, staffing, training and governance.

There was a new manager and nominated individual in post. The new management team told us they were aware of the issues we had raised; but explained that due to the short period of time they had been at the home; there had been insufficient time to make all the necessary changes and embed these into practice.

Relatives spoke positively about the caring nature of the staff. Both people we spoke with told us they enjoyed living at the home. One person said, "I love it, I like this place, I just like all of it - everything about it is just lovely."

The provider was in early negotiations with a new provider about the possibility of taking over the service.

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

Rating at last inspection (and update)
The last rating for this service was inadequate following our inspection in January 2021 (published 2 March 2021). There were multiple breaches of regulation identified at that time.

We carried out a targeted inspection in April 2021 [published 29 May 2021] to look at IPC and recruitment procedures. Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. The overall rating for the service was not changed following this targeted inspection and remained inadequate. We took urgent enforcement action and imposed conditions upon the provider's registration in relation to IPC.

At this inspection, sufficient action had not been taken to improve in all areas. There were ongoing and new breaches of the regulations.

Why we inspected
Prior to our inspection we received concerns in relation to infection control, safeguarding, staffing, medicines and the governance of the service. A decision was made for us to inspect and examine those concerns.

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

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, safeguarding people from abuse and improper treatment, staffing, duty of candour and good governance at this inspection. In addition, we also identified a breach of Regulation 19 of the Care Quality Commission (Registration) Regulations 2009 namely, fees.

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
The overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures.' This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not safe. Details are in our safe findings below.	**Inadequate**
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 well-led. Details are in our well-led findings below.	**Inadequate**

Baedling Manor

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 three inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Baedling Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The manager was in the process of registering with CQC to become a registered manager. The provider, Alycone Healthcare North East Ltd, is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
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. A provider information return was completed. 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 used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service, three relatives, the nominated individual and staff including the manager, deputy manager, day and night care workers and the head chef. We also spoke with four health and social care professionals. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included people's care records, medicines records and information relating to staff recruitment and training. A variety of records relating to the management of the service, including policies and procedures were also examined.

After the inspection
We continued to seek clarification from the manager to validate evidence found. We looked at further information which they sent to us electronically. We spoke with 16 relatives by telephone. We provided feedback to the local authority about our inspection findings.

Inadequate

Is the service safe?

Our findings

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

At the previous inspection in January 2021, this key question was rated as inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our previous inspections in July 2020 and January 2021, an effective safeguarding system was not in place. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 13.

- An effective safeguarding system was not in place.
- The home's communication and recording systems meant that not all safeguarding incidents were reported to the appropriate agencies in a timely manner to ensure people were kept safe.

The failure to have an effective safeguarding system in place was an ongoing breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new management team were aware of this issue and informed us of their plans to simplify and strengthen the home's communication and recording systems.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our previous inspections in July 2020 and January 2021, there was a failure to properly assess, monitor and mitigate risks to the health and safety 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. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 12.

- An effective system to monitor and manage risks was not in place.
- Shortfalls were identified with the safety of the premises; including fire safety, the water system and the security of the building.
- Checks to ensure the safety of moving and handling equipment were overdue. In addition, some of the armchairs were not suitable for people with mobility problems.
- Risks relating nutrition and hydration had not been properly assessed and monitored.
- Lessons had not been fully learnt from the previous inspections.

The failure to have an effective system to assess, monitor and manage risk was an ongoing breach of

Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new management team were addressing these issues on a priority basis.

Preventing and controlling infection

At our previous two inspections in January 2021 and April 2021, an effective infection control system was not in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took urgent enforcement action and imposed conditions upon the provider's registration in relation to IPC. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 12.

● An effective infection control system was still not in place. Government guidance relating to safe working practices including the use of PPE was not always followed by staff.
● An effective system to ensure that visitors were prevented from catching and spreading infections was not in place.

This was an ongoing breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new management team changed the visiting procedure at the home and told us the issues relating to the use of PPE would be addressed.

Using medicines safely

At our previous inspection in January 2021, an effective system to manage medicines was not in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the provider had failed to maintain appropriate and complete records in respect of the management of medicines. This was a breach of Regulation 17 (Good governance) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulations 12 and 17.

● An effective system to manage medicines was not in place. Records and medicines counts did not always demonstrate that medicines were always administered in line with prescribed instructions.
● Records for medicines prescribed at a variable dose did not always show how many had been administered to a person. Records of medicine patch administration were not always available to support safe site rotation.
● The service could not provide us with assurance that all staff who administer medicine had been appropriately assessed as competent.

The failure to have an effective system in place to manage medicines was an ongoing breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to maintain appropriate and complete records in respect of the management of medicines is also a breach of Regulation 17 (Good governance) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● There were not enough suitably competent and skilled staff deployed. There had been a high turnover of staff. Agency staff were being used to cover shifts. Staff told us and our observations confirmed, that staffing levels had affected person centred care and the provision of activities.

● Staff rotas showed that staffing levels did not always meet the assessed staffing levels.

The failure to ensure there were enough suitably competent and skilled staff were deployed was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, a safeguarding officer visited the home and told us that one person was now receiving one to one support which had helped to allay staff anxieties over staffing levels since additional staff were now on duty.

● Records relating to staff recruitment were not always well maintained. There were gaps in staff employment histories and not all interview records were available.

The failure to ensure records relating to recruitment were well maintained was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 previous inspections in July 2020 and January 2021, 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 was inconsistent.

Staff support: induction, training, skills and experience

At our previous inspections in July 2020 and January 2021 an effective system to ensure staff were suitably trained was not in place. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 18.

- An effective system to ensure staff, including agency staff were suitably skilled and supported was not in place.
- There were gaps in staff knowledge and skills in areas such as, safeguarding people from the risk of abuse, infection control, dementia care, care planning and meeting people's nutrition and hydration needs.
- Staff supervision, to ensure staff were supported in their job roles, had not been carried out as planned due to the changes in management.

The failure to have an effective system to ensure staff were suitably skilled and supported was an ongoing breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new management team had identified gaps in the knowledge and skills of staff and were organising additional training in these areas. Online training statistics had improved in many areas.

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

At our previous inspection in January 2021, people were not always provided with a suitable diet to meet their needs and ensure their safety. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 12.

- An effective system to ensure people were supported to eat and drink enough was not fully in place.
- Records did not evidence that risks relating to people's eating and drinking needs had been assessed and monitored.
- Fluid thickener for two people with swallowing difficulties had not always been administered as prescribed.

● Food and fluid charts did not always reflect the amount of food and drinks people were having to support staff in monitoring this area.

The failure to have an effective system in place to ensure risks relating to eating and drinking were assessed and monitored was an ongoing breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to maintain appropriate and complete records in respect of the nutrition and hydration was also a breach of Regulation 17 (Good governance) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new management team had organised additional training relating to nutrition and the use of fluid thickener.

● An effective communication system between care and kitchen staff was now in place to ensure kitchen staff were aware of people's dietary needs.

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

At our previous two inspections in July 2020 and January 2021, an effective system was not fully in place to ensure best practice guidance was followed when assessing and providing care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 17.

● An effective system was not in place to ensure best practice guidance was followed when assessing and providing care. For example, we identified shortfalls relating to infection control, medicines management and meeting people's eating and drinking needs.

The failure to ensure care and support was assessed and delivered in line with standards, guidance and the law was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our previous inspection in January 2021, an effective system to ensure people received consistent, effective and timely care was not fully in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 17.

● An effective system to ensure people received consistent, effective and timely care was not in place. The communication and recording systems at the home meant that certain incidents were not always reported to the appropriate agencies in a timely manner.

The failure to have an effective system in place to ensure people received consistent and timely care was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The design and décor of 'Hollymount' which was located on the second floor, did not fully meet people's needs. People living with dementia seemed to walk without purpose along the corridors. The living room and dining room were joined, and staff explained that this meant that people would often eat and relax in the same area with little change of scene.
● Some of the armchairs in the communal areas did not meet people's mobility needs. The chairs were low, and some armchairs did not have cushions. The manager told us more suitable armchairs were being purchased and they were looking into dining arrangements.
● Some relatives commented that people would benefit from more time outside. The new management team told us that people living in 'Hollymount' could now access the garden area in 'Millfield' which was situated on the first floor.

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

At our last inspection care and support was not always provided with the consent of the person. Staff did not follow current legislation and guidance when obtaining consent or making decisions on behalf of people who lack the mental capacity to do so for themselves. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken to improve and the provider was no longer in breach of Regulation 11.

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.

● An effective system to monitor DoLS authorisations and outcomes was now in place to ensure any conditions on authorisations were followed and met.
● Records now demonstrated how staff were following the MCA to ensure people's rights were upheld and decisions were made in the best interests of people who lacked the mental capacity to make specific decisions.

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 previous comprehensive inspection in January 2021 this key question was rated requires improvement. At this inspection this key question has remained the same. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- Due to the concerns identified during the inspection, we were not assured people received a high-quality, compassionate and caring service. We have taken this into account when rating this key question.
- Some staff were more confident and skilled than others when communicating and interacting with people who were living with a dementia type illness.
- Relatives spoke positively about the caring nature of staff. One relative told us how staff had bought their relation a therapy doll out of their own money, since the person's doll had got lost.

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

- Records to demonstrate how people and, where appropriate, their relatives were involved in decisions about their care were not in place. The new management team were aware of this issue and told us they were addressing this. A key worker system had been introduced to help coordinate and personalise people's care.

Respecting and promoting people's privacy, dignity and independence

- The environment did not fully promote people's privacy, dignity and independence. There was a strong odour of urine on the second floor, some communal armchairs were stained and were missing seat cushions. The new management team were aware of the issues with the environment and were addressing these.

Requires Improvement

Is the service responsive?

Our findings

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

At the previous comprehensive inspection in January 2021, this key question was rated 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; Meeting people's communication needs

At our previous comprehensive inspection in January 2021, an effective care planning system was not fully in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 17.

- An effective care planning system was not fully in place.
- We identified shortfalls in care records relating to medicines, infection control and the management of risk. These shortfalls meant people were at risk of receiving unsuitable or inconsistent care because staff did not always have clear guidance about how to support people's specific individual needs.
- A system to involve people in the planning of their care was not fully in place.

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 communication needs of people had not been fully assessed to ascertain whether information was required in a specific way or particular format.

The failure to have an effective system in place to plan people's care and support was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new management team were aware of these issues. They had introduced a key worker system to help coordinate and personalise people's care. One of the deputy managers was in the process of writing detailed care plans. The new management team were looking at training for senior care workers so they could support the deputy manager with the writing and reviewing of care plans.

Improving care quality in response to complaints or concerns

At our previous comprehensive inspection in January 2021, complaints were not dealt with in line with the

provider's complaints procedure. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made in relation to receiving and acting upon complaints and the provider was no longer in breach of Regulation 16. However, improvements were required regarding the maintenance of records relating to complaints.

● Due to the communication and recording systems at the home; records relating to complaints were not always well maintained. This meant it was difficult to corroborate that complaints had been dealt with in line with the provider's complaints procedure.

The failure to ensure that records relating to receiving and acting on complaints were well maintained was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new management team were aware of this issue and informed us of their plans to simplify and strengthen the home's communication and complaints recording systems.

● Most relatives told us that improvements were being made and the new management team were listening and acting upon their concerns and complaints.

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
● An effective system to ensure people's social needs were met was not fully in place. Staff explained that staffing levels had affected activities at the home. They said that their main focus had been ensuring people's physical needs were met.
● People living with dementia seemed to walk without purpose and there was nothing to stimulate their interests. A relative told us, "I think the lack of staff is impacting on their care. It's the lack of stimulation."
● An additional activities coordinator had been employed. Relatives spoke positively about the current activities coordinator and her enthusiasm and support.

End of life care and support
● End of life care was provided at the home. Staff worked with members of an external multi-disciplinary care team to ensure people's needs were met at this time.

Inadequate

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 our previous inspections in July 2020 and January 2021 this key question was rated as inadequate. At this inspection, this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our previous inspections in July 2020 and January 2021 an effective system to monitor the quality and safety of the service was not in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection sufficient action had not been taken to improve and the provider remained in breach of Regulation 17.

● A system to ensure the provider met its legal requirements was not in place. Shortfalls remained in many areas of the service including the assessment of risk, infection control, the management of medicines, safeguarding people from the risk of abuse, training and governance.
● The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are the minimum standards below which care should never fall. The provider's continued failure to meet these regulations meant that people received a level of care that did not meet relevant legal requirements.
● Records were not always well maintained or stored securely. We identified shortfalls with records relating to IPC and COVID-19 testing, medicines management, people's care and support, training, safeguarding and complaints. Confidential information about 'Track and Trace' was not always kept securely and the archiving system made it difficult to locate information in a timely manner.
● Lessons had not been fully learnt from our previous inspections.

The failure to have an effective system in place to monitor the quality and safety of the service was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new management team were aware that the governance system required strengthening. They had plans in place to address this.

● Relatives informed us about their concerns regarding the care home fees. Information about the cost of people's care was not fully available. This was confirmed by the provider who stated, "An audit was carried out with regards to both private and council contracts and both were not evident in many cases."

The failure to ensure that people were provided with timely and accurate information about the cost of their

care and support was a breach of Regulation 19 (Fees) of the CQC Registration Regulations 2009.

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

● Records to show how the principles of the Duty of Candour were met were not available. The new management team told us that the provider's Duty of Candour procedure had not been followed following notifiable safety incidents. The Duty of Candour regulation requires providers to be open and transparent with people and those acting on their behalf, about their care and treatment when things goes wrong, including offering an apology.

The failure to ensure the principles of the Duty of Candour were met was a breach of Regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At our last inspection we received concerns from a number of sources that the culture at the home was not always person centred, open or inclusive. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, sufficient action had not been taken to improve and the provider remained in breach of Regulation 17.

● An effective engagement system which promoted an inclusive culture at the home was still not fully in place.

● There was a new manager and nominated individual in post. There had been six managers employed at the home within the past 18 months. The current manager was going through the process of registering with CQC. There had been five nominated individuals during this period. The new management team told us they were aware of the issues we had raised; but explained that due to the short period of time they had been at the home; there had been insufficient time to make all the necessary changes and embed these into practice.

● Staff explained that the frequent changes of management and other changes which were occurring at the home had affected both the culture and morale at the home. Some staff told us that they would like management staff to be more visible around the home.

● A system to involve people, their relatives and staff in the home was not fully in place.

● The communication and recording systems within the home meant that collaboration and communication with external organisations was not always effective.

The failure to have an effective engagement system in place was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new management team were strengthening their engagement systems. Surveys had been undertaken, and 'You said, we did' feedback was going to be displayed. Newsletters were produced and sent out. Heads of department meetings were carried out and staff supervision sessions were going to be planned. The manager explained she completed 'walkarounds' to ensure she was accessible and visible to staff.

● Most relatives told us that changes were being made. One said, "Now we've got the current leadership it's onwards and upwards. They have experience in the field so it should get better; let's see - one step at a time."

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 19 Registration Regulations 2009 Fees An effective system to ensure people were given timely and accurate information about the cost of their care was not fully in place. Regulation 19 (1)(a)(b)(2)(a)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour An effective system to ensure the Duty of Candour principles were met was not in place. Regulation 20 (1).

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 An effective system to assess, monitor and manage risk was not in place. Regulation 12 (1)(a)(b)(c)(d)(g)(h).

The enforcement action we took:

On 11 January 2021, we issued the provider with a notice of decision to impose urgent conditions relating to infection control upon their registration. On 13 April 2021, we imposed additional urgent conditions upon the provider's registration to help ensure people's safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment An effective safeguarding system was not in place. Regulation 13 (1)(2)(3).

The enforcement action we took:

On 12 February 2021, we issued the provider with a notice of proposal to cancel their registration with CQC. The notice of proposal was adopted, and a notice of decision was issued on 16 April 2021 to cancel the provider's registration. The provider had an opportunity to appeal to the first-tier tribunal court which they did, but subsequently withdrew their appeal in November 2021. Therefore, we have cancelled the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system to monitor the quality and safety of the service was not in place. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).

The enforcement action we took:

On 12 February 2021, we issued the provider with a notice of proposal to cancel their registration with CQC. The notice of proposal was adopted, and a notice of decision was issued on 16 April 2021 to cancel the provider's registration. The provider had an opportunity to appeal to the first-tier tribunal court which they did, but subsequently withdrew their appeal in November 2021. Therefore, we have cancelled the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing An effective system to ensure sufficient numbers of suitably skilled, competent and supported staff were deployed, was not fully in place. Regulation 18 (1)(2)(a).

The enforcement action we took:

On 12 February 2021, we issued the provider with a notice of proposal to cancel their registration with CQC. The notice of proposal was adopted, and a notice of decision was issued on 16 April 2021 to cancel the provider's registration. The provider had an opportunity to appeal to the first-tier tribunal court which they did, but subsequently withdrew their appeal in November 2021. Therefore, we have cancelled the provider's registration