

Berengrove Limited

Berengrove Park Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Berengrove Park Nursing Home is a residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

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

Some improvements had been made since the last inspection. However, the care and support provided to people was still not good.

People were not always protected from risks. Guidance for staff was inconsistent and contained contradictory information. When people were supported with their medicines, recording was not consistently in line with guidance and best practice. There were generally enough staff, however they were not always deployed efficiently to make sure people had the support they needed when they needed it. 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 up to date with their training and nurses still did not have access to clinical supervision to improve and enhance their professional development. Audits and checks on the quality of service people received were not robust and consistently effective.

People were supported by staff who had been recruited safely. Staff understood how to keep people safe from the risks of abuse and knew how to report any concerns. Accidents and incidents were monitored and reviewed.

People's needs were assessed, monitored and regularly reviewed. People were offered choices of home-made meals and told us they enjoyed the food. People had access to health care professionals when needed. Staff worked with health care professionals, such as dieticians, and followed the advice given to support people to remain as healthy as possible.

People's were not consistently treated or spoken about in a dignified way. People had built relationships with staff and told us the staff were kind and caring. People and their relatives were involved in the planning of their care and support.

People's care plans had been developed since the last inspection and contained information about people's life history and things that were important to them. However, some care plans and associated records were inconsistent and did not reflect the care and support people received. People were encouraged to stay active and activities were arranged to support this. People's religious, spiritual and cultural needs were discussed to make sure these needs were met. People knew how to complain, and complaints had been resolved satisfactorily. People were supported to share their end of life wishes and these were recorded to make sure their choices and preferences were followed.

People spoke positively about the provider, registered manager and staff. Staff knew people well. The provider asked people, their relatives, staff and health professionals for feedback about the quality of service.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 07 August 2018). 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. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified five continued breaches in relation to people's safety, inconsistent recording of medicines, people's rights and how they consent to care, lack of staff training and development and lack of robust and effective checks and audits.

Please see the action we have told the provider to take at the end of this report.

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.

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 always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Berengrove Park Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last 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. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people living at the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, clinical manager, care staff, kitchen staff and domestic staff. 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 reviewed a range of records. This included four people's care plans and associated records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate the evidence found. We looked at additional daily notes, mental capacity assessments and quality assurance records.

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. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people received care that is safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 12

- Risk to people's health, safety and welfare were not consistently assessed, identified and monitored. Nurses wrote individual risk assessments to make sure staff had guidance to follow about how to reduce risks and keep people safe. These were not consistent and varied in the level of detail.
- For example, when people were at risk of choking we found one person's risk assessment included details of what to do in the event of choking, such as leaning them forward and slapping their back. Another person's risk assessment noted staff were to follow emergency procedures if the person was choking and that all staff to be first aid trained. There was no information of what action staff should take and not all staff were up to date with first aid training. There was a risk people may not be supported correctly if they began to choke.
- Care plans contained contradictory information which left people at risk of receiving the wrong support.
- For example, one person's 'plan of care – nutrition' - noted the person was on a pureed diet. The risk assessment for this person about them being at risk of choking noted to give the person a modified diet with a lot of sauce or gravy. It did not mention that food needed to be pureed. Staff knew who was at risk of choking and knew how to support people, however, there was a risk that agency staff would not read the correct information.
- During the inspection we found one person who was in their room had no call bell. We raised this with the registered manager as there was a risk the person may not be able to call for help if it was needed. This was rectified immediately when we brought it to the registered manager's attention.

The provider failed to ensure people received care that was safe. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to ensure consistent 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.

At this inspection, whilst some improvements had been made, there remained shortfalls in the management and administration of medicines and the provider was still in breach of Regulation 12.

- People's medicines administration was not recorded consistently. Shortfalls identified in medicines audits had not been addressed and continued. For example, medicines audits in March, May, June and July all noted nurses' signatures were missing on medicines records. This recording shortfall continued, and action had not been taken to ensure records were accurate.
- Following the last inspection protocols had been introduced for when people needed 'as and when required' medicines (PRN), such as pain relief. This gave staff guidance about what the medicines was for and how it should be taken.
- Medicines audits repeatedly found shortfalls around PRN medicines and had identified nurses were not recording the reasons for giving the medicines on the back of the medicines record. Best practice is to record the reason for a person taking the medicine and to confirm it has worked. This was not being completed consistently.
- The registered manager told us nurses should be recording the stock number of medicines each time they administered medicines. Nurses were not consistently recording this.

The provider had failed to ensure consistent safe management and recording of medicines. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they had their medicines on time. They said, "I get my medicines on time" and, "I had a problem with my medicines. I didn't understand the doctor, but the staff explained that they had changed my medicines because of the side effects".
- People's thickeners, used to make sure people had their drinks safely when they a problem swallowing, were being used as prescribed.
- Following the last inspection the provider had reviewed and updated the process for when people needed creams applied to keep their skin healthy. There was a body map for staff to check where the cream needed to be applied. Creams were dated when they were opened, and the stock was rotated. This made sure the risk of becoming out of date were reduced.
- People's medicines were reviewed by a GP when required.
- There were systems in place to make sure medicines were ordered, stored and disposed of safely in line with national guidelines.

Staffing and recruitment

- People were supported by enough staff; however, they were not always deployed effectively.
- People told us there were enough staff to provide their support, however they did not feel there was enough time for them to spend with them in a meaningful way. People said, "I think they could do with a few more staff then they would have time to stop and chat" and "[Staffing levels] are alright but could be better. They are all very busy and with more staff they would have time to socialise". A relative commented, "Occasionally they are a bit short staffed".
- During the inspection there were times when people in the lounge had to wait up to 20 minutes after they had asked to be supported to the bathroom. This caused some people to become very anxious. There were long periods of time when there were no staff in the lounge.
- People had responded to a questionnaire about the service and noted, 'Maybe a carer on the ground floor at all times' and 'At least one carer at all times in the lounge'.
- People told us their call bells were generally answered in good time. Comments included, "[Staff] usually come quite quickly when I push the bell", "[Staff] come immediately you are not left" and "[Staff] are not very quick with the button. They have handover in the evening and there is no point in pushing the buzzer during

that time".

We recommend the provider seek advice from a reputable source to review the allocation of staff throughout the day to ensure people receive support when they need it.

- People continued to be supported by staff who had been recruited safely.
- Checks were carried out to make sure new staff were safe to work with people. Disclosure and Barring Service checks were completed to help the provider make safer recruitment decisions.
- References were obtained, including one from the most recent employer to make sure they were of good character.
- Nurses were registered with the Nursing and Midwifery Council and checks were completed to make sure their registrations remained valid.

Preventing and controlling infection

- People were protected from the risks of infection.
- People told us, "It is cleaned every day. The laundry is good, and my clothes are changed every day" and, "It's very clean here".
- However, during the inspection there were several rooms which smelled strongly of urine. We raised this with the registered manager. Following the inspection, the provider contacted the Care Quality Commission (CQC) to confirm arrangements had been made to replace carpets and that, in the meantime, the carpets were being deep cleaned.
- Staff understood their roles and responsibilities in relation to infection control and hygiene. Staff wore protective equipment, such as gloves, when providing people with personal care support.
- Staff completed food hygiene training when required and the kitchen was clean. Food was prepared and stored correctly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Berengrove Park Nursing Home. One person said, "I feel safe day and night because there is always someone around" and a relative commented, "I feel [my loved one] is safe".
- People continued to be safe from the risks of abuse. Staff understood how to keep people safe and knew how to report any concerns. However, several staff needed to refresh their training to make sure they remained up to date with best practice.
- The registered manager and staff knew how to take any concerns outside the service if needed, for example to the local authority safeguarding team.

Learning lessons when things go wrong

- The registered manager monitored accidents and incidents. These were reviewed each month to identify any themes.
- Action was taken when a pattern was identified. For example, when a person had falls during evenings, and their blood pressure showed as low, they were encouraged by night staff to increase their fluid intake. Drinking more water can help increase blood volume, which can alleviate one of the causes of low blood pressure.

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection the provider failed to demonstrate that people's rights had been considered according to the basic principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 11.

- Following the last inspection, the provider wrote to the Care Quality Commission (CQC) with a plan of action. They noted that they would ensure 'Only persons with a registered Lasting Power of Attorney for health and welfare or other lawful authority from the Court of Protection are asked to sign consent forms on behalf of residents and that the representative's name is clearly indicated on each form'. This had not been completed.
- People's mental capacity to make specific decisions was assessed. These were not recorded accurately and contained conflicting information. When people were unable to make decisions for themselves, staff met with relatives to make a decision in the person's best interest. However, evidence that people were legally able to make those decisions, such as Lasting Power of Attorney (LPOA), were not consistently checked. LPOA gives someone the legal right to make decisions about a person's care and treatment when they are no longer able to do so themselves.
- For example, one person was deemed to have capacity to make decisions about their care and this had been recorded on several care documents. However, the person's record to give consent to their care had been signed by a relative who had no legal right to do so.

- Another person, who was deemed as lacking the capacity to make decisions about their care, had an agreement to consent to care record ticked to note the person had given verbal agreement to their care plan. It had been signed by one relative noting they had LPoA. However, the registered manager told us this legal document had not been seen. The record was also signed by another relative under a section stating the person had no LPoA.
- Following the inspection, the registered manager confirmed they had contacted the relative and seen the LPoA.
- One person's 'This is Me' record noted they liked to get up early and go to bed when they were tired. It also noted the person did not need support with eating and choose their meals from the menu. This person spent most days in bed and was supported to eat by staff. The registered manager told us the person stayed in bed "For their own safety". The person had a large recliner chair with a lap belt to keep them safe. The person had, on occasions, undone the belt and fallen. Rather than exploring other, less restrictive, options to support the person a decision had been made to keep the person in bed unless their relatives were with them. This was restrictive practice.
- The mental capacity assessment for the decision noted the person was being looked after in bed due to being unsafe when sitting out. Staff noted less restrictive options as getting the person up once a week to have their hair done and when family or staff could sit with the person. Daily records showed the person was not offered the opportunity to get up and staff had not offered to sit with them.

The provider failed to demonstrate that people's rights had been considered according to the basic principles of the Mental Capacity Act 2005. This was a continued breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure staff received the training and development required to provide people with the care and support they needed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 18.

- The deputy manager was responsible for making sure staff training was up to date. The training matrix showed many gaps in staff training.
- For example, of the eight nurses employed, four had not completed training about safeguarding and practical training about how to move people safely.
- Nurses were not supported to complete training and professional development to keep up to date with best practice. Only two nurses had completed training about catheter care and stoma care. Five nurses had not completed fire safety training.
- Nurses met with their manager for one to one supervision. Nurses still did not have any clinical supervision. Following the last inspection, the provider wrote to CQC with an action plan and noted that nurses would receive clinical supervision. Clinical supervision has been linked to good clinical governance, by helping to support quality improvement, managing risks, and by increasing accountability.
- The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus of clinical supervision is on supporting staff in their personal and professional development and in reflecting on their practice.
- Nine care staff had not completed or refreshed their safeguarding training. Other essential training to make sure people are supported safely, such as moving and handling and fire safety, were out of date for several care staff.

The provider failed to ensure staff had received the training and development required to provide people with the care and support they needed. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection nurses had refreshed their training about epilepsy.
- Staff completed an induction when they began working at the service. New staff completed the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily working life.
- Following the initial induction staff worked with senior care staff and their competency was assessed. One to one supervision meetings were held with care staff to discuss their personal development.
- Nurses supported each other through their nurse revalidation process to maintain their professional registration with the Nursing and Midwifery Council.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At the last inspection we recommended the provider seek guidance from a reputable source to ensure staff developing care plans had the necessary skills. At this inspection some improvements had been made. Most people's care plans had been rewritten.

- People's needs were assessed before they began living at the service to make sure their needs could be met.
- People's needs were assessed, monitored and kept under review.
- Staff used recognised tools to manage the risks of things such as becoming malnourished or developing pressure areas.
- Care plans and associated records, such as risk assessments and mental capacity assessments contained conflicting information. Nurses were not working together to ensure the recording of the care people needed was consistent.
- Following the inspection, the provider told us they agreed this was still an area for improvement.

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

- Since the last inspection the provider had redecorated many of the bedrooms. People had personalised their rooms with pictures and photos when they chose to.
- Some furniture was dilapidated. For example, some people's wardrobes and drawers were chipped and had the plastic coating missing. One of the vanity units needed replacing. There was no plan available to establish when furniture would be replaced.
- Communal areas, such as the two lounges, were stark and not homely.
- There was no dementia friendly signage to help people find their way around the service. Some people benefit from having names, photos or pictures of familiar things on their door to remind them it is their room. This had not been considered.

We recommend the provider seek guidance from a reputable source about how to support and empower people living with dementia.

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

- People's views about the food were mixed. Comments included, "The food is OK", "I wasn't eating but now I am, they persevered with me and now I'm eating", "The food is very good", "Not as good as it used to be" and "Food is nice". A relative told us, "The food is very good and just the right consistency".
- People were supported to maintain a healthy weight. Staff monitored people's weight and contacted health professionals, such as a dietician, when they were concerned about an increase or loss of weight. People were provided with fortified meals and drinks when required.
- People were offered a choice of meals and pictures were used to support people to decide what they

would like to eat.

- When people needed their meals at a certain consistency, the cook was aware and prepared meals in the correct way.
- People were offered choices of hot and cold drinks throughout the day.

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

- People told us they saw a doctor when needed. One person said, "I have only got to tell them I'm not well and they call the doctor. I go to hospital in an ambulance for appointments and my daughter usually accompanies me". A relative commented, "The doctor comes if needed. [My loved one] uses the chiroprapist regularly".
- Staff liaised with health care professionals, such as dieticians and GPs. Any advice given was recorded in people's care plans.
- A health care professional told us, "[Staff] are very good at ringing for guidance and following our advice. They are good at referring people at the right time. The communication is good".
- Staff completed a handover between shifts to make sure any changes in people's needs was communicated.
- The registered manager and staff worked with a local nurse to provide advice about people's care when they approached the end of their life.

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 Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not consistently treated with dignity and respect. At lunchtime staff put blue plastic aprons on people without asking them. One person was still wearing an apron from breakfast.
- The registered manager and staff did not always refer to people in a respectful way. For example, people were referred to as 'patients', 'shouters', 'feeds' and needing 'toileting'.
- People had not been given opportunities to discuss their lifestyle choices, such as sexual orientation, so their choices could be respected. The registered manager was not aware of CQC's guidance about relationships and sexuality in adult care services and had not considered talking with people about this.
- People's independence was not always encouraged and promoted. For example, when a person needed support with their meals staff had not thought about using adapted cutlery, such as a plate with a plate guard and a spoon. A plate guard provides a curved wall around a plate to help people remain independent with their meals. There was a risk people were becoming disempowered and deskilled as staff had not considered all the options to support people to remain as independent as possible.
- One person told us, "They are very discreet with my personal care".
- Staff knew people well and called them by their preferred names. They were kind when they spoke with people. Staff knocked on people's doors before they entered their room.

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

- People were generally positive about the staff. People told us, "I commend them all", "I sometimes don't get on with the younger ones, they left me in the dark last night so one of the other residents put the light on for me" and "I'm lucky with the carers, they are very nice". A relative said, "The staff are very good; people are very caring. Occasional agency staff aren't so good".
- Staff knew people well and were kind to people.
- People were supported to maintain relationships with family and friends. Visitors were welcome at the service at any time and there were no restrictions on this. One relative told us, "I come in and feed [my loved one] most days because it is something I can do for them, but I am confident of the staff's ability".

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

- People told us the staff were kind and caring. They said, "The staff are absolutely wonderful", "[Staff are] very nice", "I commend them all" and "I'm lucky with the carers, they are very nice".
- A relative commented, "[My loved one] does not communicate but staff always talk to them. Carers, cleaners and chefs all interact with them".

- People and their relative were involved with the initial planning of their care. Records did not show that people were involved with any reviews of their care and support. Care plans were not consistently signed by people or their legal representatives.
- People told us staff did not have quality time to spend with them to chat. The deployment of staff did not consistently allow staff the time to spend speaking with and listening to people.

Is the service responsive?

Our findings

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

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

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

- Since the last inspection the provider had sought guidance about person-centred care planning. Care plans had continued to improve and contained information about people's life and things and people that were important to them.
- Care plans were inconsistent with the support people were provided. For example, one person's care plan noted the person was able to feed themselves. This person was being supported with their meals.
- Care plans included an 'at a glance' page giving an overview of the person and their needs and preferences.
- People told us they could choose where they wanted to spend their time. However not everyone was offered the option of getting up and spending time with others in communal areas. Staff were not always deployed to provide support for people when they needed it.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and registered manager had not ensured that information was available to people in ways they could understand, such as large print or pictures.
- Pictures were only used to support people to choose their meals.
- Care plans were not provided in an accessible format to help people make decisions about their care.

We recommend the provider seek guidance from a reputable source to improve the way information is communicated with people in a way they can understand.

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

- People were not consistently encouraged to stay active. People said, "I'm putting on weight because I don't do anything, just sit here. I get bored and then I can't be bothered" and, "I get left on my own for hours".
- An activities person was employed for an hour two days a week. They told us they had been told to concentrate on people in the lounge and not to see people in their rooms. They said, "As long as I get a laugh out of them, I am happy".

- During the inspection seven people in the lounge spent a short time putting a bean bag through a basketball hoop. This was followed by a picture quiz of some very well-used photographs of famous people. After this people were offered a piece of black card which, when scratched, showed neon colours. These had been used before. People made a few scratches and the cards were collected in. People were not asked if they would like to keep them or put them in their rooms.
- Arm chair exercises, which people enjoyed, were offered on two days a week. A dance session was also provided each week.
- Two staff spent additional time with people in their rooms to reduce the risk of social isolation. They spoke proudly of the difference they were making to people who were unable to get out of bed or leave their rooms. It was clear they had built relationships with people and enjoyed supporting them to keep their minds active with things, such as games of dominoes.
- People's religious, spiritual and cultural needs were discussed and recorded. People were supported with this when needed. For example, one person told us there were regular visits from a Catholic priest.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. A relative said, "If I have any problems, I just mention it to matron or the owner and it is dealt with straight away".
- The provider had a complaints process which was followed by staff.
- Complaints, comments and concerns were dealt with appropriately and satisfactorily resolved.

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death.
- Some people had an advanced care plan. This detailed the person's wishes as they neared the end of their life.
- Most staff had completed training about how to support people at the end of their lives.
- A relative commented, "We discussed end of life care with matron and our wishes were noted. Matron was very understanding".
- There were several 'thank you' cards which had been received from relatives. Comments included, 'We would like to thank you all for the care you gave [our loved one]. We know that they will have appreciated your care and kindness' and 'Thank you all for your kindness and care you gave to [our loved one]'.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the provider failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection not enough improvement had been made 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; Continuous learning and improving care

- Regular audits continued to be completed. However, these were still not robust and consistently effective. When shortfalls were identified, for example poor recording of medicines administration, action had not been taken to improve this.
- Some audits, such as health and safety and cleanliness of the environment, were completed on forms which were virtually illegible with thick blurred ink. It was unclear what had been checked.
- Notes were handwritten on the back of the cleanliness audit when shortfalls had been found, however the action plan to remedy the issues did not include all the problems identified. Some action had been taken but some remained. Some of the concerns we found, such as a strong smell of urine, had not been identified.
- People's care records were reviewed and regularly noted there were no changes. Care plans and the associated risk assessments and capacity assessments contained conflicting information. There was a risk staff may provide incorrect care and support to a person.
- Whilst some improvements had been made since the last inspection, there were continued shortfalls and inconsistencies in people's care and support. The provider had not maintained enough oversight to ensure changes were implemented and continued to drive improvements.

The provider failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives knew the registered manager and provider and spoke positively about them.

One person told us, "I know the owner. They are here every day". Relatives commented, "Matron is very approachable they are all very communicative" and "Both the owner and the matron are very approachable".

- Visions and values for the service included people were to 'Retain their personal dignity and independence'. This was not followed in practice. For example, people were not always spoken about in a dignified and respectful way and people were not consistently empowered to retain their independence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- It is a legal requirement to display the rating from the last inspection. This makes sure people and visitors to the service are informed of our judgements. The rating and report from the last inspection were displayed in line with guidance.
- The provider notified the Care Quality Commission about important events, such as serious injuries and deaths, in a timely way.
- When there had been accidents or complaints the provider and registered manager had discussed these openly with the relevant people, such as people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics/ Working in partnership with others

- People had been asked to complete a questionnaire in May and June 2019 about the quality of service they received. Most of the comments were positive. When negative comments had been made the provider had responded with their proposed action.
- Health care professionals had been asked to provide feedback. The next survey was due to be sent to them in September.
- Regular staff meetings were held, and staff felt they were listened to and their opinions were valued.
- Staff worked with health care professionals, such as dieticians and GPs, to provide joined-up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider failed to demonstrate that people's rights had been considered according to the basic principles of the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure people received care that was safe. The provider had failed to ensure consistent safe management and recording of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure people received care that was safe. The provider had failed to ensure consistent safe management and recording of medicines.

