

Quality Homes (Midlands) Limited

Leighswood

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Leighswood is a care home which provides support for up to 23 people in one building. At the time of our visit, 20 people were using the service, one person was in hospital. These were older people, most of whom were living with dementia.

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

Some repairs had recently been undertaken at the service, however we identified further areas of the environment which required improvement, and some equipment was broken. The rear garden of the home was not accessible for people and not a pleasant environment for people to use with rubbish and equipment left in it.

There were enough staff to ensure people were safe and meet their basic care needs. However, most people were living with dementia and staff did always have time to support people in the way they would like to.

Where risks associated with people's health and wellbeing had been identified, plans were in place to manage some of those risks. However, some information in relation to risks was missing, so staff were not able to always support people safely.

People received care which was not always responsive to their individual needs. People were supported with minimal social activities to keep them stimulated.

Care records provided staff with some information in relation to people's backgrounds, interests and individual health needs.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

Medicines were stored and administered correctly, and staff had received some training in relation to this.

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

People told us staff were caring in their approach and had good relationships with people.

Staff encouraged people to maintain a balanced diet and understood people's special dietary needs. The provider and staff team worked with external health professionals to ensure people's health and wellbeing was maintained.

A registered manager was in post. Positive feedback was received in relation to the registered manager.

People and relatives had limited opportunities to feedback about the running of the service.

The registered manager was not aware of the Accessible Information Standard.

Some basic quality checks were carried out to monitor the service, however these had not identified where some improvements could be made to care or the environment.

The correct rating was not displayed. The registered manager had informed us of some significant events at the service however was not always clear of other events we should be notified of.

We received some mixed feedback about the provider in relation to the support they provided.

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

Rating at last inspection

The service was rated as Requires Improvement (published 14 March 2019) and there was one breach of the regulation.

At this inspection, enough improvement had not been made and the provider was still in breach of this regulation and we found further breaches of the regulations.

Following our last inspection, a condition was placed on the provider's registration for them to submit monthly reports to us to show actions taken to improve the service. We had not received all of these reports.

Why we inspected

This was a planned inspection based on the previous rating however was brought forward slightly following some feedback about some concerns received from the local authority.

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

Enforcement

We have identified three breaches at this inspection:

Regulation 15 (1) Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 9 (1) Person – centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 17 (1) Good Governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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> / <remains> 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 always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not responsive

Details are in our responsive findings below.

Inadequate ●

Is the service well-led?

The service was not well-led

Details are in our well-led findings below.

Inadequate ●

Leighswood

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by three inspectors.

Service and service type

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

The service 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. They had been registered for two years.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns. We requested feedback from the Local Authority quality monitoring officer. We used all this information to plan our inspection.

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

and made the judgements in this report.

During the inspection

We spoke with four people who used the service. Some people were unable to tell us about their experience of care at the home, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two relatives and four visiting health and care professionals.

We spoke with three care staff, the cleaner, the cook, the general manager and the registered manager. Following our visit, we spoke with the provider over the telephone. We reviewed a range of records including all or part of six people's care records and four medication records. A number of other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents. We looked at three staff files to check they had been recruited safely.

After the inspection

We continued to seek clarification from the provider to validate evidence found including reviewing audits and checks of equipment.

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 remained the same. Some aspects of the service were not always safe. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management

- The environment and equipment at Leighswood were not always safe for people and staff using the service. A list of repairs required had been complied prior to our visit and the registered manager told us these had been completed. However, we found this was not the case. For example, two wardrobes had not been attached to the wall, to ensure they remained secure.
- During our visit we identified further repairs required, including the top cornice of a wardrobe which had come loose from the base. The handle remained broken on a bath chair and we were told that this had been glued on but kept coming off. These along with other repairs we identified posed a risk to people or staff.
- One person had fallen in November 2019 and injured themselves resulting in a visit to hospital. The incident form completed by staff described their bedside table as the likely cause of this as this was 'very unsteady'. The failure to ensure this furniture was safe, exposed this person to the risk of avoidable harm and this had not been identified in checks of the environment completed.
- A fire extinguisher has been removed from the wall and was placed in the corner of the dining area tucked in beside a fridge under the wall bracket. This was not in a suitable location and posed a risk that in an emergency this would not be visible to staff.
- Checks of equipment used to move people had recently been completed in November 2019 however these had been due in April 2019, which meant that for almost seven months equipment may not have been safe for people or staff to use.
- Hand gel and other toiletries were found in communal areas and posed a risk of possible ingestion for people living with dementia. This had not been identified in checks of the environment completed.

The failure to ensure premises and equipment were properly maintained, properly located and secure, placed people and staff at risk. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some risks associated with people's health and wellbeing had been identified, assessed and documented. However, we found some information about how individual risks should be managed was missing. For example, one person with a diagnosis of dementia became increasingly upset at night time, however there was no risk assessment or behaviour management plan to help staff understand how to reduce this risk and support them effectively. This had led to staff calling the Police when they had been unable to manage their behaviour at night, causing distress to both the person and the staff involved.
- Staff had been trained in fire safety and fire alarm tests and drills took place. Personal emergency evacuation plans documented how people should be supported in the event of a fire. However, information

displayed about the fire marshal on duty on the day of our visit was missing, and staff gave us conflicting information about who this was. For one person named by staff as the designated person, their fire marshal training expired in September 2019. This posed a risk that in the event of a fire people would not be supported safely.

- Checks in relation to the environment such as gas and electricity testing had been completed.
- An on-call system was in place where staff could contact managers for advice out of office hours.

Staffing and recruitment

- Overall people were supported by enough staff to meet their basic care needs. One person told us, "Yes I get help when I need it." However, there were mixed views about staffing levels in relation to being able to meet people's social needs and some staff felt they were short staffed at times. One staff member told us, "A lot of the struggles are due to night staff, they leave cleaning jobs that should be done. I feel a lot is put on the staff for cleaning. I feel there should be another cleaner." Another staff member felt additional tasks like the cleaning meant people were not supported with social needs. A relative told us sometimes staff were 'rushed,' and their family member had had to wait for assistance before.
- Staff had been recruited safely by the provider and checks were in place to ensure they were suitable to work with vulnerable people. Risk assessments were in place where any concerns were identified.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Leighswood. One person told us, "I feel safe most of the time, there is the odd occasion when you wonder, where is everyone." Another person told us they did feel safe, however sometimes people who were confused came into their room at night, so they locked the door to prevent this.
- Staff were knowledgeable of actions to take should any concerns be raised about possible abuse. One staff member told us, "I would report to the manager, CQC or safeguarding," and we were aware that concerns had been raised.
- Records were kept of people's money and expenditure. Some records were identified to have missing staff signatures against spending. Whilst we did not identify any shortfalls in people's money, this meant there was a risk that if there was, the error would not be identified easily. The provider audits we saw had not identified this concern. The provider confirmed that people's expenditure was correct, and there was limited access given to people's finances to managers only, to ensure they remained safe.

Using medicines safely

- Medicines were stored correctly, and people received their medicines as prescribed. We noted one cream had not been dated on opening, which posed a risk this would be used beyond the correct date and so be less effective. Protocols were in place for the administration of medicines taken on an 'as required' basis. Basic audits were in place to check medicines were administered as required, however the providers policy was to check these after each medicines round, and this had not happened.
- Staff were trained to administer medicines and competency checks were carried out to ensure they remained safe to do this. The registered manager told us staff had not completed any refresher training in relation to medicines.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, including wearing personal protective equipment such as gloves and aprons when providing care.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. However, some

reports were not always completed, for example, for one person in relation to an incident involving the Police. Information was analysed to understand themes which may prevent reoccurrence.

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

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

- The premises was tired, in need of redecoration and required refurbishment. One staff member told us, "It needs a lot of maintenance. It's an old building and it does need to be updated, it should have happened sooner." The general manager acknowledged the environment needed improvement, and said, "The building is not nice, it is dismal," however told us this was being addressed and they were actioning repairs. The provider had recently employed a maintenance person and some repairs had been done to leaking roofs and the conservatory.
- Staff told us the garden was not easily accessible for people using wheelchairs and we saw this had broken furniture and rubbish in it. The general manager told us this had not been addressed as it was winter.
- The taps in one person's room constantly dripped and they told us this was supposed to be fixed and they found this 'annoying'.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service which included shadowing more experienced staff and they felt this equipped them for the role.
- Staff completed training to enable them to carry out their roles, for example, dementia, fire safety, and safeguarding. The registered manager told us staff completed training workbooks usually and they had been able to source some free face to face training covering several topics in July 2019 for staff. However, no certificates had been received from the training provider to evidence this. The registered manager told us they had now followed this up.
- No checks of staff practice had been completed in 2019 to ensure staff supported people correctly.
- A daily handover of important information when shifts changed meant staff were up to date with any changes to people's care needs.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- Staff understood the principles of the Mental Capacity Act and consent was sought from people before assisting them with care. One staff member told us, "We ensure people are supported to make their own choices and observed staff supporting people to do this. We have a few people on DoLS." Staff had some understanding about what this meant for people.
- Some information was recorded in care records and a system was in place to ensure DoLS were monitored and authorised. Four DoLS were authorised at the time of our visit. Best interests were considered in relation to decisions made.
- Some consent forms had been signed by family members where people had capacity to do so themselves. The registered manager told us some people had chosen for family to sign, however agreed this should be documented on their records. Other people had consented by signing themselves.

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

- Some people's needs were complex, and care and support was provided in line with current guidance given by visiting professionals to the service.

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

- People were supported with meals and drinks in line with their needs. Specific dietary needs were catered for, such as allergies. Positive feedback was received from a visiting professional that staff were able to provide information when requested about people's weights and followed guidance, for example about diets being fortified, when people needed to gain weight.
- Some people had risks in relation to fluid intake and staff were monitoring and recording this. However, we found some records for fluid intake showed gaps of up to 22 hours. The registered manager told us this information was missing due to a recording error when day staff handed over to night staff, and fluids had been given during this time. This issue had not been identified in care audits and posed a risk people would not be supported correctly.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with other agencies such as the local authority and health professionals, including GP's and district nurses. Advice given by professionals was documented by staff. A number of professionals visited the service during our visit and whilst they gave positive feedback about the staff overall, feedback about the environment was poor.

Supporting people to live healthier lives, access healthcare services and support

- Checks of people's weight, sight and other checks were completed to ensure people remained well.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. People were not always well-supported, cared for or treated with dignity and respect.

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

- Staff did not always feel supported by the provider to enable them to provide care to people in the ways they would like to. One staff member told us, "We want the best for our residents, we want a better home and activities to be able to take them out. The home could be better for people and the provider could do more." Staff told us they could not do this well because they did not feel supported with resources or always given the time to support people well.
- People were not supported in a compassionate way by the provider in an environment which was described as 'dismal' and needed redecoration and repair. Comments in relation to this were received from people, relatives, staff and visitors.
- People were generally happy living at the home and we observed some positive interactions between people and staff. One person told us, "You can do what you like in your room and I am happy on the whole." One person told us how they liked the Royal family and the registered manager had given them a book on this.
- Relatives were happy with the service overall and the staff support received. One relative said, "I think staff are pretty good and they are welcoming. [Person using the service] has had a couple of issues and staff have taken care of them." Another relative told us care staff were 'really helpful.'
- Professionals feedback about the staff approach was positive. One visiting professional described staff as 'really friendly' and they seemed to know people well. Another told us about an Austrian person whose first language was German and how staff had written out phrases for them before to help them communicate and brought in pictures of the Austrian mountains to help them feel at home. They felt the staff attitude and approach was good.
- People were supported to stay in touch with family members, however the registered manager told us they did not get many visitors to the home.
- Staff completed some training in relation to equality and diversity. However, the registered manager told us they did not support anyone specifically in relation to this. They did not provide any further information or show any further understanding about supporting people in relation to areas such as disability, or their age or gender.

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

- Staff understood the importance of people's views, wishes and choices being respected, for example when they chose to get up in the morning and people confirmed this. However, we were aware that people and relatives were not always invited to review meetings to discuss people's care needs.
- One person was supported by an advocate in relation to their finances and staff were aware of when an

advocate might be required.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be more independent where possible. One staff member told us, "We give people a choice, if people are able to do things for themselves, we step back and let them do it and make sure they are given privacy."
- Staff mostly supported people with dignity and respect. However, one staff member described someone who was living with dementia and became upset at night time, as 'high maintenance,' which was not respectful or considerate of their diagnoses.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- People had limited social opportunities. One person told us, "I like the TV and the radio, I like the news, they let me see the news." One person told us there was nothing to do, they could watch TV or listen to the radio but there were no trips out, and they liked walking.
- Staff also told us people had limited activities. One staff member told us, "There is not enough for people to do but we do try." An activities planner was displayed, and staff told us people decided what they wanted to do each day. Some activities took place at the home including crafts and a 'sing a long' session was happening on the day of our visit. One visiting professional told us they did not ever see any activities at the home, however felt the staff tried their hardest. One staff member came in and took one person out on their day off otherwise the person would not have been able to do this due to staffing levels. The provider told us this was the staff members choice and it was so the person could attend a football match. We did not see any activities specifically for people living with dementia such as rummage boxes or other sensory activities. The provider told us an activities organiser was employed five days a week and people were asked what they wanted to do.
- We received conflicting information in relation to financial resources available to support activities. Several staff told us there was no budget at all for activities and this was a 'struggle' for them, however the general manager told us there was a budget, and they had recently purchased some craft items. Staff told us items were brought in from home to use and one staff member told us they had to 'beg, borrow and steal' to obtain items for people to use for fundraising.
- Staff knew people well and supported them where possible in line with their wishes. However, people were not always supported by staff in relation to their individual care needs at times. For example, a sign in the office informed staff that people were limited to using three incontinence pads in 24 hours and these were allocated to specific individuals and were not to be used for other people. We discussed this with the registered manager who told us this was an NHS policy, however staff could use spare pads left over from other people's unopened packs if required. Staff confirmed this. This conflicted with the information on the sign and was not person centred to people's individual needs.
- People's care and support plans stated they had been reviewed monthly, however many care plans stated 'no changes' or some had not been reviewed since November 2018. Review meetings took place with professionals however the registered manager told us people and relatives were not always invited, as several relatives did not visit the home. Therefore, people and their families were not always able to contribute to decisions made in relation to people's care.

- Despite most people at Leighswood living with dementia, the environment did not support people to orientate themselves. In the home there was little in the way of signage, colour, small communal areas to relax or interactive areas for people to enjoy. We saw people walking around during our visit who were confused and disorientated.
- On the day of our visit, the 'menu of the day' on a board in the dining area showed '05 November 2019'. We raised this with the registered manager who corrected this. The clock in the lounge area showed just after five minutes to four, however this was at 10:12am in the morning. This was addressed during our visit. Although the lift could be used by people at the service if they chose to, the instructions (which had been written on in marker pen) had rubbed off, so it was unclear how to do this. These failures meant that people living with dementia would be unable to orientate themselves to the events of the day, and there was a risk people's ability to move around their home would be curtailed.

The failure to ensure people received person - centred care that met their needs and reflected their preferences, meant people were not suitably supported. People were not always enabled to participate in making decisions relating to people's care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and professionals had shared people's needs with staff before care started which formed part of a person's care plan. Care records contained some information which enabled staff to understand people's likes, dislikes and preferences.

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.

- People's information and communication needs were assessed when starting at the home, however staff did not always understand these alongside the AIS. Some information was available for people in a pictorial format. The registered manager told us they did not know about the AIS however they would review this information.

Improving care quality in response to complaints or concerns

- Staff were aware of the process to follow if a complaint was made. Where complaints or concerns were received by the provider, they were responded to. One complaint had been made in May 2019 in relation to some missing items and this had been resolved.

End of life care and support

- No one at the service was receiving support with end of life care currently. However, end of life care information was reflected in care records and some staff had received training in relation to this.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to Inadequate. 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.

At our last inspection the provider had failed to operate effective systems to make and sustain improvement. This was a breach of regulation 17 (Good Governance) 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.

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

- Since February 2016 Leighswood has been inspected on six occasions. Each time the overall rating has been inadequate or requires improvement. The systems in place to make and sustain improvements had remained ineffective.
- Some basic audits were completed in relation to care records, medication and checks of the environment. These were ineffective. Care plan audits were provided for October 2019 only. However, these were not effective in identifying the areas for improvement which we found during our visit such as gaps in records or missing information. Audits had failed to identify that risk assessments did not always provide staff with the necessary information to support people safely. Checks of the environment, furniture and equipment had not always identified areas which required repair, improvement or servicing. When checks had identified this, action had not always been taken to address this in a timely way. Fire systems were not always safe. Feedback was not sought from people to drive improvement. Systems to monitor staff practice and competency were not undertaken currently and there was no evidence of training certificates to show what training staff had completed. Systems to monitor the service had failed to identify that the environment and activities available was unsuitable for people's needs who were living with dementia.
- The registered manager understood some of the legal requirements of their role including submitting certain notifications to us (CQC). However, during our visit we identified we had not received a notification for an incident in November 2019 involving the Police. The registered manager told us they were not aware they had to inform us of this, and this was received following our visit. The registered manager said they were not always clear which notifications should be submitted to us and this demonstrated the systems in place were not effective to show the registered manager was aware of the legal responsibilities was clarified.
- Information on the providers website was incorrect and misleading, as it stated there were a number of professionals based on site. We raised this with the general manager who told us that the website needed to be updated, they had raised this with the provider previously and would do so again
- Following our previous inspection, a condition was placed on the providers registration which required them to submit a report to us each month about checks and improvements made. We had not received all

of the reports. The general manager confirmed they had missed one in June due to personal reasons, however had fed back to us over the telephone.

Systems and processes were not established and operated correctly. There was a failure to make and sustain improvements to benefit people. This meant the provider was in continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Ratings from the last inspection were not displayed correctly at the service. The rating from our inspection of January 2018 was showing and not January 2019. The registered manager was aware of this requirement, and following our visit confirmed the correct rating was now being displayed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on their duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team consisted of the registered manager, a deputy manager, the general manager and the provider. The registered manager told us they had had a period of absence of two months from the service and had recently returned. They felt the support they received could vary, and the repairs that had been required had been a big concern for them and this worry had contributed to them being off work. They told us they felt supported by the area manager and met with managers from the other of the providers services at times which meant they could discuss ideas and any issues.

- The general manager told us that previous feedback from us (CQC) previously had given the provider 'a shock.' They felt that they had become complacent however this had given them a jolt as well. They told us they intended to go through the home with a 'fine tooth comb' to address the issues identified. They told us a handyman was now working for the provider full time, and they felt there had been a massive improvement and further repairs were due to be done this week. However, over the last six inspection visits we had highlighted significant shortfalls, and the provider had failed to ensure that sufficient improvement had been made to the quality and safety of the service, to ensure people received a good experience of care.

- People and relatives gave us positive feedback about the management of the service. One person told us, "I can see the manager if anything is not right, if you have something wrong it gets sorted. I don't like complaining about things, but they do something about it." One relative described the registered manager as 'very good' and a visiting professional told us they found the registered manager helpful.

- Staff were positive about the registered manager however mixed feedback was received about the provider. One staff told us, "The manager is lovely, if I have any issues I can speak to them." Another staff member told us they could not ask for a better manager. However, one staff member said, "We do the best with the situation we have got, but we are fighting a losing battle." Another staff member said, "The owner has let things slide. Not doing jobs that needed doing." Further comments included that they felt money was a barrier to improvements.

- Feedback about the environment was poor. One visiting professional told us, "The building is a bit decrepit, I think the care is good. I don't feel the provider wants to spend any money on the building. The building is a disappointment."

- The provider understood some of their responsibilities in relation to duty of candour and being open and honest and accepting responsibility when things went wrong. The provider spoke with us over the telephone following our visit. They told us they had tried to make some improvements at the service and were willing to continue to do this.

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

- Views of people and relatives were not gathered at any meetings, so people did not formally have an opportunity to feedback any issues or raise any concerns.
- Staff meetings and one to one meeting's were held, where staff had opportunities to raise any issues, concerns or put forward suggestions. Meeting minutes from May 2019 documented that fundraising was needed so staff could organise activities for residents and outings, as they were unable to do this without funding. This issue continued to be raised on the day of our visit.
- Checks of staff practice were not completed currently. The registered manager told us this had not been done in 2019 however were aware that this needed to be completed.

Continuous learning and improving care

- It was not always clear where learning from incidents had taken place. For one person where there had been an accident due to some unstable furniture, we did not see any learning from this and continued to find furniture at the home which was unsafe for people to use and risks in the environment.

Working in partnership with others

- Staff worked with a variety of professionals including dieticians and social workers to support them in meeting people's needs.

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 failure to ensure people received person-centred care that met their needs and reflected their preferences, meant people were not suitably supported. People were not always enabled to participate in making decisions relating to people's care.</p>

The enforcement action we took:

We issued a notice of decision to vary a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The failure to ensure premises and equipment were properly maintained, properly located and secure, placed people and staff at risk.</p>

The enforcement action we took:

We issued a notice of decision to vary a condition on the providers 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 failure to operate effective systems to make and sustain improvement meant the provider remained in breach of this regulation.</p>

The enforcement action we took:

We issued a notice of decision to vary a condition on the providers registration.