

Harborne Lane Specialist Care Centre Ltd

Harborne Lane Specialist Centre

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?

Inadequate ●

Summary of findings

Overall summary

About the service

Harborne Lane Specialist Centre is a care home registered to provide personal and nursing care for up to 68 people living in one purpose-built building, divided into three separate units. Two units accommodate people living with varying stages of dementia. There were also people living with a range of complex health care needs that included those who have been diagnosed with a brain injury, stroke, Parkinson's disease and diabetes. At the time of our inspection, there were 41 people living at the home.

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

Since the previous inspection in June 2018, there had been changes in the management of the home. We could see that the current management team were working hard to address the concerns we identified at our last two inspections. Further development was required to ensure people were assured of consistently receiving safe, effective care and treatment. During this inspection we found that the registered provider was in breach of regulations in relation to safe care and treatment, governance and record keeping.

Oversight and auditing of the service needed to improve as issues we found had not been identified or addressed by the provider. We did find some improvement in the governance within the service which meant some shortfalls were being identified. However, there was further work to be done to embed and sustain these improvements for the service to achieve a good rating. This included making sure people were receiving their medicines safely or as prescribed. The nominated individual acknowledged some improvements were needed and was committed to making these happen.

On the first day of our visit there was insufficient numbers of staff on duty to make sure people remained safe. The provider brought in additional staff and the situation had improved on the second day of our visit.

At our inspection in February 2018, we made a recommendation to the registered provider to ensure the service was adapted to meet the needs of people living with dementia. Although there had been some improvement, further improvement was required.

Plans to manage risks to people were in place to ensure they received appropriate care and treatment. The provider was working with two systems, one electronic and one paper based. Therefore, people's care records varied; some provided detailed up-to date information about people's needs, whereas others did not. People lived in an environment that was cleaned to a satisfactory standard.

People were supported by staff who were kind and caring but this was not a consistent approach from all staff. Some staff promoted people's independence as much as practicably possible. Staff were aware of people's privacy and dignity.

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; the policies and systems in the service supported this practice.

There was a complaints process in place and people and relatives knew how to raise a complaint. Some people were supported to take part in a variety of activities but the activity provision did not meet everyone's needs. People's needs were assessed and responded to. There were end of life care plans in place for people in the event of their health deteriorating.

Staff understood how to recognise the signs of abuse and knew the processes to follow to manage any allegations of abuse. Recruitment processes were adequate to employ staff although there was room for some improvement to ensure staff were suitable to work in the home.

Staff training was planned. All staff completed training and felt they had the skills to care for people, although some staff said they would benefit from additional training in managing behaviours that challenge. People's dietary needs were assessed and food provided was tailored to their individual needs.

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 comprehensive rating for this service was requires improvement (published 05 July 2018) and there were breaches of regulations. Conditions were imposed on the provider's registration to submit a monthly report to us documenting action taken to improve and sustain the improvements to the service. A focused inspection was conducted in June 2018 and the rating for the service remained requires improvement (published 25 August 2018). At this inspection we found there had been some improvements made but not sustained and the provider has remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

This was a planned inspection based on the previous rating. However, the inspection had been brought forward due to concerns received about:

Staffing numbers

Assessing and managing risk

Medicine administration

Infection control

Staff training

A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led question sections of this full report.

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

In response to our findings, the provider has taken the following action:

Implemented clearer staff rotas and maintained consistency of staff to unit ratio. Introduced floating support staff member with the flexibility to work between units according to the dependency needs of people. Continuing with the recruitment programme.

The new clinical lead has taken responsibility for managing and monitoring medication processes.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harborne Lane Specialist Centre on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the way medicines are managed and the provider's record keeping and auditing processes at this inspection.

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

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led.

Details are in our well-Led findings below.

Inadequate ●

Harborne Lane Specialist Centre

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 team consisted of one inspector, one assistant inspector, one pharmacist inspector and two Experts by Experience on the 10 July 2019. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of experience is dementia care. On the 11 July 2019 the inspection team consisted of one inspector.

Service and service type

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

The service did not have a current manager registered with the Care Quality Commission, but the nominated individual and deputy manager were present at the home. The provider is 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

We reviewed information we had received about the service since the last inspection, to support the

planning of this inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We also gave the provider the opportunity to discuss any improvements or developments with us throughout the inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also reviewed information from Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with five people who used the service, 11 visitors and relatives to ask about their experience of the care provided. We used a range of different methods to help us understand people's experiences. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. 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 spoke with five members of care staff, three senior care staff, two nurses, the deputy manager, the administrator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care and 14 medicine records. We also reviewed the process used for staff recruitment, records in relation to training and supervision, records relating to the management of the home and a range of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and contacted staff who worked at the service.

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.

Using medicines safely

- Medicine administration records indicated people received their medicines as prescribed. However, two people were not receiving their time specific analgesic medicines at the correct intervals, which could lead to poor pain control. Speaking with these two people we found both were experiencing poor pain control.
- At the time of the inspection site visit, emergency rescue medication for when someone had a seizure was kept on a separate floor to the person that required it. There was the potential that one person may not have received their rescue medication in time in the event of a sudden seizure. Although this was promptly rectified, it had not been recognised by the staff as a potential risk to the person.
- Checks of controlled medicines failed to identify medicines that had a short expiry date when opened were out of date. There was the potential that one person may have received some of this out of date medicine.
- Records used to monitor the application of medicinal skin patches were not being completed to a standard that would demonstrate these patches were being applied safely and in accordance with the manufacturer guidance.
- To maintain people's health and wellbeing some people were having their medicines administered by disguising them in either food or drink, this is known as covert administration. We reviewed the information for fourteen people and found the provider did not have all the necessary measures in place to ensure these medicines were administered safely.
- We found that where people needed to have their medicines administered directly into their stomach through a tube, the necessary information was not in place to ensure these medicines were administered safely. There were no written protocols in place to inform staff on how to prepare and administer these medicines.
- Supporting information to aid staff in administering medicines that had been prescribed on a when required basis were mainly in place. Some of the information reviewed needed to be more person centred and in greater detail so that these medicines could be administered safely and effectively.

The provider's systems and processes, to ensure the safe management of medicines, required improvement and was a breach of Regulation 12 Safe care and treatment

The provider responded immediately after the inspection. They confirmed all the issues identified concerning their medicine management had appropriate measures in place to mitigate any further risk.

- Refrigerator temperatures were being correctly measured and ensured the refrigerator was being

maintained within the correct temperature range of between two and eight degrees Celsius.

- Processes were in place for the timely ordering and supply of medicines. All medicines were stored securely.

Staffing and recruitment

- Everyone, with the exception of one person, we spoke with were concerned with low staffing numbers on all three units. One relative said, "[Person name] has been bruised a few times. They were kicked. There aren't enough staff here to keep [person] safe from being bruised." Another relative told us, "There's not enough staff, there used to be, they're (the provider) cutting down (on staff numbers) and some (people) need one to one so should have more staff. They (people) have it hard, they're not getting the help they need."
- On the first day of the inspection site visit, a member of the inspection team was approached by a staff member and asked if 'they could look after people' while the staff member attended to another task.
- On Willow unit we were told there should be one senior and four care staff. However, on the first day of the inspection, this was not our observation. In the afternoon, we saw one staff member had been moved to another unit and one staff member had finished their shift. This meant there was only two care staff and one senior on duty. One of the care staff had to provide one to one support, this left just one care staff and one senior to support ten people. Four people were being cared for in bed and required two to one support. This meant the communal areas were left unsupervised, at times, during the afternoon. Relatives told us this was a regular occurrence. One relative told us, "Regularly, there is no-one (staff) in the lounge and when it kicks off, we (relatives) have to intervene." A staff member told us, "We're short staffed most days with only two carers on, they (management) need to manage the staff better, some of them (staff) just don't bother to turn up and are picking and choosing the days they'll work and saying they won't work weekends and that's not fair on the staff that will."
- The PIR recorded 46 new staff had joined the service in the last twelve months with 41 staff having previously left. This was a high turnover of staff. The provider's recruitment processes were adequate to ensure staff employed had passed police checks. However, processes needed to be more robust to recruit suitable staff to work within this service. For example, more in-depth interview questions about past working experience, explore gaps in employment and question why there was no reference from their last employer.

Assessing risk, safety monitoring and management

- Staff told us they were not always confident in supporting people when they demonstrated behaviours that put them or others at risk. We saw incidents had led to people that used the service becoming aggressive towards each other. One relative told us, "[Person's name] is very friendly and they will just go up to people and they get pushed away and hit and it hurts me to see this happen and I have to say (to the person who is becoming aggressive) don't do that."
- The PIR recorded 'staff were allocated to monitor high risk areas in the home and to distract and deter those people at risk of or at risk from assaults.' However, this was not our experience. On the first day of the inspection, an agency staff member had been assigned to support one person that required one to one support. The staff member had been shown the care plan but had not received any guidance on the most effective way to support this person. For example, the person would become upset when unable to walk freely around the home. We saw the staff member was not able to use effective distraction techniques when the person became upset and angry. This put the staff member and the person at risk of potential harm. There had been no risk analysis regarding deployment of agency staff, for how the person might react/respond to being supported by a member of staff they were unfamiliar with.
- People at high risk of, for example; choking, sore skin, weight loss and falls had had those risks assessed and reviewed.

- Environmental risks such as fire and personal safety were acted upon. We found Personal Emergency Evacuation Plans (PEEPS) were in place, detailing ways in which people living at the home could leave the building safely and safety equipment was in place to support evacuation.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. Information was analysed by the management team to identify any patterns or trends. However, there was no clear analysis of how the provider had learnt from previous events and put that learning into improving the delivery of service.

Systems and processes to safeguard people from the risk of abuse

- People, most relatives and staff we spoke with said the home environment was safe. One person told us, "I've not witnessed anything that would give me cause for concern about the safety of any resident's here." Another person said, "I like living here and I do feel safe."
- The management team and staff were clear on their responsibilities in ensuring people living at the home were kept safe from the risk of abuse. Staff were able to describe the signs of potential abuse and how they would report it.
- The provider had an effective system in place to monitor and manage allegations of abuse or harm. We found any concerns had been reported to the local authority safeguarding team and appropriate action had been taken.

Preventing and controlling infection

- We saw the environment was clean and staff had access to personal protective equipment when required.

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.

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

- The home was purpose-built to meet people's physical needs. All bedrooms were en-suite and there was sufficient space for people to move around the home independently. However, at our inspection in February 2018, we recommended the provider explored relevant guidance on how to make environments used by people living with dementia more 'dementia friendly.' Although there had been some improvements made to signage, the environment was not stimulating. For example, two people were seen to walk around and when they tried to touch curtains, move furniture, pick up items they were told to 'put that down' and 'don't do that' and had the items removed from their hands. Although there was a 'rummage box' on the unit, staff did not try to distract the people with items from the box in an attempt to provide meaningful stimulation for them and reduce boredom.
- Post inspection, the provider had informed us a redecoration programme is to commence to make the environment more dementia friendly. However, the service has had since February 2018 to implement changes and these have not happened.

Staff support: induction, training, skills and experience

- Records showed that most staff had received training to enable them to meet people's needs. However, this had not always resulted in staff competency. For example, training to support people when they demonstrated behaviours that put them at risk. The staff told us they were not always confident in this area and did not feel the training equipped them in de-escalation techniques. This meant people were at risk of not receiving the support they needed to keep them safe, when they demonstrated behaviours that put them at risk.
- Staff confirmed they received supervision from the management team and told us they found them to be approachable and supportive.
- We saw the provider had started to enrol new and existing staff onto the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- People's needs were assessed and the care plans were personalised. People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

- Care plans had been developed from these initial assessments and had been reviewed. Those people we spoke with had been involved in the assessments and reviews and where appropriate, their family members.

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

- People received refreshments and a range of different food choices were made available throughout the day. One person told us, "The food's okay, I don't eat much. I have lots to drink and they (staff) encourage me to eat and drink." Another person said, "The food is very nice; it's freshly cooked."
- We saw that people's mealtime experiences varied from unit to unit. On Willow unit, we saw people were not always given a choice and had their meals chosen for them by their relatives. There were no picture menus to support people with their choices. Those people who were able to express a choice were asked what they wanted. We saw staff leave drinks for people on side tables but did not always sit with people to try and encourage them to drink. For example, one person had two full beakers of fluid that had not been touched.
- People's dietary needs were assessed and appropriate referrals had been made to professionals for their input to support people.

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

- People had access to healthcare services when required to promote their health and well-being.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there were any changes in people's health needs. One relative told us, "If anything happens (to person) the staff will let me know."
- Healthcare professionals were consulted when required to ensure people's healthcare needs were met.
- Systems were in place such as handover meetings, to update staff coming on duty with people's health and support 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 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 time of the inspection, the provider was in the process of reviewing all DoLS applications to ensure they were being compliant with the MCA.
- Where people living at the home did not have capacity to make decisions, they were supported to have some choice and control of their lives.
- Staff gained consent before completing any tasks. One person told us, "They (staff) ask permission before they do anything and they explain what they're doing." However, this was not consistent and more could be done to support people with limited capacity to choose, to make their own decisions. For example, supporting a person to choose their own meal.
- Staff knew how to recognise facial expressions and body language to determine whether a person consented to their care. One staff member told us, "If a resident can't tell me, I look for their body language

and facial expressions."

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 were not always well-supported or treated with respect.

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

- The PIR stated 'staff are encouraged to have meaningful interactions with residents in line with a more person-centred approach.' However, this was not our observation. We saw numerous missed opportunities for meaningful engagement with people. For example, we saw staff would sit next to people and no attempt to engage or interact with that person was made.
- People being supported one to one, were supported in a task led approach as opposed to a more person-centred way. For example, staff were seen to follow people around in close proximity with no meaningful conversation or engagement with the person.
- People spoken with told us staff were kind and treated them with dignity and respected their privacy. One person said, "Carers are nice to me, they do everything for me." A relative told us, "They (staff) respect mum's dignity. We have asked that mum always has a female for her personal care. The home makes sure that she always has a female."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "Mostly, I enjoy working here and I love the residents."
- Care plans included details of people's life histories, wishes and preferences.

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

- Some of the people living at the home were unable to verbally communicate their choices or wishes. Staff we spoke with explained what methods they used to understand people's needs. For example, body language, sounds, facial expressions and pointing. However, we did not see the use of picture cards or any other means of communication in an accessible format for people living with dementia.
- People who could tell us said they were able to get up and go to bed when they wanted and were able to make choices about the clothes they wore, what they ate and drank and activities they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- As far as possible, people's right to privacy was respected by staff.
- People, who were able, told us they were encouraged to do as much for themselves as they were able.
- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

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.

Improving care quality in response to complaints or concerns

- There was a complaints process in place but there had been no analysis of complaints to monitor for patterns or trends to reduce the risk of reoccurrences.
- Some people living at the home were unable to say if they had any issues or concerns. However, staff we spoke with were able to tell us signs that would indicate if a person was unhappy.
- Relatives we spoke with knew what to do if they had any concerns about the service provided.

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

- People who were able to tell us said they had been involved in the planning of their care and support. However, this was not always the experience of some of the relatives we spoke with. The nominated individual explained the service was in the process of reviewing everyone's care plan and letters had been sent out to relatives asking them to contact the service to arrange suitable time and date to participate in their family member's review.
- The care plans we looked at had improved since the last inspection and were more person centred. One relative told us, "We went through the care plan with the staff to help them. We feel involved in my relative's care." The PIR referred to an electronic system that was introduced over 12 months ago. The service had not yet transferred all information over to the electronic system. This meant some inconsistency in the care records. For example, some care records were more person-centred than others and contained more up to date information. The nominated individual recognised the delay in the transition and gave assurances they were in the process of updating all people's records.

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.
 - There were no consistent systems in place to ensure people that lacked the mental capacity to understand decisions being made about their care, received information they needed in an accessible format; to support them to make choices and decisions about their care and support.
- We did however see one person was supported to communicate through their communication board.

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

- The provider employed two full time activities co-ordinators, however the experiences of people varied from unit to unit. We found those people living with dementia were not consistently engaged in interests, activities or hobbies that were person centred. This meant some people were withdrawn or walking around without purpose.
- There had been a slight improvement with the introduction of 'rummage boxes' for people to look through and take objects out. The deputy manager explained the ideas they had concerning more 'dementia friendly' activities for people to engage with. For example, visually stimulating wall decorations for people to interact with.
- People that were able to tell us and relatives we spoke with gave us mixed views on the hobbies or interests available for people. One person told us, "We are taken out occasionally for shopping, but not enough." A relative told us, "The activities have picked up recently. They (staff) used to take them (people) downstairs but now they do more up here. They have singers and other entertainment. They had an Elvis impersonator. They took mum out shopping in her wheelchair last week. They're taking her out again today."
- We saw activities staff spent time with a few people in a group and on a one to one basis; however, most people had little engagement to occupy their time other than those who were able to independently occupy their own time.
- One person had been encouraged to take part in a table top exercise with two staff members and had been provided with the same coloured tee-shirt as the staff. We could see the person enjoyed this interaction.
- We did see people using the gardens and those people that could independently leave the building were enabled to do so safely.

End of life care and support

- End of life care was not provided at the time of our inspection.
- The provider had processes in place to support people should they require end of life care and support.

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 significant shortfalls in service leadership. Leaders and the culture they created did not consistently assure the delivery of high-quality care.

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

At our last two inspections there was a lack of robust quality assurance systems in place and inconsistent leadership and governance at the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014). Good governance.

- Following the February 2018 inspection, we imposed positive conditions on the provider's registration. This meant the provider had to implement actions to immediately address issues identified at the inspection. In addition, the provider had to submit to us a monthly update on the action taken, or to be taken, to improve and sustain the development of the service. The provider had not met all of the conditions.
- Some improvements had been made to the identified risks we found at the last two inspections. However, at this inspection, we found further improvements were needed. The inconsistent recording of people's weights had not been identified due to a lack of governance and audit systems. For example, it had not been identified people were being weighed inconsistently and the provider had not ensured the weighing scales had been regularly calibrated to maintain accurate recordings.
- We found shortfalls in medicines management and protocols, as reported elsewhere in this report. This showed a failure of audits to ensure these areas were assessed and monitored to ensure they were safe and risks mitigated.
- We found a CQC recommendation had not been met in a timely way concerning the improvements required to make the home environment more 'dementia friendly'.
- Despite the home being open since October 2017, there was still no call auditing system in place to monitor the time taken for staff to respond to alarm activations.
- There was no clear analysis of how the provider has learnt from previous incidents and complaints and put that learning into improving the delivery of service.
- The above evidence shows that effective systems were not in place to ensure the quality of care was consistently assessed, monitored and improved. We found continued breaches of regulations regarding medicines management and good governance.
- The last three inspections at this service have been rated as 'requires improvement', with a repeated cycle of breaches. When improvements have been made, they have not always been sustained, or we have

identified other areas that require improvement. This demonstrates that the provider's systems in place to review quality were not effective.

- This is the third time the provider has not met some of the regulations since October 2017. We have taken this into account when considering our rating in this domain.

This demonstrated there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager in post at the time of the inspection. However, a manager has been employed post inspection.
- It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. These included incidents such as alleged abuse. We found notifications were received as required by law, of incidents that had occurred.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so people and those seeking information about the service can be informed of our judgments. The rating from the previous inspection was prominently displayed in the main reception area at the home.
- Staff spoken with told us they were supported to understand their roles through supervisions and meetings.

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

- The culture of the home was not always person centred. Although the nominated individual had a vision of providing high quality, person centred care, this was not consistently evident throughout our inspection.
- Staff and relatives, we spoke with told us there had been an improvement within the home, since the last inspection.
- Staff we spoke with told us the management was supportive and led by example to demonstrate their expectations about how people should be cared for. One staff member told us, "[Nominated individual] is always here, you can call them anytime and they respond quickly. [Nominated individual] has an open door and you can go to them anytime."

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

- The PIR was reflective of the past difficulties experienced by the service and was open about how the provider wanted to make the necessary improvements.
- The management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- People who were able to tell us and relatives we spoke with told us there used to be regular meetings but these had stopped. The nominated individual explained it was their intention to recommence the meetings. However, we could see the nominated individual was known to people and visiting relatives who would approach them if they had any issues or concerns.
- The nominated individual had spent time with people, their relatives and visiting professionals to ask their views about the service and used the feedback to make improvements.
- The nominated individual has encouraged links with a local primary school, which included running a

book club for the pupils and people living at the home.

- Links have also been made with a local hospice for support with end of life care where three nursing staff had been added to the hospice's '6 Steps Programme' to develop the staff's knowledge and training.

Continuous learning and improving care

- The nominated individual and current management team demonstrated a commitment to driving the continued improvements to develop the service. However, whilst some improvements had been made since our last inspection, they had failed to make sufficient progress on some of the concerns we identified. This included auditing the service effectively to identify shortfalls and taking effective action to improve the service.

Working in partnership with others

- The service had worked in partnership with other professionals. For example, district nurses, podiatrists, and GPs. In addition, we saw care had been provided to help ensure people attended any hospital or specialist health appointments.
- Advice and guidance from healthcare professionals was known by staff and included in people's care records for reference. For example, when district nurses were involved in people's care.
- The nominated individual worked in partnership with the local authority and local clinical commissioning group.