

# Four Seasons Health Care (England) Limited Preston Glades Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Preston Glades Care Home is a care home which is registered to provide personal and nursing care for up to 65 people. At the time of the inspection the home was providing care and support to 33 people.

Preston Glades Care Home is a purpose built building, which has two separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia.

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

At the last inspection visit carried out in December 2018, we identified concerns related to the storage and administration of medicines. At this inspection, although people told us they felt safe, we found systems and processes for the safe management of medicines had not been improved to ensure they met with good practice. We could not therefore, be assured people were receiving their medicines safely as directed. This was a continued breach of Regulation 12 of the Health and Social Care Act 2014, (Safe care and treatment.)

We found management and oversight of the home continued to be inconsistent. Auditing systems within the home continued to be ineffective and had failed to address key concerns regarding the safe management of medicines. Documentation to support the safe use of medicines was sometimes inaccurate and incomplete. This was a continued breach of Regulation 17 of the Health and Social Care Act 2014, (Good governance.)

Although we identified continued concerns around the safe management of medicines and good governance, we identified other key areas in which improvements had been embedded and sustained. We saw that recommendations made at the last inspection had been considered and acted upon. Professionals and staff all agreed there were noted improvements within the home.

We saw risk was sometimes appropriately addressed and managed. Staffing levels had improved and a staff deployment system had been introduced to improve staff responsiveness at the home. We were told people were much happier since staffing levels had improved. Systems and processes for reporting and responding to abuse continued to be embedded within the service.

People told us they had access to a GP whenever they required. We saw evidence of multi-disciplinary working to meet people's health needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw processes were in place to ensure consent was achieved before providing care and support.

People described staff as kind and caring. Observations made throughout the inspection confirmed this was the case. We saw staff treated people sensitively and compassionately with dignity and respect.

There was a vibrant atmosphere within the home. People told us they were able to make choices about their care and support and said they received care tailored to their need. One person told us they had freedom within the home to make their own choices. We observed activities taking place within the home to keep people occupied and active.

People were positive about their experiences of being supported by staff from Preston Glades Care Home. We saw that concerns were dealt with seriously and formal complaints were addressed in line with the providers procedures.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 01 January 2019) and we identified continued breaches to 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 not enough improvement had 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 and has been in special measures for the last two inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

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

We discussed the findings with the provider, who provided us with assurances they would take action to make the required improvements to mitigate any risk.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Preston Glades Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified continued breaches in relation to the safe management of medicines and good governance of the service.

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 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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, 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

# Preston Glades Care 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

On the first day of the inspection visit the inspection team was made up of three inspectors, one assistant inspector and one 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. One inspector returned on the second day to complete the inspection process.

#### Service and service type

Preston Glades Care Home 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. A registered manager is a person who is legally responsible alongside the provider for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of the inspection was unannounced.

#### What we did before inspection

Before the inspection we reviewed data we had received about the service since the last inspection. This included looking at information held upon our database about the service. 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. We sought feedback from Healthwatch, the local authority and health and social care professionals who have been

supporting the service to make the required improvements. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people, two relatives and two health and social care professionals who had input into the home. We spoke with two care staff, one care home advanced practitioner, one senior carer, two nurses, the cook, the maintenance person, the housekeeper, a trainer, the deputy manager, a supporting manager, the regional manager, a director and the head of quality improvement.

To gather information, we looked at a variety of records. This included care records related to four people who lived at the home and eleven medicines records. We also looked at other information related to the management of the service. This included two staff files in relation to recruitment and a variety of policies and procedures. We did this to ensure the management team had oversight of the home and to ensure the service could be appropriately managed. In addition, we carried out a visual inspection of the home and carried out observations of how people and staff interacted.

#### After the inspection

We continued to communicate with the provider to corroborate our findings. We also spoke with one health professional to gain feedback from them to support our findings.

# 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 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. This meant people were not safe and were at risk of avoidable harm

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. 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 some but not all improvements had been made and the provider continued to be in breach of regulation 12.

- People were not always given their medicines safely. Stock checks for some medicines showed they had not been given as prescribed.
- Staff failed to maintain suitable records about the use of creams, so it was not possible to tell if creams had been applied as prescribed.
- Medicines were not always given at the correct times as directed. For example, one person's medicine was to be taken after food, but this was given before.
- People did not always have written guidance in place for staff to follow when they were prescribed medicines to be given "when required" or with a choice of dose.  
This meant staff did not always have the information to tell them when someone may need the medicine or how much to give.
- Records in the controlled drug register were not always accurate and could not show that all medicines listed in the register could be accounted for.
- Waste medicines and oxygen were not stored safely in line with current guidance.
- Because the provider has failed to be compliant with medicines since 2016, we have rated this key question as inadequate. This was because we could not be assured the service was aware of their roles and responsibilities in relation to medicines and we could not be assured people were safely receiving their medicines.

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.



This information was fed back to the provider who took immediate action to respond to concerns.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider reviewed systems and processes to ensure naturally occurring risk was identified and documented. At this inspection we found the provider had made the required improvements.

- The provider has systems for assessing, monitoring and managing risk.
- From records viewed, we saw risk assessments had been reviewed and developed to ensure individual risk was assessed and managed to keep people safe. When people had certain medical conditions that placed them at risk of harm, risk assessments had been completed to ensure the risk was clearly identified and actions to take should the person require any intervention.
- We saw risk assessments were regularly reviewed and updated when people's needs changed. Action was taken when risks were noted. For example, one person experienced a choking incident. Action was taken to reduce the risk of the person choking again.
- Staff understood individual risk and how to keep people safe. We observed staff suggesting a person uncross their legs to prevent them injuring themselves on furniture.
- We saw improvements had been made to ensure unplanned and unforeseen risk was monitored. The service had reviewed deployment of staffing and had relocated a nurse's office so oversight in communal areas could be improved.
- Although individual risk had been considered we found good practice guidance relating to the usage of paraffin-based emollients had not been consistently considered and implemented. We discussed this with the deputy manager, who agreed to take immediate action to ensure good practice was consistently implemented throughout the service. Following the inspection, we received written confirmation this had been addressed.

### Staffing and recruitment

At our last inspection we recommended the provider consulted with guidance to ensure the safe recruitment of staff. At this inspection we found the provider had made improvements and processes were embedded.

- We reviewed two staff files for two staff recruited since the last inspection. The provider had carried out suitable checks to ensure staff employed were of suitable character and had the correct skills.

At our last inspection we recommended the provider reviewed deployment of staffing to ensure staff were consistently deployed. At this inspection we found improvements had been made.

- We asked five people who lived at the home about call bell response times. One person said, "Sometimes I think they're run off their feet, but I don't have to wait too long." The remaining four people told us bells were answered quickly.
- We monitored call bell response times during our visit and noted call bells were consistently answered in a timely manner. .
- People and relatives told us they were happy with current staffing levels. One person said, "There's always somebody about." Observations made during the inspection confirmed staff were suitably deployed, oversight in communal areas were good.
- We spoke with the deputy manager about staffing levels. They confirmed staffing levels had remained the same, despite there being a reduction in the number of people living at the home.
- Staff told us staffing levels had improved and they had time to complete their tasks. One member of staff said people were much happier now as staff were more responsive to call bells. We observed staff

completing their duties and noted they were not rushed and had time to spend with people.

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to feel safe. Feedback included, "The staff make me feel safe, they're always there to help me." And, "The staff are always looking after you, making sure you're OK."
- Staff were able to identify abuse and understood their responsibilities for keeping people safe. When asked staff could relay the processes for reporting any concerns they had about people's safety.

Preventing and controlling infection

- People and relatives told us they were more than happy with the cleaning arrangements within the home. They told us they considered the home clean and tidy and said their bedrooms were cleaned regularly.
- The housekeeper confirmed processes were embedded to prevent and control the spread of infection. We observed cleaning staff undertaking cleaning duties during our visit. Staff wore personal protective equipment in line with good practice guidance. We saw good practice guidance was on display around the home to remind staff on good practice procedures. For example, we saw information on good hand washing principles were displayed in bathrooms to prompt staff.

Learning lessons when things go wrong

- Accidents and incidents were logged and documented on the providers central reporting system. This allowed the senior management team to have oversight on incidents which had occurred at the home. We saw when concerns had been identified action had been taken to try and prevent re-occurrence of any further incidents. For example, processes to support to people who liked to smoke had been reviewed and adapted following a serious incident at the home. The director said information and findings were shared across other homes managed by the provider, so lessons could be learned.

# 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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Since the last inspection, we saw the provider had worked hard to improve the environment in which people were living. Improvements had been made to communal areas to make the home look more inviting. Rooms had been decorated and curtains and soft furnishings had been introduced. One staff member proudly told us, "It looks more homely now."
- We saw a person-centred approach had been taken to ensure the environment was adapted to meet people's needs. One person who was living with dementia was supported to move bedrooms and to reduce their anxiety, staff had mirrored the person's bedroom; ensuring all furniture and equipment was placed in the same location the person was familiar with.
- The home had access to a garden area, which was pleasantly decorated with plants which people from the home had planted. People had the opportunity to use this area at their leisure.

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

- People's individual dietary and cultural needs were met. We saw one person who lived at the home had specific cultural needs. These had been taken into consideration and meals had been prepared to meet the person's needs and preferences.
- People who lived at the home told us they were happy with the availability and quality of food provided at the home. Feedback included, "I can't fault the food. There's two choices and variety. We get plenty of drinks, you can buzz any time for a hot drink and they'll make you one straight away". Also, "The food's OK, they have a soft diet. They make the broccoli look like broccoli on their plate."
- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required. The cook was aware of people's individual nutritional needs and support requirements. Good practice guidance was used to meet people's nutritional needs.

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

- Pre-assessment checks took place before people moved to the home. The provider did this to ensure the service could meet the person's individual needs.
- Care plans viewed detailed people's individual needs and reflected their wishes and preferences. Allocated staff members regularly reviewed and updated care plans monthly and when people's needs changed.
- We saw evidence of good practice guidance being considered when assessing and delivering care. When people were at risk of malnutrition, nutritional screening assessments were completed and referred to for

guidance and direction.

- From records viewed, we saw that consent for care and treatment was sought in a timely manner.

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.

- From records viewed, we saw that consent for care and treatment was sought in a timely manner.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- From records viewed, we saw that mental capacity was assessed each time a decision needed to be made. Relevant people were involved in the best interests' decision and all information was recorded to show how they arrived at decision had been made.
- Systems were established to ensure people were lawfully deprived of their liberty. We saw applications had been submitted to the relevant bodies detailing all proposed restrictions placed upon people. These applications were monitored and any changes to the person's care were reported to the appointed body.

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

- People who lived at the home told us they had access to a GP when they required one.
- From records viewed, we saw the provider worked proactively with other agencies to ensure people received effective and timely care. We saw district nurses, stoma care nurses and diabetic specialists had been referred to for advice and guidance in relation to people's care needs.
- We spoke with two health professionals, both expressed no concerns. One health professional told us they had seen a marked improvement in the care and support provided over the past twelve months. They said staff knowledge had increased and said staff were more aware of people's needs.

Staff support: induction, training, skills and experience

- The provider ensured staff could complete training to learn new skills and update their knowledge. We reviewed a training matrix which demonstrated what training had been completed and what was outstanding. We noted the home was at 94% completion for most of the set mandatory courses.
- Staff confirmed training included annual refresher of skills as well as optional training aimed at enhancing staff knowledge and people's experiences of care.
- Staff told us they had to undertake an induction period at the start of their employment. This included completing training and shadowing more experienced members of staff.
- Staff told us they were supported in their roles through regular supervision. Supervision is a one to one

meeting between a staff member and a more experienced member of staff. Staff told us they could approach senior members of staff for advice and guidance in between supervisions.

# 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 has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were supported by staff who were kind and caring. Feedback included, "They're very nice. It's like a big family." And, "I know them all, they're all nice people, always smiling"
- Observations made during the inspection confirmed staff were kind and caring. There was a light-hearted atmosphere throughout the home. Staff and people spoke affectionately about relationships formed.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of respecting people's different and diverse needs. We saw care records contained people's preferences and information about their backgrounds and cultural needs. We saw evidence of these needs being met.
- The service supported people to maintain their individuality. We saw people's life histories had been explored and important aspects of their life had been documented to make staff aware of people's life experiences.
- We observed staff promoting independence. Care plans detailed people's skills and strengths and areas in which assistance was required. Equipment was provided to maintain and promote dignity and independence.
- We were told staff sometimes went the extra mile. One person described how their family member had been supported by staff at the home during a challenging time.
- Everyone we spoke with told us privacy and dignity were always promoted and maintained. They told us curtains and doors were always closed when they were supported with personal care.

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

- People told us they were involved in making decisions about their care and were supported to express their views about their care. People confirmed they were consulted with regularly on an individual basis.
- When people were unable to express their own views and make decisions, the registered manager was aware of the importance of involving other people to help in the decision-making process. Relatives confirmed they were included in decision making when their family member lacked capacity to make choices for themselves.
- The provider was aware of the importance of referring to advocacy services to support people who had no family and could not make their own decisions. An advocate is an independent person who has received training to support people make decisions.

# 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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- We saw improvements had been made to ensure person centred care was embedded within the service. Care records clearly detailed people's preferences and wishes.
- The provider had acted upon feedback provided at the last inspection and had introduced dementia care framework training at the home to improve the quality of care provided to people living with dementia. One member of staff told us this training had provided them with extra insight and empathy and had allowed them to have more of an understanding into experiences of people living with dementia.
- People told us they had choice and control within their lives. One person said, "I enjoy having my freedom." People confirmed they could get up and go to bed whenever they wanted. We saw one person had chosen to have a lie in and had a late breakfast. Staff then organised for them to have a later lunch as they weren't hungry when lunch was served.

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

- People confirmed activities were available and could take part if they wished to do so. One person said, "My favourite thing about the home is the activities. They give you something to do."
- We observed activities taking place, these included foot massages for people, and arts and crafts. Activity stations were placed around the home for people to engage with at leisure. For example, we saw dementia dolls were placed around the home. We observed one person picking up a doll and comforting the doll.
- People's cultural and spiritual needs were identified and supported. The deputy manager told us a representative from a local church visited the home monthly.

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.

- Materials were used to promote and enhance communication. For example, one person could not verbally communicate their wishes, so staff had developed a communication board with photographs for people to point at to support the person to express their needs and wishes.

Improving care quality in response to complaints or concerns

- The provider had a system for reporting and responding to complaints. This was displayed clearly in a public area within the home. The home had received one complaint since the last inspection. We saw the provider acted with transparency and responded sensitively to the concern.
- At the time of the inspection, all but one person we spoke with told us they had no complaints about the service. Feedback included, "I know how to complain, but I haven't done. There's very little to complain about. If there's something you're not happy with they'll listen to you and do what they can". And, "I've complained once and they sorted it."

#### End of life care and support

- The service provided end of life care when necessary, in response to people's preferences and changing needs. People's preferences and wishes for end of life care were discussed and documented within the care record whenever appropriate.
- The service worked with other agencies as appropriate, when responding to people's specific needs.
- We noted the home had been commended for their skills and care provided to people at the end of life. One family member had written to the home to thank staff for all the extra care and attention given to their relative and to the family at the end of the person's life.



# 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 inadequate. At this inspection this key question has remained inadequate.

This meant the service management and leadership was inconsistent and planned improvements to drive up the quality of care had not always been completed. Oversight to ensure compliance with the Regulations was limited.

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

At our last inspection the provider had failed to ensure systems were implemented to ensure medicines were being appropriately managed. 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 the provider continued to be in breach of regulation 17.

- After the December 2018 inspection, we wrote to the provider and asked them to provide us with an action plan to show us how they intended to become compliant with medicines. At this inspection, we found not all actions set out in the action plan had been completed. For example, the provider said they would place a lock on a cupboard so all medicines for destruction could be locked away. This had not been completed on the first day of this inspection carried out in June 2019.
- Auditing systems for the safe management of medicines were not always effective. We saw an external professional had carried out a medicines audit in May 2019. The audit highlighted areas for improvement but these had not been taken on board and addressed. For example, the provider had failed to improve systems to ensure medicines stock was monitored and recorded as recommended.
- We saw audits of creams and ointments were taking place weekly. However, we saw concerns had been noted, and we could not be assured action was taken in a timely manner to address these concerns.
- We found documentation maintained did not always reflect what care and support had been provided. Records had not been consistently completed to evidence creams had been used as directed. Additionally, when a person had required specific interventions to manage a health condition, actions taken were not always consistently recorded.
- Preston Glades Care Home has been inspected eight times since 2012 and has breached regulations on seven of the eight inspections. This demonstrated oversight and governance of the service was inadequate.

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 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

- During this inspection carried out in June 2019 we found not all fundamental standards had been met and the service was rated as inadequate. This is following the service being rated either requires improvement and inadequate at the previous four inspections. This demonstrated oversight and governance of the service was inadequate.
- At the time of inspection, there was no registered manager in post. The previous registered manager had cancelled their registration with CQC in April 2019. The senior management team had worked proactively to recruit a new manager and a new manager had been identified to work at the home as the registered manager. They confirmed they were awaiting on recruitment checks to be completed before the manager could start. The home had been supported by several experienced managers in the interim whilst recruiting for a new manager.
- People confirmed there was management presence in the home. Everyone we spoke with confirmed they could go to the deputy manager if they had any queries. The deputy manager was consistently described as, "nice," and, "approachable."

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

- We found continuous learning and improvements to care were inconsistent. Whilst the provider had failed to learn from past inspections and make improvements to medicines processes, we saw the provider had worked hard to develop and embed a person-centred culture within the home. Professionals said they had seen positive changes within the home over the past year.
- Staff said morale had improved and people living at the home experienced more positive outcomes. Staff spoke proudly of achievements and said people living at the home were generally happier. The deputy manager said they were proud of staff and the ways in which they had developed.

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 senior management team understood the importance of being open and honest. A director said that honesty and transparency supported the building of relationships and contributed to improvements within the service. We saw these principles had been applied when a concern had been raised by a relative.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider understood the importance of partnership working. We saw evidence of staff engaging with health and social care professionals to ensure care and treatment was in line with good practice.
- People who lived at the home and family members were encouraged to have a say in how the service was run. For example, we saw one person had raised some suggestions regarding the menu. These suggestions were fed back to the cook and changes implemented.
- Since the last inspection the provider had introduced a, 'You said. We did,' system where people were encouraged to make suggestions to improve care. One person had suggested a TV in the main entrance area. We saw this suggestion had been acted upon. In addition, the provider had introduced a system where people, relatives and visitors could leave instant feedback using I-pads. Feedback went to a central database which could be accessed straightaway by the senior management team for consideration.
- Staff confirmed they were able to make suggestions to how care could be improved. We saw team meetings had taken place on a regular basis.

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
Treatment of disease, disorder or injury	The registered provider had failed to ensure medicines were managed safely to ensure safe care and treatment  12 (1) (2) (g)

### The enforcement action we took:

Imposed conditions on registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had failed to ensure systems and processes were established to assess, monitor and mitigate risks and improve the safety of services in providing the regulated activity.  17 (1) (2) (a) (b)

### The enforcement action we took:

Imposed conditions on registration