

Mr & Mrs F Bartlett

St Leonards Rest Home

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

St Leonards Rest Home is a residential care home that provides accommodation for up to 15 older people who may require personal or nursing care. At the time of the inspection, some people were living with dementia or other cognitive impairments.

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

People were at risk of harm because the provider did not have effective arrangements in place for making sure the premises was kept clean and hygienic. This meant people, staff and others were not protected from the risk of infections. Risk associated with people's needs were not always effectively assessed using best practice guidance and plans developed to mitigate risks. Risks associated with the environment and equipment were not considered and addressed to ensure people's safety. not been considered in relation to the environment. We could not be assured effective training was provided to staff based on the needs of people.

Effective systems and processes were not in place to assess, monitor and improve the quality and safety of the service. Risks to people and others were not continually monitored and appropriate action was not taken where a risk had been identified. The provider did not comply with the requirements to display their rating.

Medicines were administered safely and as prescribed. Staff were recruited safely and there were enough staff to meet people's needs. 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 interest. People's nutritional needs were met, and they were supported to access other health professionals. Staff knew people well and people felt staff were kind, caring and compassionate. They understood people's histories, preferences and supported them to do activities of their choice.

The adaptation, design and decoration of the building was very poorly maintained and did not meet the needs of people. The needs of people living with dementia had and they were supported to access other health professionals. Staff knew people well and people felt staff were kind, caring and compassionate. They understood people's histories, preferences and supported them to do activities of their choice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 4 October 2018).

Why we inspected

This was a planned inspection based on the previous rating. We carried out an unannounced comprehensive inspection of this service on 10 July 2018. A breach of legal requirements were found. The

provider completed an action plan after the last inspection to show what they would do and by when to improve their procedures in relation to staff recruitment.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. Before the inspection we had received some information of concern relating to the care people received. We used this information to support our inspection planning.

Enforcement

We have identified breaches in relation to the assessment and management of risk, the environment, staffing, the display or rating and the assessment and monitoring of safety and quality.

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 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.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the 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 to varying the conditions the registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

St Leonards Rest 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 one inspector on the first two days. On the third day, two inspectors carried out the visit.

Service and service type

St Leonards Rest 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 registered 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.

What we did before the inspection

Before the inspection we reviewed information, we had received about the service. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the communal areas of the home. We spoke with five people, five members of staff and the provider. We asked for feedback from external healthcare professionals, however, this was not received. The registered manager was not available at the time of our inspection.

We reviewed a range of records. This included three people's care records and four people's medication records; three staff files in relation to recruitment and quality assurance records.

After the inspection

We asked staff to complete questionnaires to obtain their feedback about leadership and the quality of care provided. We did not receive any responses. We asked the provider to send us additional information. We did not receive everything we requested.

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 deteriorated to 'inadequate'. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- The Department of Health have issued the 'Code of Practice for health and adult social care on the prevention and control of infection and related guidance' (The Code). Following the Code allows providers to demonstrate how they are assessing the risk of and preventing the spread of infections. We were not assured that the registered manager or provider had put in place appropriate measures or risk assessments to protect people from the risks associated with poor infection control or had taken account of relevant national guidance in relation to infection control.
- The provider did not have effective arrangements in place for making sure that the premises were kept clean and hygienic. Staff had not received training in infection control. The carpet by the patio door in the lounge area was dirty. Cobwebs, dust and other debris was found along with dead flies and insects in communal areas, bedrooms and in the bathrooms.
- Handrails, bathroom extractor fans, toilet seats, flooring, walls and plastic containers in toilets were unclean and thick with lime scale or dust.
- The home promoted pet therapy to encourage stimulation for people but had not taken measures to ensure that these were cared for in way which did not pose a risk of infection to people. At the time of our inspection the service had guinea pigs and a cat. On the last day of our inspection there were two dogs kept in the laundry area. Litter trays stored in the home contained urine and faeces which had not been cleaned regularly. Bedding and food from the guinea pigs were on table tops and the floor in the main lounge and beside a dining table.
- Food storage areas were unclean and this placed people's health at risk.
- The main area for the storage of food, the cleaning products and the fridges and freezers was located in one external shed which we were told was kept unlocked at all times. The shed and the majority of items stored there, were extremely unclean and hazardous to people and staff.
- The shed area was also significantly dirty with mould, dust, cobwebs and grime. The flooring was cracked and covered with dirt. The window and curtain netting were covered in large cobwebs, spiders and dead flies. Fresh vegetables such as cabbage and potatoes were stored in an area which was dirty and alongside cleaning products and other hazardous items. The freezer was dirty and was being used to store food items. Porridge and tea bags were stored in plastic bins which were covered in dirt inside and out. Steel shelving used to store various food items and equipment was damaged and rusty and it would not have been possible to effectively clean this.
- Due to the serious nature of our concerns we referred this matter to the Food Standards Agency (FSA). The provider told us following the inspection they received FSA rating of 5.
- Staff told us they were embarrassed to show people around the home and one staff member said they were ashamed of the environment.

- No cleaning schedules were in place to guide staff on the frequency with which particular areas of the home should be cleaned or to what standard. Following the inspection, the provider shared a cleaning schedule they had introduced. The schedule provided was not satisfactory as it failed to detail all areas of the home that required cleaning. We were not assured that the provider had understood the seriousness of our concerns or their responsibilities to protect people from the risk of poor infection control.

People were not protected from the risk associated with poor prevention and control of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Assessments did not always demonstrate best practice guidance was used to support staff in delivering care or how to mitigate risk. For example, one person's care plan and risk assessments did not contain sufficient information about the behaviours they might display which could challenge others or their communication when under the influence of substances. Staff had not received training in how to support the person safely and no documentation was available referring staff to best practice guidance. We raised this with provider who told us he, "Would certainly consider looking at it". This response did not provide assurances that action would be taken to address our concerns.
- Risks associated with the environment had not been adequately assessed or planned for.
- The provider had not assessed or taken any remedial actions to protect people, some of whom were living with dementia, from being exposed to hazardous substances, chemicals and unsafe premises. For example, on the first day of our inspection we found an unlocked cupboard in the bathroom which contained two chemicals which could cause irritation to the eyes and potential respiratory tract irritation. We told the provider the cupboard needed to be immediately locked or the chemicals should be removed to avoid any possible harm to people.
- After the inspection the provider sent us a photograph showing the products from the cupboard had been removed. However, they also stated that they felt there was, "No real hazard". We reviewed the manufacturing guidance for these items which confirmed they could be hazardous to people if not used safely. We were concerned that the provider had failed to understand the seriousness of this issue or act to keep people safe before this was pointed out to them by our inspection team.
- Plastic bottles of COSHH items were kept in an unlocked shed which was accessible to people and staff. This item was hazardous to people and could cause severe skin burns, eye damage and respiratory irritation. The provider had not completed any Control of Substances Hazardous to Health (COSHH) risk assessments for these or any of the chemicals in the home, to determine what actions were needed to protect people from harm.
- The first floor was dark and we found the lighting did not work. This area was used by staff and people living in the home which meant it was not always safe to use.
- Some areas of the home were extremely cluttered with boxes of paint, pet products and equipment which increased the risk of people falling.
- Wallpaper was peeling from the wall and there were marks on one ceiling from water damage.
- Sheets of glass in the greenhouse were cracked, had sharp edges and were exposed.
- The bannister located on the stairway was not safely secured to the wall and was visibly moving. In some cases, only one screw had been used rather than the three required. We told one member of staff this needed to be made safe as priority.
- Equipment used to support people with their mobility needs, including hoists and slings were either unclean, significantly worn or damaged increasing the risk of accidents occurring. One member of staff said, "I think that's the only sling we have in the home".

There had been limited action to assess, monitor and improve the safety of the service and of the premises.

The provider did not display an understanding of safe operating procedures. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- At our last inspection the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they had not recruited staff safely. This inspection found that the required improvements had been made and the provider was no longer in breach of this Regulation.
- Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to support people and meet their needs in a timely manner. During the day we observed staff providing care and one-to-one support at different times.
- Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people.

Learning lessons when things go wrong

- Whilst the provider had introduced a skin monitoring record, we could not be assured accidents or incidents were always recorded, investigated and reported to the relevant organisations. For example, the provider said, "If bruising is more than the size of a 50p piece then they [staff] should do a body map yes. A small bruise we probably wouldn't record it anywhere. They [people] have a schedule one bath a week where we [staff] examine them properly. If they request a bath then they can have them.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

Using medicines safely

- Medicines were managed safely and administered by competent staff who had access to appropriate guidance and information.
- Medicines were stored securely.
- Accurate records were maintained of medicines received into the service, administered and disposed of. Medicine administration records (MAR) were completed as required.
- Where medicines were prescribed to be administered on an 'as required' basis, clear protocols to guide staff about the use of these were in place.
- Staff ensured medicines were reviewed with people's GP's on a regular basis.

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 now 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

- The service was supporting a number of people living with dementia however only eight of 15 staff had completed any training in this subject area. In addition, one person lived with mental health conditions that could impact on their behaviour and place them and others at risk. Despite this staff had received no training in these mental health conditions and no training in the prevention or management of behaviours that challenged. Staff might therefore not always know how to support people living with dementia appropriately when they became distressed.
- Significant concerns were found during the inspection which could place people at risk of infection, however no staff had received training in this. The service was supporting one person who lived with epilepsy but only one member of staff had completed training in this area of need and there were no records of any competency assessment for other staff, meaning we could not be assured the provider had ensured all staff had the correct knowledge to understand this condition. Not all staff had received training in safeguarding and only one staff member had received training in the use of the Mental Capacity Act 2005 (MCA) and only one staff member had received training in food hygiene.

Staff had not always received the training they required to know how to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us, 'We are rebooting our e learning programme and have downloaded an infection prevention Care Setting Process Improvement Tool which senior members of staff will be jointly using to improve this topic.'

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

- The adaptation, design and decoration of the building did not meet the needs of people living in the home.
- At the time of the inspection, the provider told us nine out of the 12 people using the service were living with dementia. Symptoms of memory loss, confusion and difficulty learning new things means that someone with dementia may forget where they are, where things are and how things work. Appropriate lighting, safe flooring, contrasting colours, labels and signage and a safe outdoor space which is free from hazards can all support people living with dementia to navigate throughout the home safely and remain independent.
- The provider had failed to ensure the environment for people who were living with dementia was appropriate. For example, carpets were heavily patterned, and some were significantly worn, discoloured

and damaged. There was no suitable signage on some people's bedroom doors or in other communal areas of the home to support orientation. Contrasting colours were not used. One person said, "This place is alright but it's (the environment) is an absolute mess, would you want to live here?."

- The provider had failed to ensure that the premises and environment were properly maintained placing people at risk. The garden area was extremely cluttered and full of rubbish and did not provide a pleasant or safe environment for people to spend time. For example, there was a shopping trolley in the garden along with a large number of glass bottles and empty bottles of alcohol. There were pots and pans placed on one of the garden chairs and a large number of cardboard boxes containing recycling waste. There was a ladder located near the exit area of one person's patio door. Large bottles of unopened sunflower oil were placed on top of the garden soil and there were a large number of empty cleaning products and crates stored by the garden wall.
- Toilet seats were significantly worn and required replacing, bathroom and toilet flooring was in some cases stained, significantly discoloured and uneven. Broken tiles in bathrooms and toilets had been patched up with silver masking tape and not replaced. Staff told us they were aware of these issues and had fed their concerns back to the provider but that no action had been taken.

The service was failing to make sure that the premises where care and treatment are delivered was clean, suitable for the intended purpose, maintained, stored securely and used properly. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider told us, one communal bathroom had been refurbished, two others were in the process of being refurbished. One bedroom had almost been completed and was awaiting dementia friendly bedroom furniture to arrive; Work will start on another bedroom at the end of the month and there will be a rolling program of bedroom refurbishment over the next 12 months.

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

- People were not always supported in line with best practice guidance and law. For example, Records did not always contain effective information and guidance for staff when supporting people with behaviours that may challenge of when supporting people who were living with dementia.

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

- People told us they were satisfied with their meals.
- Comments included, "I really like the food here" and "It's lovely".
- Only one person needed support to eat and drink and we observed that this was provided appropriately.
- Staff told us anyone who required encouragement to eat and drink were monitored. They said people who were at risk of choking would be referred to a speech and language therapist for additional assessment and specialist advice.

Supporting people to live healthier lives, access healthcare services and support

- People confirmed they had access to health care professionals One person told us they were supported by staff to attend an appointment regarding an ear problem. They later told us the issue was resolved and they were able to hear more clearly.
- A variety of professionals were involved in the service including GP's, dentists and podiatrists and staff communicated effectively with them regarding any changes in people's healthcare needs. .
- Staff confirmed they worked well as a team and felt communication between them was clear and consistent. One staff member said, "We have a small staff team so we talk regularly".

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.

- Staff's understanding of the Mental Capacity Act 2005 was varied. The training record provided to us only detailed one staff member out of 15 had received training in the MCA.
- People told us staff always asked their permission before carrying out any tasks. We observed staff gaining people's consent throughout our visit.
- Mental capacity assessments had been completed when required.
- It was evident when talking to people and their relatives that they were involved in decisions and that the principles of the MCA were applied day to day.
- Applications for DoLS had been made where needed. No conditions were attached to any DoLS at the time of our inspection.

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 'good'. At this inspection this key question had 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

- Although people told us staff were kind and caring and they felt treated with dignity and compassion we found overall the service provided at St Leonards Rest Home was not caring due to the concerns found in the other areas of this report.
- A caring service would ensure that risks associated with people's needs were assessed and plans developed to reduce these risks. A caring service would ensure that the environment was safe, kept clean, pleasant to live in and met the needs of the people living in the home. A caring service would ensure staff received the training they needed to deliver consistent and effective care, based on best practice.
- Although individually staff were observed to treat people well the provider did not provide a dignified and respectful environment for people to live in.
- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was little evidence that people's preferences and choices regarding some of these characteristics had been explored or had been documented in their care plans. However, we saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported to remain independent, however the concerns we identified with the environment were not always conducive to promoting their dignity.
- Language used in care plans was not always dignified or respectful. For example, one person's care plan stated, 'There is a very bright nice chap in there most of the time, but this is spoilt by.....'.

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

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear, how they wanted to spend their time.
- People told us they were provided with opportunities to give feedback and felt listened to and were confident to talk to staff about any concerns they might have.

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 the 'requires improvement'. This meant people's needs were not always met.

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.

- Information located around the home was not always displayed in a format that was accessible and understandable for people.
- Staff were not aware of the AIS, however they provided examples of when they would adapt care plans and risk assessments to ensure people were able to be involved and understand their records.

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

- People's choices and preferences were restricted because the environment was not always safe to access and contained a large amount of clutter and waste. A staff member told us the garden had been used in the past and people enjoyed it but said it was now not accessible because of the rubbish.
- The provider had a stable staff team who had worked at the service for a long time and had developed good knowledge and understanding of people's likes, dislikes and preferences. They were able to tell us in detail about people's histories and needs.
- Care plans contained some useful information about how people wished to be supported. 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.
- Although there was no schedule of planned activities people told us they were satisfied with the arrangements in place. Comments from people included, "I love the bingo, we play it all the time" and "We do arts and crafts sometimes."
- Throughout the inspection we observed some people undertaking activities of their choice. For example, reading, playing puzzles and having discussions with staff. A member of staff told us how they used technology to promote singing.
- The provider showed us an article called 'The Daily Sparkle' which was issued to people every day. This was an article that provided stimulating topics for people living with dementia. Staff told us people were able to take part in movement classes, bingo and throwing balls. They told us an organisation visited the home to perform a pantomime and said, "(person) does creative talks. We have animals come in, donkeys, spiders and snakes.

Improving care quality in response to complaints or concerns

- People told us they were confident to raise any concerns but did not have any at the time of our

inspection.

- A complaints procedure was in place and people knew how to complain.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Two staff had received training to support them to understand palliative care.
- Staff's confirmed that they would always try to meet a person's end of life needs and would consult with other health professionals as needed. We did note that people did not have end of life care plans to guide staff about their needs, wishes and wants in relation to their end of life support.
- The provider said, "Staff receive training on pain symptoms, hydrations and nutrition. Nobody on end of life care at the time of the inspection".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has now deteriorated to 'inadequate'. There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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 provider was not always transparent with the general public, people using the service and their relatives. Whilst the provider's website stated the service was rated, 'Requires improvement', it also stated 'As of today's date, 10th July 2018, we are undergoing a new inspection. The new rating will be displayed in due course'. No link was provided to the inspection report and no details of the Care Quality Commissions website address were displayed as required by the Regulations. When we asked the provider who was responsible for the website they confirmed they were. We asked them to address this and they advised they would. However, three weeks after our first visit this had not been completed. We were unable to see the rating of the service located in a visible location in the home.

The provider failed to display the inspection rating at the service and on their website. This was a breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a duty of candour policy in place and told us they were aware of their responsibilities.

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

- The provider and registered manager had not demonstrated that they understood the principles of good quality care and how to drive improvements within the service. Inspections carried out in 2017 and 2018 rated this service as 'Requires Improvement'. This inspection has found the overall rating has deteriorated further to inadequate.

- The provider did not have effective systems and processes such as regular audits of care plans, risk assessments, staff training, maintenance, infection control and the management of the premises to assess, monitor and improve the quality and safety of the service. Records sent to us after the inspection did not highlight the concerns we found during our inspection and did not have reasonable actions in place to drive improvement.

- When we informed the provider on the first day of our inspection we had concerns about the maintenance and the cleanliness of the home, he was not in agreement and asked us to show him where our concerns were. We showed the provider who then told us the issues would be resolved. At our next visit we still found the same issues.

- Risks to people and others were not continually monitored and appropriate action was not taken where a

risk had been identified. For example, risks associated with people living dementia, people with substance issues and mobility were not always monitored effectively.

- Despite our request, the provider failed to share specific records with us. For example, we requested the provider send us a copy of their plans for developing and improving the service We did not receive this.

Systems were either not in place or not effective in assessing, monitoring and improving the quality and safety of the service or in mitigating risks for people. This was a breach of Regulation 17 (Good governance) 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;

- Staff consistently told us the provider was 'good' with people but not willing to listen to other professionals, including CQC, meaning we could not be assured the provider was open to receiving and acting on feedback to improve the service.
- Staff meetings took place and we saw that staff had opportunities to provide feedback however they told us they had to raise issues for a long time before any action was taken. Although staff told us they would be comfortable to place their loved one in the service, the environment might stop them if they didn't know the care was good. One said, "feel the care is the best here but might not want to (put family here) if I didn't know it". When asked why they said, "because of the environment". However, another member of staff said, "We have to fight for everything to be done" and "[Provider] is a know it all. He will challenge everything you say and he will fight against you. He thinks the home is good but it's embarrassing".
- When we asked how the provider and registered manger had improved since our last inspection, the provider told us 30 years' experience meant he knew his home provided a good service.
- During our inspection, the registered manager was not present. The provider told us due to a change in family circumstances the care manager in the home had taken on additional responsibilities. When we asked the provider if the registered manager intended on cancelling their registration we were told this would not happen. Staff told us they did not see the registered manager frequently. One told us, "She's not here as much as she used to be. Have probably seen her about four times in the last two weeks. It's less since [name] became Care Manager". The provider said, "Her (the care manager) responsibility is to do the care planning, updating the systems, staff rotas, training and supervisions".

Working in partnership with others

- We observed staff engaging positively with external healthcare professionals. Daily records demonstrated there was frequent communication between staff and others. The provider said, "We have a link with an infant school, they came out at Christmas time to do a performance. They invited people and half a dozen of them went to the school to see a play. They had cake and a cup of tea" and "Staff support relatives to understand dementia. Our core value is we look after the residents, the relatives and the staff.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure the environment was safe and suitable for people who were living with dementia.
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider failed to comply with the requirement to display their rating appropriately.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff were appropriately trained to meet peoples needs.