Mrs P Hunter

Hunters Lodge

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

Summary of findings

Overall summary

About the service
Hunters Lodge is a residential care home providing personal care. The service can support up to nine people with varying needs including people living with dementia and people who have a learning disability.

People's experience of using this service and what we found
The service failed to consistently protect people from the risk of avoidable harm because known risks were not always appropriately assessed. We found continued failings in the service's use of medicines. We identified a medicines error and found there were no arrangements in place to detect or record medicines errors. In addition, staff lacked guidance around the administration of 'when required' medicines.

The provider continued to operate unsafe recruitment processes. The provider continued to deploy staff without references and Disclosure and Barring Service checks.

Systems to prevent and control the risk and spread of infection were inadequate. Staff did not have appropriate facilities to change into and safely out of PPE. The registered manager failed to carry out Covid-19 risk assessments for people and staff. There was no auditing system in place for cleaning and decontamination and food continued to be stored unsafely in the fridge.

Staff received training, but the registered manager failed to undertake follow-up competency checks to confirm their understanding and whether further training was required.

People were not supported with mental health assessments and inappropriate Deprivation of Liberty Safeguards were applied for by the provider. This meant people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider continued to fail to maintain and make available to staff full and accurate care records. This meant systems were not in place to ensure staff had up to date information about people's needs, risks and preferences.

Quality assurance processes remained inadequate. The registered manager's auditing processes failed to identify and put right poor practices we found at the last inspection and which persisted into this one. Management arrangements were inadequate. A new manager had been appointed at the service, but the registered manager failed to ensure an adequate induction. This meant the new manager was unaware that a Warning Notice had been issued to the service for regulatory breaches at our last inspection. At this inspection the provider continued to be in breach of six regulations.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.
Right support:
People did not always have maximum control of their lives. People's mental capacity to make decisions was not assessed. People were not supported with individual programmes of activity based upon their choices.
Right care:
Inadequate governance of the service resulted in a lack of person-centred care for people. Staff did not always have access to people's care plans. This meant people could not be assured that their needs could be met, or their risks managed in line with their preferences.
Right culture:
Poor leadership resulted in the systemic failure to improve the quality of care people received. Eight months after we identified that the provider was in breach of regulations related to the need for people's consent, person centred care and people's safety, the breaches continued. This meant the leadership behaviours required to drive improvements were not evident.

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

Rating at last inspection (and update)
The last rating for this service was Requires Improvement (published 09 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Inadequate. This is based on the findings at this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hunters Lodge on our website at www.cqc.org.uk.

Enforcement
The overall rating for the service has changed from Requires Improvement to Inadequate. This is based on the findings at this inspection. We have identified breaches in relation to people's safety, mental capacity and person centred care as well as fit and proper staff being employed and good governance. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
The overall rating for this service is 'Inadequate' and the service 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 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

Hunters Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.
Inspection team
The inspection was carried out by two inspectors. One inspector attended the service and one inspector spoke with the registered manager by phone.

Service and service type
Hunters Lodge 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
We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the service to support the inspection.

What we did before the inspection
Before the inspection we reviewed information we held about the service. This included statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We reviewed the provider's action plan for improvements as well as 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
We spoke with three people who used the service about their experience of the care provided and one relative. We spoke with three staff and the service manager. We reviewed a range of records. These included five people's care records and medicines records. We looked at staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We spoke with the registered manager by phone and continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection in February 2020 we found the service was not always safe because people's risks were not always appropriately assessed. The failure to ensure people's care was planned and delivered safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At this inspection we found people were not always protected from foreseeable harm. Where people presented with known risks these were not always appropriately assessed. For example, one person at risk of falling did not have a falls risk assessment in place. In another example, the known risks to one person associated with their mental health needs were not assessed. This meant staff did not always have clear guidance on the actions they should take to protect people from avoidable harm.
- Where people's care records noted they may present with behaviours that challenge, staff had insufficient information regarding the triggers for behaviours or what to do when behaviours were displayed. This meant people's risk of harm during behavioural incidents were not adequately risk assessed or managed.
- The provider did not always ensure a safe environment. At our last inspection we found that window restrictors were not in place throughout the care home. At this inspection we observed that whilst most people had restrictors on their bedroom windows, one person did not. This meant the person was at risk of harm resulting from a fall from height.
- The provider did not have systems in place for checking and recording the status and condition of window restrictors throughout the care home and ensuring their compliance with the guidelines published by the Health and Safety Executive.

Although we found no one had been harmed, not enough improvement had been made to manage people's risks, environment and medicines at this inspection. As a result, the provider remained in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
At our last inspection we found that people did not always receive their medicines safely. This was because medicines administration records indicated staff administered an incorrect dose of medicine on two occasions. In addition, there were gaps in medicines recording; staff had no information regarding 'when required' medicines; there were no written audits and we found staff lacked training in medicines

administration. The failure to ensure that people's care was planned and delivered safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● At this inspection we found that whilst some improvements had been made a number of our concerns remained. For example, staff still did not have guidance in care records regarding 'when required' medicines. This included the specific circumstances in which medicines should be administered and the maximum number of doses which may be administered in a 24 hour period.
● No arrangements were in place for staff to record medicines errors or concerns and management checks did not always reveal where errors had occurred. For example, we found that one person's prescription permitted them to receive 'when required' medicines up to three times in a day. We found an occasion when staff signed to confirm administration on four occasions. This meant there was a risk of people receiving medicines at a higher dose than their doctor prescribed.
● Medicines were stored securely. Staff checked and recorded the temperatures at which medicines were stored. However, we noted that no action was taken when temperatures which could damage medicines were reached.

Although we found no one had been harmed, not enough improvement had been made to manage people's risks, environment and medicines at this inspection. As a result, the provider remained in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
At our last inspection we found out of date food in the fridge. At this inspection we found foods in the fridge which had been opened but not labelled. This meant staff did not know on what date the foods were opened or should be used or discarded by. This practice placed people at risk of eating unsafe foods which could make them unwell. The failure to assess the risk of infection and to prevent and control the spread of infection was a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

●The provider had updated their Infection control policy since the start of the Covid-19 pandemic, however we found the service was not always delivered safely and in line with this new policy.
● Whilst staff wore appropriate personal protective equipment (PPE) an appropriate location was not in use for staff to put on and take off PPE. Rather than putting on new PPE and removing used PPE at an appropriate designated location within the care home or externally, staff did this in the lounge. By removing potentially contaminated PPE in a communal area people were exposed to the risk and spread of infection.
● The registered manager did not have an auditing system to check and record the effectiveness and quality of cleaning throughout the service.
● No manager or member of staff had been designated lead person with responsibility for cleaning and decontamination within the service.
● There were no cleaning schedules or system for decontaminating shared bathrooms and toilets.
● Handtowels were missing from two communal bathrooms. This prevented hand hygiene to be practiced in line with published guidance.

● The provider failed to undertake Covid-19 risk assessments for people or the staff supporting them.

The failure to assess the risk and to prevent and control the spread of infection is evidence of a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
At our February 2020 inspection we found the provider did not always operate and maintain effective recruitment procedures. This was because robust checks had not always been made of staff providing people with care and support. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

● At this inspection we found that people continued to be supported by staff whom the provider had failed to assure themselves were safe and suitable. For example, one member of staff had no references from any of their previous employers. This meant the registered manager was unaware of their conduct or capability in previous roles or the reasons they left previous employment.
● In another example, one member of staff did not have a Disclosure and Barring Service (DBS) check on file. The DBS provides information to providers which may include details of criminal convictions and whether individuals are barred from working with vulnerable people. Whilst this member of staff did not directly deliver the regulated activity of personal care, they performed their role throughout the care home independently and without supervision.
● There were no records of staff inductions, spot checks or observations being carried out. This meant the registered manager failed to maintain records upon which they could rely when assessing the suitability of staff at the end of their probation period.

The provider's failure to operate and maintain effective recruitment procedures is a continued breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found the provider did not deploy enough staff. This was breach of Regulation 18 (Staffing) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation.

● At our last inspection we found that not enough staff were deployed to ensure people's safety. At this inspection we found that staffing numbers had increased during the day and at night.
● Members of staff told us they felt staff numbers were sufficient.
● We observed staff in sufficient numbers throughout our inspection to respond to people's needs in a timely and safe way.
● The registered manager confirmed that further recruitment was planned which would reduce the service's dependency on regular agency staff.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong
● Staff received safeguarding training which provided them with the skills to recognise signs of abuse and the knowledge to take action should they suspected it.

● Since the last inspection the service manager had introduced a programme for checking people's finances. This measure was introduced to protect people from the risk of financial abuse.
● Staff we spoke with understood the provider's whistleblowing procedure and their role within it to keep people safe. Staff also understood the process for reporting accidents and incidents.
● The provider acknowledged the need to improve systems for identifying when things had gone wrong and learning lessons from such events.
● At the time of our last inspection not all people had personal emergency evacuation plans (PEEPs) in place. At this inspection we found that PEEPs were in place for all people and that the appropriate fire safety checks and drills were undertaken. This meant people were protected by the preparedness of staff to respond to a fire emergency.
● People were supported to use their wheelchairs safely. Staff were trained in safe transfer techniques. Staff regularly checked people's wheelchairs to ensure that foot rests and seatbelts were working effectively and ensured wheelchairs were regularly serviced by contractors.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience
At our last inspection we found that staff did not receive training in the skills and knowledge they required to provide care effectively. We also found the registered manager did not support staff through a programme of supervision and training. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

● At this inspection we found that staff had received training in a range of areas. However, the registered manager did not ensure that competency checks were carried out to confirm staff had the skills and knowledge required to provide care. For example, staff we spoke with confirmed they had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Because the service had been in breach of regulation in relation to DoLS at our last inspection, we asked staff follow up questions on the subject. It was clear from staff responses that they did not fully understand what DoLS were or how they should be implemented at the service. By not checking staff competency following training the registered manager failed to establish the effectiveness of the training or its impact on the skills and knowledge of staff.

● At our February 2020 inspection we found very little evidence of staff supervision. At this inspection we found that the new service manager had started providing supervision meetings for staff. These had taken place a month before this inspection. The service manager confirmed these were the start of a programme of regular supervision sessions.

Whilst improvements had been made around the supervision and training of staff, the failure to ensure staff competency meant a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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,

At our February 2020 inspection we found that staff had not received training on the MCA and DoLS and did not know how they should be applied in people's individual circumstances. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

● At this inspection we found that people's care and support was still not delivered in line with legislation.
● None of the people living in Hunter's Lodge had a mental capacity assessment in place. However, care records for some people indicated that mental capacity assessments were required.
● The provider had summitted DoLS applications to the local authority for all the people living in the care home. However, care records indicated, and staff confirmed, that several people clearly had mental capacity and therefore DoLS applications were inappropriate. This meant people with capacity were at risk of being deprived of their liberty without their consent.
● Staff we spoke with had completed MCA and DoLS training. However, no competency assessments had been undertaken to confirm their learning. Staff who spoke with us lacked an understanding of MCA and DoLS.

The provider continued to be in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

● People's needs were assessed. Where required, assessments were undertaken by health and social care professionals and care plans reflected their input.
● The provider continued to work in partnership with other services and agencies. The registered manager explained that some meetings with professionals were taking place by phone in line with social distancing guidance.
● People were supported to access healthcare services and professionals whenever they required. One person told us, "If I need to, I can go to see a dentist."

Supporting people to eat and drink enough to maintain a balanced diet
● Staff ensured that people ate well and remained hydrated throughout the day.
● People received the support they required to eat and drink.
● Staff supported people to choose what they ate and drank and provided alternatives when required. One person told us, "Staff sometimes cook other food for me if I say."

Adapting service, design, decoration to meet people's needs
● The care home continued to be suitable to meet people's needs. A stairlift was in place to support people to move between floors.
● The service continued to be homely and people's bedrooms remained personalised.

Requires Improvement

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we found that some people's personalised information was missing and that paper and electronic care records contained conflicting information. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Since the last inspection the provider had migrated all care records from paper documents held in files to electronic documents stored on a computer and hand-held tablets [small, portable computers]. The tablets were used by care staff. We checked the hand-held tablets used by staff and found that not all care records were complete. For example, neither the care plans or risk assessment for one person could be found on a tablet. This meant staff did not have ready access to information about the person's needs and how they should be met or the person's risks and how they should be mitigated.
● Other people's electronic care records consisted of single sentences. This meant people's choices and preferences about how they wanted their care and support provided were not recorded or available to staff.

Whilst some improvements had been made, they were not sufficient, and the provider remained in breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation
●At our February 2020 inspection we found that people were not always supported appropriately to engage in activities. In particular there were limited opportunities for people to participate in activities in their local community.
● At this inspection the provider explained that community access had been limited due to the Covid-19 pandemic. This had included a period of lockdown when people were encouraged to follow government guidance and remain at home. The registered manager told us that whilst there had been, "a dip in outside activities during this period, activities at home had increased."
● People told us they engaged in activities at home. One person said, "Sometimes I cook with the staff."
● We observed people participating in a basic chair exercise session, which participants appeared to enjoy. One person told us, "I like the exercises."

● People received support to meet their cultural needs. For example, people's views were gathered by staff at residents meetings to celebrate Black History Month.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The service made some information available to people in an accessible format. This included information in a pictorial format that people could understand.
● People's communication needs were assessed and met. Where required, staff supported people to access Speech and Language Therapy and followed the guidelines they produced.

Improving care quality in response to complaints or concerns
● People and their relatives understood how to make a complaint if they had any concerns.
● The registered manager confirmed that no complaints or concerns had been received in the months since our last inspection.
● One relative complimented the service manager on being, "On top of the issues" regarding their relatives changing needs.

End of life care and support
● Staff had the skills and knowledge to support people through their end of life care.
● The service worked in partnership with a beacon hospice service to develop end of life care plans for people who required them.
● One relative told us the service had enabled them to participate in the development of end of life plans for a family member.

Inadequate

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our February 2020 inspection of Hunters Lodge we found poor governance. This was because the service was not effectively overseen by the registered manager, quality assurance processes failed to identify shortfalls and appropriate actions were not taken where failings had been identified. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served the provider with a Warning Notice and required the provider to be compliant with Regulation 17 by 24 April 2020.

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

- At our last inspection we found the registered manager remained largely absent from the service. At this inspection we were told the registered manager was shielding due to the on-going Covid 19 pandemic. Whilst we were told the registered manager phoned the home regularly, the management arrangements in place were insufficient to drive improvements.
- The new service manager was spoken of fondly by people and staff. However, they were new to adult social care as well as the service. In these circumstances we were concerned that the registered manager failed to ensure the service manager received an appropriate induction when they came into post. This failure meant the service manager did not know that a Warning Notice had been served by CQC in relation to the poor quality of management at the service. As a result, several concerns set out in the Warning Notice remained. For example, people still did not have mental capacity assessments in place, recruitment process continued to be unsafe and staff access to complete and accurate care records remained inadequate.
- Quality assurance processes remained inadequate. The provider remained in breach of all six regulations we identified and reported on at our last inspection. Checks of the service continued to fail to identity and rectify the problems we found at this inspection. For example, quality checks of care records failed to identify that staff did not have access to care plans and risk assessments on their hand-held tablets. Similarly, staff continued to lack understanding about how to support people in line with the Mental Capacity Act and its associated Deprivation of Liberty Safeguards because their competences were not assessed. Further, we found that quality checks of the environment continued to fail to detect the presence of unsafely stored food items in the fridge.

The provider's failure to monitor and improve the quality and safety of the service is a continued 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.

● The service manager arranged regular meetings to gather people's views. The records of these residents' meetings were kept for future reference and for those who could not attend
● The provider undertook surveys of people's views and planned to use these when planning the service.
● In line with people's stated preferences the service manager ensured a gender balance of staff throughout the day. This meant people could always be supported by a member of staff of the same gender.
● Team meetings were arranged at which the service manager provided updates and staff had the opportunity to share their views about care and support.

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 understood their responsibility to report serious incidents. This included timely notifications to CQC and safeguarding alerts, if required, to the local authority.
● The provider engaged in partnership working. To meet people's needs the service worked with health and social care professionals. To improve the service the provider worked with a local authority support team.
● The registered manager told us that plans for improvement of the service included new and more detailed action plans as well as substantial changes in leadership roles.

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 The provider did not always assess people's needs and preferences. Care records did not always reflect people's preferences and were not always regularly reviewed and updated. Regulation 9 (1) (a) (b) (c) (3) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to act in accordance with the Metal Capacity Act 2005. Regulation 12 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess the risks to the health and safety of service users; to ensure the premises was always safe; to manage medicines safely and to assess the risk of, and prevent, the spread of infection. Regulation 12 (1) (2) (a) (d) (g) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to assess, monitor and improve the safety of the service. Risks were not assessed and mitigated. The provider failed to maintain accurate and complete care records for people.

Regulation 12 (1) (2) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to effectively operate recruitment procedures to ensure that staff had the necessary qualifications, competence, skills and experience. Regulation 19 (1) (b) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to supervise staff until they could demonstrate acceptable levels of competence to carry out their role unsupervised. Regulation 18 (2)