

Belmar Care Homes Limited

The Belmar Nursing Home

Inspection report

25 Clifton drive
Lytham St Annes
Lancashire
FY8 5QX

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

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Belmar Nursing Home is registered to provide care for up to 44 people with a mental health condition, dementia or substance misuse. At the time of our inspection 36 people were receiving care and support at the home.

People's experience of using this service

Although people told us they felt safe living at the home, we found people were not always safe. Risk was not always appropriately managed and addressed.

We could not be assured people received their medicines safely. Medicines were not managed in line with good practice guidance.

The environment was not always appropriately maintained to ensure infection control processes could be carried out to a high standard

Care records were incomplete, inaccurate and not always reflective of people's needs. Consent to care and treatment had not been formally gained and documented.

Care records were not always person-centred and did not reflect the needs of people living with mental health conditions. We saw people were not encouraged to set and work towards person-centred goals. Additionally, care plans did not include information to manage behaviours which could sometimes be considered challenging to the service.

People were not always consistently supported to have their health needs met in a timely manner. We saw when advice and guidance had been provided by health professionals this wasn't always followed up as requested.

We found the service was not always well-led. Paperwork within the service was not always accurate and complete. Additionally, records were not always secure and stored appropriately in line with statutory guidance.

Leadership at the home was inconsistent. The registered manager had completed audits and had identified concerns within processes and systems and had highlighted these to the senior management team. Not all identified concerns had been addressed in a timely manner to ensure actions were identified and addressed to reduce risk.

The home was not always appropriately maintained to ensure the comfort of people. We have made a recommendation about this.

Processes were in place to report and respond to abusive practice but these were not always followed. We have made a recommendation about this.

Records had been developed and implemented for people who were at risk of dehydration. However, we found the records implemented lacked good practice guidance and instruction and had not always been completed. We have made a recommendation about this.

We found dignity was not always considered and promoted. We have made a recommendation about this.

Good practice guidance was not always considered and implemented. For example, good practice guidance for the safe management of medicines and management of some health conditions had not been considered.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

At the time of the inspection visit, the service was relying on agency staff to ensure shifts at the home were covered. The registered manager was looking at ways of recruiting and retaining staff.

Safe recruitment processes had consistently applied to demonstrate suitable checks had taken place before staff were employed.

People told us they were happy living at The Belmar Nursing Home. They told us the quality and availability of food was good.

During our inspection, we observed activities taking place. The home had recently recruited a new activities coordinator and people and relatives told us this had started making a difference in people's lives.

We observed positive interactions between people who lived at the home and staff. We saw staff had a good rapport with people and there was a light-hearted atmosphere within the home.

Rating at last inspection:

At the last inspection the service was rated good (published 10 August 2018).

Why we inspected:

This inspection visit was prompted by us receiving information of concern in relation to the quality of care and treatment being provided to people who lived at The Belmar Nursing Home.

Enforcement

We have identified breaches in relation to safe care and treatment, consent, person centred care and good governance at this inspection.

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We have requested an action plan from the registered provider as to how they plan to address the breaches in regulation and make improvements to the service.

We will liaise with the local authority and clinical commissioning group to ensure all required actions are

completed to ensure the health and welfare of people who live at the home.

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

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 had dropped to requires improvement.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service had dropped to requires improvement.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service dropped to requires improvement.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service had dropped to requires improvement.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service had dropped to requires improvement.

Details are in our Well-Led findings below.

Requires Improvement ●

The Belmar Nursing Home

Detailed findings

Background to this inspection

The inspection

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

The inspection was prompted in part by receiving information of concern related to the death of a person who had lived at the home. The information shared with CQC about the incident indicated potential concerns about the management of risk of safe use of medicines and good governance within the home. This inspection examined these concerns.

Inspection team

The inspection team was made up of one adult social care inspector, one medicines team inspector, a specialist advisor who was a qualified mental health nurse 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. On the second day two adult social care inspectors returned to the home to complete the inspection process.

Service and service type:

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

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

Notice of inspection

The first day of the inspection was unannounced. The second day was announced so we could be assured the registered manager was on site to assist us with the inspection.

What we did before the inspection

We reviewed information we held about the service. This included previous inspection reports and notifications submitted by the provider related to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home. We also spoke with the Lancashire County Council safeguarding and contracts and commissioning team, the clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This allowed us to gain information related to the quality and safety of service being provided. We used our planning tool to collate and analyse this information to help us plan our inspection visit.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection:

We spoke with 14 people and one relative. We spoke with two members of care staff, four nurses, two cooks, the maintenance person and the registered manager.

To gather information, we looked at a variety of records. This included care records related to 11 people who lived at the home. We also looked at other information related to the management of the service. We did this to ensure the registered manager had oversight of the home and to ensure the service could be appropriately managed.

After the inspection:

We spoke with Lancashire County Council quality improvement team, the clinical commissioning group, the infection prevention and control team, the health and safety executive and Lancashire Fire and Rescue Service to update them with our findings.

We continued to speak with the registered provider to corroborate our findings.

In addition, following the inspection visit the registered manager voluntarily supplied us with an action plan to demonstrate immediate action taken and how they hoped to reach compliance with the regulations.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely

- People told us they were happy with the support they received with their medicines.
- Although people were happy with the support provided, we reviewed medicines processes at the home and found medicines were not always managed safely and in line with good practice guidance. For example, we found additional information directing staff as to when required medicines were to be administered were missing.
- Short dated medicines had not been dated upon opening. Therefore, there was a risk they would be used beyond their expiry dates.
- For people who applied their own creams, we were not provided with assurances that risk was being monitored. We could not be assured creams were being stored safely and applied.
- Photographs used to help staff identify people were not always in place. The photographs that were in place were not clear and did not detail the person's name. There was a risk medicines could be given to the incorrect person.
- Medicines were not administered to people safely, we found people were not always asked if they were ready to take their medicines; medicines were taken from the packaging and 'potted up', not within properly labelled packaging, and left in the trolley, when people were not available or ready to take their medicines.
- We carried out random spot checks of medicines at the home and found medicines in stock did not balance with records completed. Medicines were not signed as being administered, and directions had not been followed correctly. We could not be assured medicines have been given as prescribed.
- Staff received initial training to ensure they administered medicines safely but had not received further formal competency checks to ensure they had the suitable skills to carry out the task safely.
- We discussed these concerns with the registered manager. They confirmed there were aware there had been some ongoing issues with medicines which they were currently trying to resolve. However, we could not be provided with assurances that medicines were being appropriately managed.

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

Assessing risk, safety monitoring and management

- Although people told us they felt safe, we found individual risk was not always appropriately addressed and managed. For example, one person had a specific allergy that could be threatening to life. This was not clearly documented within the person's records and not all staff were aware of the allergy.
- Staff did not routinely review risk assessments after significant incidents. One person was at risk of falls. Staff had not reviewed and updated their risk assessment after they had fallen.

- We saw risk was not always identified and acted upon. For example, maintenance checks upon fixtures and equipment within the home had identified some concerns about the safety and suitability of the equipment. However, no action had been taken to address these in a timely manner to promote safety within the home.

The above information evidences a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

Following the inspection visit, we received assurances action had been taken to minimise risk. We received confirmation improvements had been made within documentation to ensure all risks were captured and documented. Additionally, works had been carried out within the building to promote safety.

Preventing and controlling infection

- We found areas within the home were not always suitably maintained to promote effective infection prevention control procedures. For example, we found cracked tiles within bathrooms, perished flooring in bathrooms and a toilet cistern which was taped up.
- Two annual servicing certificates for a bath hoist recommended the hoist was replaced to promote infection prevention and control processes at the home but this had not been considered and acted upon.
- We spoke with the registered manager about maintenance within the home. They said they had escalated concerns to the senior management team but they had not received confirmation for the work to take place.

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

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities for keeping people safe and the processes for reporting any concerns they had about people's safety. We saw contact numbers were on display so staff could independently report concerns to the local authority safeguarding team or CQC.
- Although staff understood the importance of reporting and responding to abuse, during the inspection we were made aware of two incidents where people had been exposed to the possibility of harm. Whilst the registered manager had consulted with another regulatory body they had not reported the concerns to the local authority safeguarding team. Following our discussions, they agreed to act and report the concerns. Following the inspection, we received verbal feedback this had been completed.

We recommend the provider seeks advice and guidance to ensure safeguarding reporting procedures are robust and in line with local reporting procedures.

Staffing and recruitment

- People and relatives told us they were satisfied with the staffing levels at the home. One person said, "Staff are always available when I want someone."
- Staff said staffing levels were suitable to meet people's needs. They said they were not rushed and had time to carry out their duties and spend time with people. They told us rotas were flexible and extra staff could be added to the rota if people's needs changed.
- During the inspection we were made aware the service had recently lost several qualified nurses. The registered manager said they were relying on agency nurses whilst they tried to recruit additional nurses. They said to promote continuity they had tried to block book nurses so the same nurses visited. They also ensured one permanently employed nurse was on shift to support agency nurses. Agency nurses were on

shift on both days of the inspection visit.

- Processes were in place to ensure all staff were safely recruited. This included carrying out pre-employment checks and a disclosure and barring check (DBS) on each staff member to check their suitability for working with people who may at times be vulnerable.

Learning lessons when things go wrong

- The service used accidents and incidents to learn and to make improvements. Staff documented accidents and incidents. The registered manager said they reviewed them to identify trends and themes. The registered manager said they had sought advice and guidance from other health professionals when they noted an increase in the number of incidents. They did this so they could act to reduce the risk of further incidents from occurring.
- We saw evidence the registered manager took action when things had gone wrong. The registered manager had noted some concerns about the security of documentation and in response to these concerns was working with the administration team to change procedures so security of documentation was strengthened.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People told us they had access to a GP when they required one.
- Although we saw some good examples of multi-disciplinary working, we found advice and guidance provided by health professionals was not always followed up in a timely manner. We noted two people had been asked to attend health appointments. These had not been followed up. ● Staff confirmed this had been an oversight and no further advice had been sought as instructed. We highlighted this to the registered manager so action could be taken.

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

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- When people's liberty was restricted, we saw staff followed processes to ensure any restriction was lawful. Applications had been submitted to the local authority. However, we found the staff and registered manager did not always have suitable understanding of the MCA and DoLS. We reviewed the staff training matrix and saw only one member of staff had completed training in the MCA.
- We looked at care records and saw when people lacked capacity to make decisions, staff had not followed

procedures to ensure decisions made were in line with the best interests' process. For example, not all people had a formal assessment of capacity in place to evidence they lacked capacity for that particular decision.

- People and family members told us they were consulted with and were involved in developing their care plan. However, we saw care plans had not been signed formally by people to show they agreed and consented with information within the care plan.
- We discussed this with the registered manager who told us they were of these concerns and was looking into reviewing all care records to ensure consent was formally agreed for all people who lived at the home.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent) as processes had not been implemented to ensure consent was formally agreed with people receiving care and support.

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

- Prior to this inspection taking place, we were made aware of concerns related to adequate hydration for people at the home. We reviewed fluid charts for people who lived at the home and found records were not always suitably maintained.
- We saw one person's record documented the person had only drunk 200ml water in one day. No action had been taken in line with instructions on the fluid chart to inform a senior member of staff. We raised concerns with a nurse who reassured us people had received drinks but this had not been documented.

We recommend the registered manager seeks and implements good practice guidance regarding fluid intake to prevent dehydration.

- People told us they were happy with the standard and quality of food provided. Feedback included, "The food is lovely here. We're lucky to have such nice food. We get a choice of things I think they mark it on a chalk board in the lounge." And, "I like the food it's delicious. Once a week we get a takeaway."
- People's individual dietary preferences were met. The cook told us they catered for individual's likes and dislikes and offered alternative foods when they did not like what was on the menu. On both days of the inspection, we saw the cook had prepared a meal to meet a person's preferred needs. The cook told us they tried to adapt the main meal as much as possible for the person so they were not singled out. This showed us people's choices were considered.
- The home had a kitchen which people could access to make their own drinks and snacks if required.
- We observed people being offered snacks during the day. We observed a member of staff offering people fresh fruit. People and relatives told us this was offered daily.

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

- The service was based in three older style properties which had been converted into one building and had not been purpose built. Some areas of the home had uneven flooring and narrow corridors which would make it difficult for people with reduced mobility to safely access. There was a lift between floors for people to use if so required.
- The home had recently been awarded a 2-star Food Hygiene rating. This meant some improvements were required in the kitchen area. We spoke to the cooks on duty. They told us all work had been completed and they were awaiting a visit from the food safety team to reassess the kitchen areas. We identified no areas of concern when looking around the kitchen.
- We found areas of the home to be poorly maintained. We visited two people in their bedrooms. Both people had experienced a water leak into their bedroom. One person had a hole in the ceiling. The person told us the hole had been there for approximately two years and said sometimes the wind blew through the

hole into their bedroom.

- Following the inspection, the registered manager provided us with assurances action would be taken to secure the ceiling in the persons bedroom.
- We found paintwork was chipped and wallpaper was peeling from walls around the home.
- Windows were in a poor state of repair. The maintenance person said they did monthly checks on the windows to ensure they were safe in the fittings.
- We spoke to the registered manager about the upkeep of the premises. They told us they did not have a budget and all works had to be approved by the provider. They said they had communicated concerns about the premises to the provider but no further action had been taken by the provider.

We recommend the registered provider seek and implements good practice guidelines in ensuring the home is appropriately maintained.

Staff support: induction, training, skills and experience

- Staff received a suitable induction. We spoke with two staff recently employed at the home. They told us they were provided with some initial training and undertook a period of shadowing before working unsupervised. Both staff spoke positively about the support they had received in their induction.
- Staff were provided with training to ensure they had the skills and knowledge to support people effectively. We saw the registered manager was in the process of signing staff up to complete a nationally recognised vocational qualification with an external company. Training was provided in a variety of formats including e-learning and classroom based learning with qualified professionals. Staff said they were happy with training offered.
- The registered manager maintained a training matrix to record and plan all staff training. We saw there were gaps within the training matrix but this was being addressed by the registered manager.
- Staff told us supervisions sometimes took place. Supervisions are one to one meetings between a member of staff and a more experienced staff member to discuss training needs and any concerns they might have. The registered manager said they aimed to complete six supervisions per year for each staff member.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- We saw people's right to privacy was understood and respected. People had keys to their own bedrooms so they could secure their rooms if required. When people had declined hourly night time checks this had been documented and respected.
- People's right to independence was also considered. When people had been assessed as being safe to leave the home, they were able to leave the home when they liked.
- We looked at how dignity was promoted and found not all staff understood the importance of promoting dignity. For example, on one occasion one person had eaten their meal but had food deposits upon their person. No staff discreetly prompted the person or offered the person support to go and freshen up. We discussed this with the registered manager. They said they often went upstairs following meal time and prompted people to do this but as they had been busy with the inspection they had been unable to complete this task.
- We asked people about opportunities for bathing. We received mixed feedback about this. One person told us they were restricted as to how often they received a bath. We looked at six weeks bathing records and noted one person had not had a bath in the whole six weeks. We discussed this with a senior member of staff who said the document was not a true and accurate record. They provided us with reassurance that people were offered and provided with baths as required.

We recommend the provider seeks and implements good practice to ensure dignity is considered and promoted throughout the home.

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

- People told us they were appropriately cared for by staff. Feedback included, "The staff are great." And, "I get on with all the patients and carers."
- We observed staff interactions and found the atmosphere at the home to be relaxed. We saw people laughing and joking with staff. There was a light-hearted atmosphere where people actively engaged in communication with staff.
- Equality and diversity was respected and promoted. We were told adaptations had been made within the service to meet a person's communication needs when English wasn't their first language.
- Although we received positive feedback from people, we found that people's comfort and well-being was not consistently considered. We noted one person had a hole in their bedroom ceiling. The person told us the hole had been there for two years or more. They said at times this impacted upon their comfort as the wind blew through the hole. We discussed this with the registered manager. They confirmed the hole had been present for this time and no action had been taken. This demonstrated the service was not always

empathetic and considerate to people's well-being.

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

- People were involved in making decisions about their care. Staff treated people with patience and sensitivity. We observed a member of staff encouraging a person living with dementia to make a choice. The person declined making a choice on two occasions. The staff member respected the person's wishes but then returned on again a short period later and tried again to ensure they were happy with their choice.
- The registered manager said they had tried holding residents' meetings with people but these had sometimes raised people's anxieties. They said they held one to one sessions with people to allow them to discuss any concerns as this was more beneficial. However, they only kept a copy of the date they spoke with people and not a record of items discussed.
- The registered manager said they were hoping to use the skills of the activities coordinator to further develop residents' meetings so they may take place in small groups.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Person-centred care was not always delivered to ensure people's needs were consistently met. One person had recently returned from hospital and was given advice and guidance for rehabilitation. We saw this advice had not been consistently followed.
- Care plans did not always reflect people's needs. For example, when people were known to display behaviours which challenged the service there was no information within the care plan or risk assessment to direct staff how to actively manage this to give people choice and control.
- We discussed good practice guidance with the registered manager about promoting positive outcomes for people living with mental illness. They said they were not aware of models to develop and support people's recovery.

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

- We looked at how people's recreational needs were met by the service. Recreational activity is an important aspect of care and support as it promotes health and well-being. The service had recently recruited a new activities coordinator to take the lead on developing and providing activities with people. People told us they had seen an improvement in activities at the home, since the new activities coordinator had started.
- We observed people taking part in activities throughout our visits. We saw people playing board games, completing arts and crafts and quizzes. Additionally, we observed people going out for the day on an organised coach trip.
- Links with the local community were being developed. We saw evidence of one person being supported to attend a local leisure centre to take part in an organised community activity.

Improving care quality in response to complaints or concerns

- The registered provider had a policy for managing complaints.
- At the time of our inspection, none of the people we spoke with had any complaints about the service.
- Prior to our inspection taking place, we were contacted by a relative who confirmed they had raised a complaint with the service. We asked the registered manager about this, they advised this was being dealt with by the senior management team and they did not have access to this. We asked for a copy of the complaint outcome to be forwarded to us when the investigation was concluded.

End of life care and support

- The registered manager said they would work alongside other health professionals to coordinate end of

life care as required.

- The registered manager said no-one at the home was currently being supported at the end of their life. They said they would have discussions regarding end of life care wishes and preference with people when convenient and if people were comfortable with this.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager was aware of their regulatory responsibilities. They told us they were aware there were areas for improvement within the service and said these had been escalated to the senior management team for a response.
- Although the registered manager was aware of their role, we found leadership within the service to be inconsistent. The registered manager had returned from a period of absence and was only scheduled to work three days within the home. They told us they were in the process of appointing a deputy to oversee the home in their absence and as an interim measure were working additional days.
- Management oversight of the home was not always effective. We received conflicting information from members of the management team about specific incidents at the home.
- Staff were not always clear about their roles. We saw people had been allocated named nurses to oversee their care and support. A nurse told us when nurses had left their roles, no other staff had been allocated additional tasks to oversee care and support. This had led to a lack of oversight within care and support.
- Oversight of risk was not always appropriately managed within the home. During our inspection we noted concerns about people's health and the environment had been identified by external professionals. Staff had not taken any action to address these concerns and no one had noted actions were incomplete.
- Documentation maintained by the service was sometimes incomplete, inaccurate or missing. For example, fluid charts were not always suitably maintained to evidence people had received sufficient amounts of fluid. Bathing charts were not always completed to evidence peoples' wishes had been met. Medicines records were not completed in line with good practice. Care records and risk assessments were not always maintained in line with good practice.
- Communication throughout the organisation was not always effective. The registered manager had recently returned to work after a period of planned leave. They were not always able to tell us what had happened during the period of leave as records had been destroyed, mis-placed or not maintained. Additionally, they said they had not been provided with a formal handover from the acting manager.
- During the inspection we identified some concerns within management meeting records. These were discussed with the management team and we were told the records were not correct. No managers had identified these inaccuracies before we pointed them out.
- We saw the registered provider was not always aware of their roles in line with The General Data Protection Regulation. For example, personal information related to individuals was being recorded within a communal record and was not separate for each person. Additionally, we were not assured that all personal information relating to each person who lived at the home had been securely stored to protect people's confidentiality.

The above information demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

- Following the inspection, the registered manager voluntarily provided us with an action plan to demonstrate how they intended to address key concerns found within the inspection process. This showed us the registered manager was committed to improving the service to meet regulatory requirements.

Continuous learning and improving care

- We found the registered provider did not always learn from incidents to improve care. For example, prior to the inspection taking place concerns had been raised in relation to the quality of documentation maintained for people at risk of dehydration. At this inspection we found documentation had not improved and oversight of this was poor.
- We saw an audit had taken place in March 2019 to look at the quality of service being delivered. The registered manager had carried out observations around the home to assess the quality of care provided to people. Although a quality audit had taken place the audit had failed to identify concerns we noted through the inspection process.
- Audits were sometimes ineffective and incomplete. Auditing of medicines and care plans had highlighted concerns in practice. However, no formal action plans had been developed in a timely manner to ensure practice was improved to promote the safety and well-being of people who lived at the home.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they were not always supported to achieve their own goals and ambitions and we saw person-centred care was not always delivered.
- We saw duty of candour was sometimes applied. For example, information was shared with key stakeholders when things had gone wrong.

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

- People told us they were consulted with about the service. The registered manager said people could make suggestions as to how the service could be improved and said they took people's comments seriously.
- We saw communication with staff was inconsistent. The registered manager had identified concerns in the delivery of care and had organised a staff meeting to discuss concerns but no one attended. We were not provided with any further evidence to show staff had been communicated with so delivery of care could be improved.
- Two nurses told us communication within the service was poor. One nurse said mistakes had been made due to lack of communication between nurses. They said this had been made worse due to the usage of agency staff and lack of continuity with care.
- Although we received negative feedback from some staff, we spoke with two new employees who praised the registered manager for their support. They said the registered manager had seen their strengths and gifts and had provided them with opportunities to develop as health care workers.

Working in partnership with others

- The registered manager understood the importance of partnership working. We saw evidence of staff working with mental health teams and other health professionals to promote positive outcomes for people.

- The registered manager confirmed they did not attend provider forum meetings or champions meetings, all of which are designed to share good practice and drive up standards in care. They said this was something they were developing and had started to identify staff to undertake champion roles to attend training so improvements could be made within the service.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered provider had failed to ensure care provided was appropriate and met the needs of people who lived at the home. (1) (2) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered provider had failed to ensure consent for care and support was consistently achieved. 11 (1) (2) (3) (4)

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 manager had failed to assess the risks to the health and safety of people and do all that was reasonably practicable to mitigate risks to ensure care and treatment was provided in a safe way. 12 (1) (2) (a) (b) The registered provider had failed to assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated; 12 (1) (2) (h)

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 manager had failed to assess, monitor and mitigate the risks relating to the health and safety and welfare of people who lived at the home .
	17 (1) (2) (b)
	The registered manager had failed to maintain an accurate, complete and contemporaneous record in respect to each person who lived at the home
	17 (1) (2) (c)