

Mauricare Limited

Dallington House Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 26 June 2018 and was unannounced.

Dallington House Care 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 care home accommodates up to 16 older people, some of whom were living with dementia or learning disabilities. On the day of our visit, there were 13 people using the service.

This was the fifth comprehensive inspection carried out at Dallington House Care Home since they registered with CQC on 9 December 2014. During the previous four inspections since June 2015 the provider had been in continuous breach of two regulations relating to safe care and treatment and governance. The provider had showed repeated lack of improvement. We served requirement notices and took enforcement actions however these did not lever improvements.

The provider has continually failed to demonstrate they have the skills and knowledge to implement governance systems which would assess, monitor and improve the safety and quality of the service. The provider's reliance on outside agencies to identify risks and areas for improvement demonstrate the provider's lack of ability to self-govern. Each inspection and assessment by outside agencies have raised recurring themes which indicate the provider's lack of ability to improve the service.

The provider has failed to provide the financial resources required to make essential and on-going repairs, decoration, upgrading of the home and invest in staffing. The home has deteriorated into disrepair, putting people's safety at risk in the event of a fire or through poor food hygiene.

The provider did not respond to people's feedback; they failed to act on people's request for improvements to their environment.

Although people continue to receive care that meets their basic needs, this was due to their good relationships with staff overseen by the registered manager. The registered manager does not have access to the resources needed to make the necessary improvements. There is a lack of provider oversight of the outcomes of the audits that do take place; issues remain unresolved.

Continued improvement is required with the communication within the home to ensure people's current needs are known to all staff.

People did not have all the information they required in a format they could use to make a complaint.

People received their medicines safely. Staff treated people with dignity and respect. People had the freedom to practice their own religion as they preferred.

At this inspection we found that Dallington House Care Home was in breach of three regulations relating to the safe care and treatment, premises and equipment and governance. Using our enforcement policy and decision tree, we have taken further enforcement action. 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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

The provider failed to be compliant with the regulations relating to safe care for over three years.

People were not always protected from the risks associated with fire safety and infection prevention.

The provider did not always follow safe recruitment procedures.

People received care from staff that knew how to safeguard people from abuse, however, there were had been delays in reporting to the local authority.

People's risk assessments were reviewed regularly and as their needs changed. There were enough staff deployed to meet people's care needs.

Staff followed safe medicines management.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's needs were not always met by the adaptation design and decoration of the premises.

People could not always be sure that staff had the right information to support them to eat and drink safely.

Staff had received the training and support they required to carry out their roles.

People's consent was sought before staff provided care.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The provider did not respect peoples' right to a clean and safe home as the environment was not clean or well maintained.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

Staff ensured people's privacy and dignity were maintained and respected.

Is the service responsive?

The service was not always responsive.

People did not have all the information they required to make a complaint.

People did not have the opportunity to express their preferences for planning their end of life.

People received care that was planned and met their needs.

Requires Improvement ●

Is the service well-led?

The service was not well led.

The provider did not have suitable systems and processes in place to assess, monitor and improve the service.

The provider did not invest in the future of the home.

The provider did not have systems in place to comply with all legislation

The provider did not respond to people's feedback

There was a registered manager who understood their roles and responsibilities.

Inadequate ●

Dallington House Care Home

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection took place on 26 June 2018 by one inspector, and an assistant inspector.

This was the fifth comprehensive inspection; the last inspection was 16 September 2017 where we rated the service as Requires Improvement. All previous inspections have also been rated as Requires Improvement.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with three people using the service and one visitor. We spent time observing people's care and how staff interacted with them. We also spoke with five members of staff including the registered manager, two senior care staff, one care staff and the cook. We also spoke to a visiting health professional.

We looked at the care records for five people who used the service and medication records. We also examined other records relating to the management and running of the service. These included five staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

Is the service safe?

Our findings

During the previous four inspections since June 2015 the provider had been in continuous breach of Regulation 12: safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider continually failed to make the necessary improvements and failed to ensure people were protected from risks, or taken sufficient action to mitigate all the risks.

At our inspection on 19 June 2015 the provider failed to ensure people were protected from risks to their safety such as lack of staff, assessment of risk, risks of choking and medicines management. We rated the Safe domain as Requires Improvement. We issued a Requirement Notice; the provider had to provide an action plan stating when and how they were to meet the regulations. We received an action plan which stated they would be compliant with Regulation 12 by 2 January 2016. In this action plan the provider stated, 'New fire risk assessment to be carried out by external company to ensure all fire regulations are being met.'

At our inspection carried out on 29 September 2016 the provider was in breach of Regulation 12 as they failed to ensure people were protected from risks to their safety such as assessment of risk, medicines management and lack of referral to relevant health and social care professionals. We rated the Safe domain as Requires Improvement. We issued a Warning notice for the provider to be compliant with Regulation 12 by 9 December 2016.

The provider was also in breach of Regulation 19 Fit and proper persons employed, as they did not complete relevant pre-employment checks. We issued a Requirement Notice; the provider had to provide an action plan stating when and how they were to meet the regulations but the provider did not provide an action plan.

At our inspection on 17 January 2017 the provider was in breach of Regulation 12 as the provider continued to fail to ensure people were protected from risks to their safety such as assessment of risk, medicines management and lack of referral to relevant health and social care professionals. We rated the Safe domain as Inadequate. We took enforcement action to prevent the provider from admitting anyone to the home without the permission of CQC.

At our inspection on 14 July 2017 inspection the provider was in breach of Regulation 12 as they failed to follow advice and guidance for adequate fire safety. We rated the Safe domain as Requires improvement. We issued a Requirement Notice; the provider had to provide an action plan stating when and how they were to meet the regulations by 15 October 2017. We did not receive an action plan, so we contacted the provider on 16 October 2017; they submitted an action plan which did not adequately explain how they planned to be compliant and this demonstrated the provider had not taken any action to be compliant since the inspection on 14 July 2017.

At this inspection we found that the provider continued to fail to meet all the fire safety measures. The provider did not have systems in place to carry out a fire safety check. The home had been inspected by the

local fire safety officer in April 2018; they issued the provider with an action plan to be compliant with all the fire safety regulations by July 2018. This included the upgrading of a window between the day room and the corridor to be fire resistant. At this inspection we saw the provider had boarded up the window but they could not be assured that this had increased the fire resistance; they had not sought advice. Some doors were fire doors; however, they did not close properly. This meant that these doors would be ineffective in the event of a fire as fire could spread in the gap in the door opening. The provider had not ensured that these doors closed properly.

Although the provider had replaced one fire door and completed other actions on the fire officer's action plan, the provider had not installed automatic closure mechanisms on all bedroom doors. These mechanisms close doors in the event of the fire alarm sounding to protect people from fire. One person's bedroom door was wedged open by some furniture; in the event of a fire this would increase the risk of fire spreading quickly to other parts of the building. We brought this to the attention of the registered manager who arranged for the door to be closed. The registered manager also told us that only three bedroom doors had automatic mechanisms that closed doors when the fire alarm sounded, as the occupants of these rooms preferred to have their doors open. The provider had not mitigated the risk of the spread of fire by installing a mechanism to close people's bedroom doors in the event of the fire alarm sounding.

The provider did not have systems in place to carry out fire safety checks and they had not been aware of the fire safety issues in the home until the fire officer had carried out their audit. The provider had not been pro-active in assessing the home for fire safety. People continued to be at risk as the provider did not have suitable systems in place to continually assess the home's fire safety and do all that is reasonably practicable to mitigate any such risks. This is a continued breach of Regulation 12 (2 a and b): safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager tested the fire alarm panel on a regular basis to ensure it was working properly and the emergency lights were also checked routinely. Staff had received training in fire procedures, one member of staff told us, "We practiced fire evacuation in our fire safety training." Each person had been assessed for their mobility in the event of an evacuation.

People were not always protected from the risks of infection as the provider did not ensure that staff had all the suitable equipment or a clean hygienic environment to help prevent infections. Staff did not have access to hand drying facilities or antibacterial gel at the hand wash basins. People were at risk of infections as staff did not have the opportunity to clean their hands properly before and after providing care. There were stains on the walls, floors, radiator covers and soft furnishings. The walls, carpet, linoleum, skirting boards, radiator covers and hand rails were in poor state of repair which made them difficult to clean. The soft furnishings were old and required cleaning; however, the materials these chairs were made from made them difficult to clean. At the time of inspection, a commercial cleaning company were due to clean the carpet in the communal area.

The environmental health officer inspected the home in April 2018; they awarded a food safety certificate which rated the service as one star which indicated there were major improvements necessary. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed that the service demonstrated very poor food hygiene standards. Although the provider had taken some action to improve the food hygiene and safety, at this inspection we found areas that continued to require improvement. For example, there were no systems in place to ensure regular deep cleaning of the kitchen, labelling of frozen foods, checking food temperatures before serving and the freezer temperature. The provider had not installed fly netting over the windows in the kitchen, or implemented precautionary pest control contract. The provider

also failed to display the food hygiene rating certificate; we saw that a previous certificate from a different provider was still displayed. We brought this to the attention of the registered manager who rectified as many issues as soon as they could however, some equipment was not readily available as the registered manager relied on the provider to purchase equipment; the registered manager informed the provider of our findings.

The provider put people's health at risk as they failed to have suitable systems in place to preventing and controlling the spread of infections. This also placed people at risk of food poisoning. This is a breach of Regulation 12 (2 h): safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not always followed their systems to report safeguarding concerns. One occasion when staff had reported their concerns to the registered manager; they carried out an investigation before reporting the concern to the local safeguarding team. This is against safeguarding policy which requires all safeguarding concerns to be reported immediately. The registered manager's investigation found that staff did not always report their concerns immediately. This lack of reporting was raised at team meetings and at handovers to share the learning with staff to help empower them to report any concerns promptly.

At this inspection staff demonstrated they knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff told us they would report any concerns to the manager. One member of staff told us, "I've not had to report anything, but I've had the training, I would report anything to [the registered manager]."

The provider ensured that electrical and gas supplies and appliances were monitored and serviced regularly. Portable appliance testing had taken place in August 2017 and contractors were due to check the gas appliances in July 2018. The temperature of the water supplies were also tested regularly to ensure they were at a safe temperature. However, any ongoing maintenance was not always carried out promptly. In April 2018 the environmental health officer had advised the provider that the seals on the gas oven were in poor condition and needed to be replaced; this had not been replaced. The provider did not have systems in place to provide ongoing repairs and maintenance of the environment. They no longer employed a handyman for the home; on-going repairs and maintenance of the home were not routinely carried out. Reported faults and issues with the environment were referred to the provider for consideration as the registered manager did not have a budget to spend on the environment or repairs.

Although the registered manager followed safe recruitment and selection processes, where staff changed roles the registered manager had not always ensured that staff had the relevant and a satisfactory Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We brought this to the attention of the manager who arranged for the staff member to not provide care duties until the correct checks had been taken. Care staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory DBS check.

Staff rotas were maintained in advance; records demonstrated that there were enough staff allocated on all shifts to meet people's care needs. Staff told us there were enough staff and we observed that people received their care in a timely way. However, the home was not clean; there was not a member of staff allocated to cleaning of the home daily, the rota showed that a member of staff had been deployed to carry out cleaning for four days a week for the week of the inspection, but no-one covered this duty when staff

were on annual leave. Staff also told us that there was no longer a member of staff to co-ordinate activities.

People's risks were assessed and reviewed regularly, for example for their risk of falls. Risk assessments reflected people's current needs and people's care plans provided staff with clear instructions on how to reduce the known risks. For example, one person's mobility had changed during a period of ill health, the risks assessments care plans had been updated. However, the information provided on the daily handover sheets required updating to reflect people's current needs for example, one person required daily weights, but this was not on the handover sheets. There was a risk that staff would not always be made aware of people's current needs.

There were appropriate arrangements in place for the management of medicines. Staff had received training and demonstrated they had a good knowledge and understanding of the medicines policy and how medicines should be administered and recorded. We observed that people received their medicines as prescribed and staff recorded accurately when they had administered people's medicines. People had regular reviews of their medicines by the GP.

The registered manager made improvements to the service by using lessons learnt from reported events. They shared the information with staff at handovers and at meetings where they discussed possible solutions and learning from these incidents. For example, improvements had been made to the management of medicines.

Is the service effective?

Our findings

At a previous inspection carried out on 29 September 2016 we found that the provider did not ensure that they referred people to other health care professionals such as a dietician. These matters were a breach of Regulation 12: safe care and treatment of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. On 9 November 2016 we issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring the provider to meet their legal obligation in Relation to Regulation 12 by 9 December 2016. When we inspected the service on 17 January 2017 we found that the provider had not made the required improvements to comply with the regulation. We took further enforcement action to lever improvement to improve the quality of care people received. At the inspection on 14 July 2017 we found that the provider had made the required improvements.

At this inspection people's needs were not met by the adaptation, design and decoration of the premises. The home was cluttered and unclean. The home was in a poor state of decoration. One person had told the provider at a residents' meeting in March 2018 "The garden needs a tidy and decoration of the lounge." No action had been taken to act upon this feedback.

One member of staff told us, "People don't want to go outside, it's a shame." There was a large pile of old furniture in the garden which had been identified as an issue in our inspection in July 2017, the registered manager told us, "The furniture is from the shed which has been emptied to make room for equipment, but the shed still seems full, we have a lack of storage space." Other areas of the home were cluttered, including the conservatory which could not be used as the weigh scales and other equipment were stored in there. People could not access the garden as these items blocked their way. Where people required incontinence pads, these were piled up in people's rooms, for example, in one room there were 14 large packets of incontinence pads on their bedroom floor. Spare wheelchairs were stored in the dining room which could have been used to seat people more comfortably when eating.

The provider had not invested any resources in ensuring people lived in a clean environment that was maintained to meet their needs. This is a breach of Regulation 15 (1a, b and e): Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that people had been referred to health and social care professionals and staff followed their guidance and advice. However, not all the guidance and advice was available to kitchen staff or on handover documents which put people at risk of receiving food and drink that was unsuitable for them. For example, one person required restricted fluids and a low salt diet. Staff had worked closely with health professionals to adhere to the restrictions which had improved the person's health. However, not all staff who prepared and provided the food had these instructions available to them in the kitchen or on the daily handover sheets. There was a risk that this person could be given food and drink which would not be in keeping with medical advice.

Another person who had been assessed as at risk of choking had been recommended by health

professionals to have a soft moist diet and thickened fluids. This information was available on the handover sheet but not to the kitchen staff. The information provided to the kitchen staff stated this person required their food cutting up, special cutlery and a plate guard. We observed that the person required full assistance with eating and drinking; not requiring special cutlery or a plate guard. The information provided to kitchen staff was not updated to this person's current needs and could potentially put them at risk of receiving food and drink that was not safe.

The information provided to kitchen staff did not reflect people's current needs. For example, one person required a sugar free diet for diabetes, but this information was absent. This person could have been at risk of receiving sugar in their diet which would not have maintained their health. Some of the people listed in the kitchen no longer lived at the home, and others who did live at the home were not listed. We brought this to the attention of the registered manager who immediately updated the information in the kitchen.

We brought this to the attention of the registered manager who arranged for the information to be updated immediately, however not all the information was complete.

People were at risk of not receiving food and drink that met their needs as the provider did not have suitable systems in place to update information to all staff. This is a breach of Regulation 12 (2 b): safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had systems in place to assess people to identify the support they required before moving into Dallington House Care Home. People could choose to live at the home for a period of weeks to establish if the home was where they wanted to be. Staff had used the pre-assessments to create a plan of care which was updated as they got to know people or as their needs changed. People's risk assessments were based on best practice and evidence based care. For example, moving and handling risk assessments.

People received care from staff that had the skills and knowledge to meet their needs. All new staff had an induction where they worked through a training programme which gave staff the skills, knowledge and behaviours needed in their roles. One member of staff told us, "I've done loads of training; 10 days of courses including safeguarding and moving and handling." Staff received training in core areas such as health and safety, moving and handling and infection control. New staff received close supervision and shadowed more experienced staff.

There were systems in place to provide on-going support to staff and they confirmed they received regular supervision. Records showed that people had received their appraisals. One member of staff told us, "The manager is really approachable, and staff always support me." Staff had access to supervision when they needed it.

Staff worked together GPs, practice nurses, specialist nurses and district nurses who visited the home regularly to provide health support and care. One person needed to be weighed daily and reports of their wellbeing and observations fed-back to health professionals. Staff had successfully managed the person's care at the home and the person's health had improved. A visiting health professional told us, "I visit once or twice a month to take bloods. I have no concerns, everyone appears to be happy." People had access to healthcare services and received on-going healthcare support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 authorisation to deprive a person of their liberty were being met.

The registered manager and staff understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment. There were four people living in the home that had a DoLS authorisation.

Is the service caring?

Our findings

People were not always treated with respect by the provider as they failed to provide a home that was well maintained, hygienic and upgraded when needed. The provider had not taken action to repair or clean areas of the home that had gone into disrepair, leaving people to live in a home that looked shabby and uncared for.

People commented about their care and the support they received through regular residents' and relatives' meetings. However, not all of people's feedback had been acted upon by the provider. For example, people had expressed concern about the cleanliness and the decoration of the home in March and April 2018, but no action had been taken by the provider to improve the décor or the hygiene.

People had a good relationship with the registered manager and care staff, who knew their likes and dislikes. Staff knew about people's lives before moving into the home and encouraged people to maintain their hobbies. For example, one person liked to play the piano and read. Staff ensured they always had a supply of books they were interested in and people enjoyed listening to them play the piano.

People's privacy and dignity were maintained. People looked happy and contented in the company of staff and we saw staff took care to ask permission before assisting people. One person told us, "Staff are good, they look after me." We observed staff walked with people at their own pace, reassuring them all the time. We observed staff sitting and talking with people and one member of staff took time to do one person's nails.

People were assisted to maintain relationships with their families. One person told us, "Lovely staff here, they help me visit my wife." People told us that staff were always respectful towards them. Relatives and visitors were encouraged to visit the service and there were no restrictions on visiting. One relative had been concerned that their relative had not recognised them during their visit; staff had been more vigilant to look for changes in their health and talk to the person about their family. One visitor told us "They have looked after me and my wife very well."

People chose what they wanted to do, many people were watching the football and discussing the game. One person told us about their joy at watching the recent royal wedding. One person chose to spend most of their time in their room and only came down to the dining room for their main meal of the day, they told us, "I like to spend time on my own." On several occasions we noticed that staff approached people to offer personal care and each time this was done discreetly without others noticing.

People were encouraged to practise their religion; however, most people did not want to attend a church or have services. One person's family provided contact with their mosque and went with them to worship.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and

computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

Is the service responsive?

Our findings

People did not have all the information they required to make a complaint. Although there was information available to people on a notice board, this did not include the contact details of the registered manager or the provider. No information was provided on how to access an advocacy service to support people to make a complaint. The provider had not provided the complaints procedure in a format that met all people's needs. For example, one person required their information in picture form and the complaint procedure was not supplied in this format. People had the opportunity to raise any concerns informally with staff or the manager. There had not been any complaints recorded in the last year; the provider had procedures in place to respond to people's concerns.

People had not expressed their wishes or preferences or planned for end of life care. The registered manager told us that people were reluctant to talk about advance care planning. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care. Although some staff had received training in end of life care they had not had the opportunity to put what they learnt into practice. The registered manager said they would start to record when people expressed a preference about their end of life care.

People's assessments and care plans considered people's values, beliefs, hobbies and interests. People, and where appropriate their relatives were involved in developing their care plans. The care plans were person centred, identifying people's background, preferences, communication and support needs. One staff member told us, "Some people are early risers, and one person likes to go to bed at four o'clock in the afternoon." People's daily notes showed that people did get up and go to bed when they chose.

People's care plans had been reviewed regularly and staff were kept informed of all the changes, although improvements were required in providing handover records to reflect people's current needs. Daily records were maintained to demonstrate the care provided to people. We observed that people received their care as planned. For example, one person's care plan detailed how they should mobilise following an injury, with an orthopaedic boot for four weeks. This had been recorded in the daily notes; this person recovered from their injury.

Staff understood the need to meet people's social and cultural diversities, values and beliefs. One person was vegetarian which was important to them to maintain their religious beliefs. Their needs had been catered for and staff ensured they had what they wanted in their lunchbox when they attended their day centre. The home had celebrated religious festivals such as Christmas and Diwali.

People had access to many games and craft type activities. We observed people using these and staff were knowledgeable about what activities people liked to do. For example, one person liked to do puzzles, staff knew which ones they liked and helped them to access them.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information

Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff knew people's individual communication skills, abilities and preferences. One person required information in pictures, the provider had installed a menu board which told them what day it was and what food was being served.

Is the service well-led?

Our findings

During the previous four inspections since June 2015 the provider had been in continuous breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had showed repeated lack of improvement.

At our inspection on 19 June 2015 the provider failed to have an effective system in place to assess and monitor the service to improve quality and safety. We rated the Well Led domain as Requires Improvement. We issued a Requirement Notice; the provider had to provide an action plan stating when and how they were to meet the regulations. We received an action plan which stated they would be compliant with Regulation 17 by 2 January 2016.

At our inspection carried out on 29 September 2016 the provider was still in breach of Regulation 17 as they failed to have robust systems and checks in place to improve the quality of the service. We rated the Well Led domain as Requires Improvement. We issued a Warning notice for the provider to be compliant with Regulation 17 by 9 December 2016.

At our inspection on 17 January 2017 the provider was still in breach of Regulation 17 as they continued to fail to have effective systems in place to assess and monitor the service to improve quality and safety. We rated the Well Led domain as inadequate. We took enforcement action to prevent the provider from admitting anyone to the home without the permission of CQC.

In December 2017 the provider applied to remove the condition on their registration that prevented them from admitting people to the home without the permission of CQC.

At our inspection on 14 July we rated the Well Led domain as Requires Improvement as although the provider had made improvements some areas such as fire safety and governance of the home, these had not all been signed off as completed. Following our inspection of the 14 July 2017 the provider failed to provide an action plan or carry out the necessary work in an acceptable timeframe.

The provider has failed to be compliant with the regulation in any of the five inspections carried out since their registration with CQC in December 2014. The provider failed to demonstrate they have the skills and knowledge to implement governance systems which would assess, monitor and improve the safety and quality of the service. People continue to be at risk of harm due to outstanding issues relating to their environment, fire safety and infection prevention measures.

The provider did not have systems in place to assess the home for a safety. When outside agencies such as CQC, commissioners, safeguarding, environmental health and the fire service assessed the service they found issues that had not been identified by the provider. Where issues had been identified by the outside agencies, the provider did not take all the necessary actions to improve the safety of the service.

The provider's lack of financial resources into the service has meant that repairs, decoration, upgrading of

the home and deployment of domestic and maintenance staff have not been actioned. The home has deteriorated into disrepair, putting people at risk in the event of a fire or through poor food hygiene.

The provider's lack of effective quality assurance systems has meant that issues such as checking the suitability of staff before they provide care and a lack of response to people's feedback have not been resolved.

Although people continued to receive care that met their basic needs, including good relationships with the registered manager and staff the provider did not provide all the resources required to make the necessary improvements. There was a lack of provider oversight of the outcomes of the audits that do take place; the issues are not resolved.

For example, the health and safety audit is unreliable. The May 2018 audits stated that the provider had a pest control contract, when they did not. The mealtime audit in April 2018 stated that the temperature of food was tested before meals were served, however, the food temperature probe was not working. For example, in the kitchen audit in May 2018, the registered manager noted that the paper towel dispenser needed to be moved so that staff could re-fill the dispenser, however, this had not been carried out. This left staff unable to access to the paper towels they required to comply with food hygiene regulations.

The provider was not responsive to requests for equipment and repairs from the registered manager. The registered manager had requested a food temperature probe, coloured knives and seal repair of the gas oven, but these had not been provided. Although the provider had purchased a new freezer, they had not purchase a thermometer to ensure the freezer was maintained at temperature that kept frozen food safe.

The provider did not respond to people's feedback. In March 2018 people had asked for storage for their mobility scooters, the garden to be tidied and decoration of the home, which did not take place. In April 2018 further feedback about the poor decoration of the home had not been responded to.

The provider had not ensured there were sufficient processes in place to assess, monitor and improve the health and safety of service users. This constitutes a continued breach of Regulation 17 (2) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Good governance.

The registered manager was respected by staff; there was an open culture where staff could talk with the manager about their concerns. New staff had been employed which had improved the staff morale as one member of staff said, "We are now a good team." Two members of staff were proud to be in the team as they believed they were providing good care.

The registered manager knew that they needed to notify CQC of any significant events and incidents within the service. They were aware of the legal requirement to display the registration certificate, inspection report and rating from this inspection. It is a legal requirement that a provider's latest CQC inspection report and rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.