

The Frances Taylor Foundation St Raphael's

Inspection report

6-8 The Butts
Brentford
Middlesex
TW8 8BQ

Tel: 02085603745
Website: www.ftf.org.uk

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

St Raphael's Care Home offers accommodation with personal care for up to 21 people with a learning disability. The accommodation is provided in two adjacent buildings, Fatima House and St Raphael's itself. At the time of the inspection eight people were living in Fatima House and eight people lived in St Raphael's.

St Raphael's is part of the Frances Taylor Foundation, a charitable organisation providing a range of services mostly for people with a learning disability.

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

The service did not always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people living at this service did not fully reflect the principles and values of Registering the Right Support for the following reasons, people using the service did not always receive person centred care which was appropriate and inclusive for them. Staff were not applying the principles of the Mental Capacity Act 2005 to empower people to make their own decisions about their care or to demonstrate how they made best interests decisions where people did not have the mental capacity to make specific decisions.

The provider had quality assurance systems and structures, but these were ineffective because areas identified for improvements through audits and various investigations were not always addressed in a timely manner. There was also a lack of clarity within the management team as to whose role it was to address identified shortfalls, who was accountable, and who would have oversight of the overall quality of the service and take appropriate action if identified improvements did not take place within set timescales as per the home's action plan. This meant people were not being adequately protected from the risk of receiving unsafe and inappropriate care.

People's medicines were not always managed in a safe way. Some risks to people had not been identified or addressed. Senior staff were not able to provide evidence of safeguarding incidents having been fully documented. We have recommended that the provider seek and implement national guidance in relation to safeguarding adults and recording information accurately. The home was not using a dependency toolkit to assess staffing levels. We have recommended that the provider implement best practice in ensuring staff numbers reflect the support needs of people using the service.

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. Staff were not receiving appraisals in line with the providers policy.

Since the last inspection, care plans had been updated and staff were reviewing the care plans but they were not updating them with important information about people's changing medical needs. This meant staff were not always provided with clear guidance to help care for people. There was a lack of person-centred practices to ensure people's needs were met.

The provider had introduced a training matrix since the last inspection, however, the provider had not received evidence of training certificates for agency staff which meant we could not be assured agency staff had the appropriate knowledge and skills to meet people's needs. We reviewed two people's care plans and they were meant to be receiving a higher level of individual support, but from the staff rota we could see no evidence of staff being allocated to provide this care and support.

The service was clean and well maintained. Systems were in place to ensure equipment was safe and in good working order. Since the last inspection the provider had recruited a chef, and this helped to ensure people's nutritional needs were met. Staff were receiving regular supervisions in line with the providers policy. Staff felt better supported and we could see evidence of staff morale improving.

The manager demonstrated a willingness to make further improvements and after the inspections sent us documentation to evidence how they were committed to improve the running of the home.

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 (report published 21 October 2019) and there were multiple breaches of regulations. 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 targeted inspection to check on some specific concerns we had about staffing and person centred care and whether the provider had met the requirements of the Warning Notices in relation to regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. It was also carried out to check if the provider had met regulations 9 (Person centred care), 15 (Premises and equipment) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities), which they were also breaching at our last inspection in August 2019.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement

At the previous inspection the service was in breach of regulations 9, 12, 15, 18 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served Warning Notices on the provider for the breaches of regulations 12 and 17 (safe care and treatment and good governance and requirement notices for breaches of regulations 9, 15 and 18 (person centred care, premises and equipment and supporting staff). At this inspection we found that the provider had made some improvements but was not fully meeting the requirements of the Warning Notices and also remained in breach of regulations 9 and 18. The provider was no longer in breach of regulation 15.

We have imposed conditions on the provider's registration.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Raphael's on our 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

St Raphael's

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on some specific concerns we had about staffing and person centred care and whether the provider had met the requirements of the Warning Notices in relation to regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. It was also carried out to check if the provider had met regulations 9 (Person centred care), 15 (Premises and equipment) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities), which they were also breaching at our last inspection in August 2019.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by two inspectors and a member of the CQC's medicines team.

Service and service type

St Raphael's 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.

At the time of the inspection, the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

This inspection was unannounced on the first day and we announced the inspection on the second day.

What we did before the inspection

We reviewed the information we already held about this service. We reviewed information including

notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must tell us about by law, such as abuse. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with members of staff including the manager, the care lead, senior staff, two care workers and the cook. We completed observations to help us understand the experience of people who could not talk with us. This included an observation at lunch time. We reviewed a range of records. This included four people's care records, 10 people's medicine records and a variety of records relating to quality assurance at the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check on some specific concerns about the service and if the provider had met the requirements of the Warning Notices and Requirement Notices imposed on the service following our last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a 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 remained in breach of regulation 12.

- Medicines were not always administered safely. We found instructions in one person's medicines administration records (MAR) were not consistent with the protocol to administer medicines prescribed to be given as and when required (PRN). For example, this person's PRN protocol stated, "Take two up to four times a day" Whereas the MAR chart stated "1 or 2 four times a day when required." This meant there was a risk staff would not administer these types of medicines effectively to people.
- In another person's MAR chart, we found a medicine had been written with the wrong start and finish date. Also, we found evidence of amendments to the MAR chart for the same person which had not been double signed, in accordance with best practice. This meant there was a lack of clarity as to how this person was taking this medicine, potentially leading to medicines errors. During the inspection we pointed this out to staff, and it was changed to the correct dates before the end of the inspection.
- In another person's file we read, "[Person] takes medicine from a spoon followed by a spoonful of yogurt." The provider had contacted the pharmacist in December 2019 to ask if there was any interaction between the medicine and the yogurt, however they had not received a response and they had not followed this up with the pharmacy.
- We found staff had sometimes crossed out medicines on people's MAR chart by hand, but this was not signed, in accordance with best practice. This meant we did not always know if they had the correct authorisation to do this. This was not in line with guidance from the National Institute for Care and Health Excellence on the management of medicines in care homes. The guidelines states, "The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used."
- At the last inspection, we found medicines were not stored safely. At this inspection we found medicines were still not always stored in accordance with manufacturer's instructions. For example, in St Raphael's,

we did not see temperature records for stored medicines and in Fatima House the medicines cupboard on the first floor had at times been above 25°C during the past month. We raised this with a senior staff member about the fridge temperatures and they told us staff had placed ice packs in the fridge, however the temperature remained the same and senior staff did not take follow up action to check if medicines were being stored safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were 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.

- Since our last inspection we saw some improvements in completing people's MAR and the manager did have oversight when there were medicines errors. When medicines errors occurred, the manager addressed concerns through training and group supervision.
- Following the inspection, the manager has again followed up with the pharmacy to seek clinical advice on giving yogurt after the person takes their medicine to make sure it was safe to do so.

Assessing risk, safety monitoring and management

At our last two inspections of the service the provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During the inspection we observed call bells were not accessible to people as these were either tied up or disconnected. On the day we asked the manager and senior staff the reason for this and they were unable to provide a clear explanation. We asked the manager how people alerted staff if they needed assistance. The manager told us, " If the person needed help, they would come downstairs." The manager informed us, staff carried out hourly checks at night and they recorded this information in people's individual care records. We checked these records and there was no indication of hourly checks having been completed or recorded.
- After the inspection the provider confirmed that the call bell system had never been operational and staff had relied on regular checks on people and people coming out of their rooms to seek assistance if they needed that. As stated above there were no risk assessments in people's care records about how they could seek support or their safety monitored when they were in their rooms or bathrooms on their own, should they need help. This meant we could not be assured people's safety were being adequately monitored when they were on their own in their rooms or bathrooms as some people had mobility and communication needs which meant staff may not know someone needed help or assistance.
- Risks to people had not always been considered, assessed or planned for. Where risk assessments were in place, they did not always provide enough information to keep people safe. For example, in two people's risk assessments, there was no information about equipment which should be used by staff to monitor them whilst in bed. This meant staff may not always have the correct information to help keep people safe.
- Another person's skin integrity risk assessment stated they needed to be "Repositioned every two hours and not left in their wheelchair for more than four hours." We reviewed this person's repositioning records and they were not always completed in full. This meant we could not be assured staff were always working in line with the person's risk management plan to mitigate potential risks.
- We reviewed two people's mobility care plans, and we found these had not been updated to reflect falls

that had occurred earlier in the year. This was recorded in the incident and accidents folder but had not been updated in each person's care plan. This meant we could not be assured staff had up to date information regarding people's changing needs.

- There were incidents recorded regarding behaviours that could challenge the service, but we could not always see evidence of staff referring and following up these matters with specialist health care staff to alert them of the incidents and to seek their professional advice to try and support people with these behaviours.

The above demonstrates an ongoing breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

- At our last inspection, we raised concerns as people's personal equipment was found to be broken. At this inspection, we found the equipment to be in good working order.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy which stated, "The provider would monitor all safeguarding incidents to monitor trends." We reviewed the safeguarding log over a six-month period and noted the provider had not always completed their own internal paperwork to monitor the concerns and provide an audit trail in line with their policy. This meant they did not always know the outcome and possible impact of the safeguarding incidents.

We recommend the provider seek and implement national guidance in relation to safeguarding adults from the risk of abuse to ensure they had robust systems in place to report and manage safeguarding concerns appropriately.

- The provider had a safeguarding policy and procedure in place and staff understood how to raise a safeguarding concern. Safeguarding concerns had been reported to the local authority and the CQC appropriately.

Staffing and recruitment

- The manager told us that, in relation to the staffing levels at the home, they felt people required varying levels of support. However, the home was not using a dependency toolkit to assess staffing levels in relation to people's support needs. The manager told us they had requested support from senior managers to introduce a dependency toolkit as they felt this would ensure the right staffing levels were in place to meet people's care needs appropriately.

We recommend the provider identify and implement best practice to make sure the right staff numbers are in place to reflect the support needs of people using the service.

- During the inspection we reviewed the recruitment records for two new staff members. Within the files we saw there were references from previous employers and staff had up to date Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.
- The provider used an agency to provide staff to cover shifts when they did not have enough of their employed staff. There were profile pages on each agency worker which included when a criminal records check had been carried out.
- The provider also used the services of other professionals, for example trainers to support staff with their training. However, they did not always ensure these people were adequately vetted to make sure risks to the

service and people were minimised. When we raised this matter, the provider told us they would make sure professionals and other people supporting the home will be adequately vetted in the future.

Preventing and controlling infection

At our last inspection the provider had failed to assess the risk of preventing infections and cross contamination. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- At the last inspection we found the home to be unclean in places, at this inspection we found the home to be clean and well maintained. The communal kitchens were regularly cleaned, and we saw staff had completed a cleaning schedule. The cupboards were clean and tidy, and all equipment was in good working order.
- The communal toilets were well maintained and the provider was continuing with a schedule of works to update the bathrooms.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on some specific concerns about the service and if the provider had met the requirements of the Warning Notices and Requirement Notices imposed on the service following our last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff with training, supervisions and appraisals. This was a breach of regulation 18 (Staffing) 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 18.

- At the last inspection the provider could not demonstrate all staff received appropriate training or support to fulfil their roles. Whilst there were some improvements to staff training, we found no evidence of the provider seeking confirmation on what training, agency staff had completed and if they had been assessed as competent before they started working at the home. This meant we could not be assured staff were competent to care for people and carry out the work required.
- At the previous inspection, the provider had not completed staff appraisals. At this inspection, there was still no appraisal scheduled for staff. We raised this with the manager, and they told us they had not completed appraisals since they started in post earlier this year.

The failure to ensure staff received adequate training and appraisals is a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Staff supervision was carried out by the manager and we saw evidence of these meetings happening and they were in line with the provider's policy. The manager was also hosting weekly themed group supervisions, and these were used as a tool to support staff to improve their practice and also to reflect on good work which had been achieved.
- Since the last inspection the provider has recruited a new manager and a care lead, and these staff are continuing to embed the core values of the service. At the last inspection, we found staff morale was low, during this inspection, staff were engaging positively with each other. One staff member told us, they found the manager supportive.
- Following the inspection we were told by senior staff they would be scheduling appraisals for all staff. Ensuring consent to care and treatment in line with law and guidance

At our last inspection we recommended the provider implement national guidance on caring for people according to the principles of the Mental Capacity Act 2005 (MCA). The provider has not made the necessary improvements.

The 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.

- The provider's processes for identifying and supporting people who lacked mental capacity were not robust as it was not always clear how decisions around people's care had been made or agreed. The provider had not completed mental capacity assessments for people to identify if they had capacity to consent to the care provided.
- People had cognition care plans completed, but we found them to contain conflicting information in places. For example, it stated in one person's cognition plan they did not have capacity for major decisions and they needed best interest decisions made for them, yet we could find no best interest decisions made for this person, for example in relation to receiving care at the service.

This meant systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we observed staff asking for consent before helping people with their personal care and staff asked people what they would like to eat first when helping them to eat their lunch. Following the inspection, the manager took prompt action to arrange staff training on the MCA.

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

- At our last inspection the provider had failed to ensure the premise and equipment was adequately maintained. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- During this inspection we found people's personal equipment was clean and maintained and equipment was serviced in line with the manufacturer's recommendations.
- At the last inspection repairs were not always reported when they were identified. The provider has now recruited a handyman and there was a procedure in place for reporting repairs. The repair folder was

reviewed daily by the manager to ensure all actions were completed promptly.

- The home was planning an ongoing schedule of work to renovate the home and redecorate people's rooms. For example, at the last inspection the provider told us, they were installing three ceiling hoists in people's rooms. During this inspection we saw this work had been completed.
- People's rooms were clean and tidy and personalised to their individual tastes and preferences. The decorations seemed bright and there were examples of people's artwork posted on the walls and photos of people living there. We looked in two people's bedrooms and we found the rooms were clean and maintained. After the inspection, the manager told us, they were purchasing six new mattresses for Fatima House. This was part of the ongoing schedule of refurbishment.

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

At our last inspection we recommended the provider implement national guidance around the provision of varied and nutritious food for people living in care homes. The provider had made improvements.

- Since the last inspection, the home has recruited a chef and they had a good knowledge of people's specific dietary needs. The chef told us they planned the menus to ensure people received a more balanced diet. We saw evidence of this when we looked at people's menu choices. One person told us "The food is good and colourful."
- If people had any specific dietary needs or risks this was managed appropriately. The chef held information on all people's dietary needs. This included the provision of texture-modified meals and thickened drinks to reduce the risk of choking. Staff were using the correct equipment to check the temperatures of food.
- People's mealtimes were relaxed, and staff interacted well with people. We observed staff sitting with people helping them over lunch.

Is the service responsive?

Our findings

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

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on some specific concerns about the service and if the provider had met the requirements of the Warning Notices and Requirement Notices imposed on the service following our last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider was not providing person centred care to people according to their needs and preferences. 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 still in breach of regulation 9.

- One person's care plan stated they should be supported by staff to complete a range of exercises daily. This guidance was directed by the physiotherapist, yet we could not find a record of the exercises being carried out. We discussed this with the manager who told us, this person was not having physiotherapy due to their health needs. Therefore their care plan had not been updated when it was reviewed in November 2019 and June 2020 to reflect this change.
- Some people's care plans contained conflicting information about people's needs, for example one-person's support plan was not clear on what mobility equipment they required when accessing the community. This meant staff might not have the correct information to ensure they could provide appropriate and safe care and support to the person.
- We could see evidence of people requesting personal care from gender specific staff but this information was not always known to staff. For example, one staff member contacted a family to request this information when it was already recorded in their personal care plan.
- The care plans for some people indicated they required one to one support during specific times of the day. The manager confirmed the reasons for these levels of care was not recorded within their care plans. The manager informed us, they were reviewing peoples' levels of care needs to ensure the one to one support reflected safe and appropriate care. We were not assured care plans accurately reflected the enhanced levels of care people required.

The fact that people's care needs had not been fully considered and addressed in their care plans was a continued breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Meeting people's communication needs

At our last inspection the provider had failed to ensure that people's communication needs had been fully considered and assessed. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of the regulation 9.

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.

- At the last inspection people did not have a communication plan in place. At this inspection we found people's communication needs were assessed and recorded in their care plan, so staff would know how to communicate with the person. The manager was proactive in working with specialist healthcare providers to ensure staff understood how best to communicate with people.
- Each person had a 'communication profile'. This provided details about how the person communicated their needs in their unique way.

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

At our last inspection the provider was not providing stimulation and appropriate recreational activities. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 9.

- People were supported to follow their interests or encouraged to take part in social activities relevant to their preferences. One person told us, "There are lots of activities".
- Many of the people had been attending a local day centre which was closed as a result of the pandemic. The provider had introduced a range of activities for each morning and afternoon. We reviewed the activities folder and we found most activities were carried out in small groups and there was a range of interesting activities for people to take part in. People told us they liked the activities.
- People were supported to access the outside garden area and during the inspection we observed staff supporting people to walk in the garden area.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on some specific concerns about the service and if the provider had met the requirements of the Warning Notices and Requirement Notices imposed on the service following our last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection the provider did not have robust arrangements to assess, monitor and improve the quality of service provided to people. This was a breach of regulation 17 (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 still in breach of Regulation 17.

- At the inspection in August 2019, we identified that the quality assurance processes the provider had in place were not effective and did not always provide the necessary information about areas that were defective to enable improvements to be made. At this inspection we found the provider had introduced some new processes to monitor and assess the quality of the care provided but there was a lack of clarity on the governance processes and how quality improvements would take place. This meant there was often no clear timeframe for tasks to be completed and no oversight to confirm the tasks have been completed and to hold people, who were responsible to complete various actions, into account if these were not completed. In addition there was no analysis where tasks and actions had not been completed to identify what went wrong so learning could take place to prevent similar situations from arising again.
- Medicines audits were carried out monthly, yet they failed to identify the concerns we found during our inspection. We asked the manager if there was a clear time frame for the introduction of a dependency toolkit and we were told they had been requesting this support for months but nothing has been implemented yet.
- We found risks relating to the management of medicines and to the care of people were not being adequately mitigated, staff not always receiving all the training they required and yearly appraisals and people's care records not demonstrating they were always cared for in a person centred way.
- When risks were identified, there was at times little evidence of action having been taken to address the concerns. For example, when we asked senior staff why call bells were not working, they responded that it was not their job to action but the responsibility of the manager. However, the manager was not aware that

this was one of their responsibilities, as part of their role.

- As a result of the above, despite an action plan received from the provider following our last inspection, similar concerns identified at previous inspections were found at this inspection, notwithstanding there were improvements in some areas.
- We could only see regular auditing for the whole home for the month of June. This audit identified concerns but there was no timeframe to address shortfalls, which meant there was a clear lack of cohesive support and communication on who was responsible for leading on various improvements. For example, the provider was unable to provide us with evidence of mental capacity assessments or best interests decisions being done for people despite the home having identified improvements required in this area.
- Quality assurance systems and processes were still not sufficiently robust as they were ineffective given senior staff were not aware staff had not had an appraisal since 2018 and staff training was still not up to date.
- We could see evidence of infection control audits identifying concerns but there was a lack of information to tell us what action staff were taking to address the concerns.
- Furthermore, there was a lack of records in relation to the management of safeguarding incidents and dealing with incidents and accidents to provide a clear audit trail about how these incidents had been responded to and the outcomes of any investigations.

The above shows that systems were either not in place or robust enough to demonstrate that the provider was adequately managing the quality and safety of the service. This placed people at risk of harm. This was an ongoing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- During the inspection the manager and the care lead understood the action they needed to take to address the concerns we found. The manager told us they were committed to making the necessary improvements to ensure people received good care and support.
- Staff told us they attended meetings with the manager on a regular basis. We saw evidence team meetings had taken place and actions had been taken to address issues identified.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure that care was designed for people with a view to achieving service users' preferences and ensuring their needs were met.</p> <p>Regulation 9 (1) (3)</p>

The enforcement action we took:

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not recorded where people did not have the mental capacity to make certain decisions, any decisions made were in their best interests</p> <p>Regulation 11(1)</p>

The enforcement action we took:

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure safe care and treatment because they had not always assessed risks to service users safety nor had they done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p>

Environmental risks and risks to people were not always identified or addressed.
Regulation 12 (1) 12(1) and (2)(a), (b) and (g)

The enforcement action we took:

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service and to assess, monitor and mitigate risks</p>

The enforcement action we took:

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure service users were cared for by staff who were suitably trained and receiving an annual appraisal to carry out their role.</p> <p>Regulation 18 (2)</p>

The enforcement action we took:

We have imposed conditions on the provider's registration.