Prokare Limited

The Willows

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

This inspection was unannounced and took place on 15 and 16 January 2018.

The Willows 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 Willow accommodates eight people who have a brain acquired injury. On the days of our inspection the home was fully occupied. The home is situated on two floors, providing a passage lift to the first floor.

At the previous inspection in January 2015, the service was rated Good. At this inspection we found the provider was not meeting the regulations. The provider's governance was ineffective in promoting quality standards to ensure people received a safe and effective service. Potential risk to people was not managed sufficiently to protect them from harm and people's liberty had been unlawfully deprived. You can see what action we told the provider to take at the back of the full version of the report.

The home had a registered manager who was present on the second day of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was not consistently well led; insufficient staffing levels meant people's aspirations were not always supported. Although the registered manager was experienced they had not maintained their knowledge in relation areas relating to good practices.

People's risk was not managed effectively to reduce the risk of potential harm. Inadequate staffing levels compromised the quality of care and support provided to people. However, the provider's recruitment procedure ensured appropriate safety checks were carried out before people were employed.

People could not be confident that all the staff were skilled because systems and practices were ineffective in monitoring staff training and to ensure skills learnt were put into practice. Equality, diversity and human rights were not incorporated in the assessment and care planning to ensure people were not discriminated against. The principles of the mental capacity act and the deprivation of liberty safeguards were not adhered to and people's liberty was unlawfully deprived.

People's specific dietary needs were not known by all staff and this placed their health at risk. However, people told us they had access to a choice of meals and drinks were available at all times.

People's right to privacy and dignity was not always respected. However, one staff member demonstrated

their understanding of good practices to ensure people's privacy and dignity were maintained. People may not always receive the necessary support because of staff's lack of understanding of their care needs. People were involved in their care planning and were supported by staff who they described as kind and friendly.

Appropriate equipment was in place to support people's mobility and where necessary referrals were made to review suitable aids and adaptations for the individual.

People were supported by staff who had received an induction into their role and who had received supervision. People's care needs had been assessed by relevant professionals and they had access to healthcare services to promote their physical and mental health.

People's interests were recognised by staff who supported them to do the things they liked where possible. People were supported by staff to maintain contact with people important to them. People could be confident their complaints would be listened to and acted on.

People felt safe living in the home and staff were aware of their responsibility of protecting them from the risk of potential abuse. Medication practices were safe and people were supported appropriately to take their prescribed medicines. Systems and practices in the home promoted good hygiene standards to reduce the risk of cross infection.

The provider was able to demonstrate the involvement of other key healthcare professionals to support people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Insufficient staffing levels compromised the quality of care and support provided to people. Potential risks to people were not managed effectively. People felt safe living in the home and staff knew how to protect them from potential abuse. People were supported by staff to take their medicines as prescribed. Systems and practices promoted good hygiene standards to reduce the risk of cross infection.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's human rights were compromised because the principles of the mental capacity act and the deprivation of liberty safeguards had not been followed. People were cared for by some staff who were unskilled. Systems were not in place to ensure skills learnt by staff were put into practice. Staff's lack of understanding about suitable meals for the individual placed people's health at risk.

People were assessed by relevant professionals and had access to other healthcare services when required. People had access to specific equipment to assist with their mobility and promote their independence.

People were supported by staff who received an induction into their role and who received one to one (supervision) sessions.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's right to privacy and dignity was not respected by all staff. Staff's lack of awareness of people's diagnosis did not ensure people needs were met effectively. People were supported by kind and friendly staff who involved them in their care planning.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Assessment of people's needs did not include the principles of equality, diversity and human rights to ensure people were not discriminated against. People were able to pursue pastimes of their choice. People could be assured their complaints would be listed to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider's governance was ineffective in promoting quality standards. The registered manager was unable to improve and sustain the quality of service due to the shortage of staff. People were encouraged to have a say in how the home was run and what staff worked with them.

The Willows

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 16 January 2018 and was unannounced. The inspection team comprised of one inspector.

Inspection site visit activity started on 15 January 2018 and ended on 16 January 2018. It included talking with four people who used the service, two care staff, a healthcare professional, one visitor, the area community service manager and the registered manager. We looked at three care records, medicines administration records, risk assessments and records relating to quality audits. We observed care practices and how staff interacting with people.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

Requires Improvement

Is the service safe?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection we found that areas of improvement were required and this key question was rated 'Requires Improvement.'

The risk of harm to people was not managed effectively to ensure their safety. For example, one person had sustained an injury whilst in their bedroom. A staff member told us the piece of furnishing that had caused the injury had been relocated in the bedroom. They told us the person's risk assessment had been reviewed and amended to reduce the risk of this happening again. However, we could not see the revised risk assessment. The registered manager confirmed the risk assessment had not been reviewed. They acknowledged the potential risk to the person if the furnishing was moved to its original place. This meant sufficient action had not been taken to minimise the risk to the person.

We saw that new radiators had been fitted in bedrooms on the ground floor. The registered manager told us these radiators had been installed in October/November 2017. However, radiator guards had not been fitted to them to protect people from hot surfaces. We shared these concerns with the area community service manager who assured us action would be taken to address this. Since our inspection visit we have received confirmation from the registered manager that covers had been fitted to the radiators.

People were at risk of trips and falls as the drive leading to the home was uneven. The registered manager confirmed they had shared this information with the provider and was waiting for them to address this. We observed that the garden wall was cracked and appeared to have moved. The registered manager said the structure of the wall had been looked at three years ago and it was deemed safe. However, they confirmed they had not monitored the wall for evidence of further cracks or movement. Therefore, the registered manager was unable to assure us of the safety of the wall and that people would not be placed at risk of harm. Since our inspection visit the registered manager informed us that the wall had been inspected by a specialist and it was deemed safe. The registered manager assured us that routine monitoring of the wall would be carried out to ensure the safety of people who access the garden.

We found that some staff had not read people's care records and were unaware of people's needs. This was of concern because one person's care plan showed they were allergic to a specific medicine and a staff member was unaware of this. This placed people at risk of not receiving the support needed. We shared this information with the registered manager who assured us this would be addressed with the staff team during one to one supervision sessions and staff meetings.

This was a breach of Regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Individual risk assessments were in place to promote people's independence and to reduce the risk to the person. One person informed us about gym equipment located their bedroom. They told us they were involved in the risk assessment to reduce the risk of injury and we observed this assessment located in the person's care record. We also saw risk assessment that informed staff about the appropriate use of

equipment to enable people to mobilise safely. This demonstrated that the provider had taken some action to ensure people's safety.

People's care and support was compromised because there was a shortage of staff. The registered manager said they had 169.5 care hours vacant per week. They said this meant staff were not always available to assist people to go out and access leisure services and compromised staff safety when they worked alone. The registered manager told us this also had an impact on the management of the home because some weeks they only spend six to eight hours undertaking managerial work and the remaining time providing care and support to people and also covering staff's leave. They said the impact of insufficient staffing levels meant they did not have time to review and complete necessary care and risk assessments to ensure people receive the appropriate support. A staff member said, "We try to provide a person-centred service. However, this is compromised because of the shortage of staff."

We spoke with the area community service manager who confirmed they were actively recruiting staff. One new staff member commenced work on the day of the inspection. The registered manager said vacant care hours were covered by existing staff or agency staff. On the days of the inspection we observed agency staff on duty to assist people when needed.

We spoke with the registered manager about staff recruitment procedures. They informed us that all staff had a Disclosure Barring Service [DBS] check before they commenced employment and this was confirmed by a staff member. DBS assists the provider in making safe recruitment decisions. The staff member also informed us that two references were requested before they commenced employment. These safety checks ensured staff were suitable to work in the home.

People told us they felt safe living in the home. One person said, "Living here makes me feel safe and I can talk to staff if I am upset." Another person told us, "My lifestyle has changed since living here. I have never been able to talk to anyone before and being able to talk to staff makes me feel safe." The area community service manager informed us that a pictorial book was used to assist people to understand what abuse is and how to obtain help and support. The staff members we spoke with demonstrated a good understanding about abuse and were aware of how to protect people from this. Discussions with one staff member confirmed their awareness of sharing concerns about potential abuse with other agencies to protect people from further harm. We spoke with the registered manager who had a good understanding of when to share concerns of potential abuse with the local authority safeguarding team to enable them to carry out further investigations. This showed that practices would safeguard people from the risk of abuse.

One person told us that staff managed their medicines and they were happy with this arrangement. They confirmed they always received their medicines when needed. Another person told us they managed their medicines with the support of staff. They told us a risk assessment was in place and we saw this. They also told us that staff frequently reviewed their medicines and risk assessment to ensure they were taking their medicines as prescribed. Care records showed that some people had been prescribed 'when required' medicines. These medicines were prescribed to be given only when needed, for example for the treatment of pain. We observed that a written protocol was in place to support staff's understanding about how to manage these medicines safely. One person told us their medicines had recently been reviewed by their GP. Care records showed that people's prescribed medicines were routinely reviewed by the prescriber. This ensured people received the appropriate treatment.

We observed that medicines were stored safely and the medicines administration records identified that people were given their medicines as prescribed. The registered manager confirmed that staff who managed medicines had received training and competency assessments were routinely carried out to

ensure practices were safe. The records we looked at evidenced the undertaking of these assessments.

People were provided with support by staff to manage their behaviour. The registered manager said the majority of staff had received training about how to help people with their behaviour. They informed us that staff often used 'diversion' techniques. This is where the person is directed away from what is causing them to be unsettled and anxious. We observed that a record was maintained of people's behaviours, potential triggers and how their behaviour impacted on them and others. People had access to relevant healthcare professionals to support them in managing their behaviours. This demonstrated that systems were in place to support people when they are unsettled.

We looked at systems and practices that promoted hygiene standards within the home. The registered manager said most of the staff had received infection, prevention and control training. The registered manager informed us they had been awarded five stars at their last environmental health inspection. This demonstrated that hygiene standards within the kitchen were safe. We observed hand wash areas were located around the home that promoted regular hand washing. Staff confirmed they had access to essential personal protective equipment [PPE] such as disposable gloves and aprons and we observed staff using them. The appropriate use of PPE assists in reducing the risk of cross infection. The registered manager said they were the infection, prevention and control lead. This meant they were responsible for promoting good hygiene standards within the home.

The provider had systems in place to ensure medical alerts with regards to faulty or dangerous equipment were reviewed and actioned. The registered manager informed us that all medical alerts were looked at and where it was applicable to them the equipment would be removed, inspected and would not be used until deemed safe. We observed a folder was maintained of these alerts which were accessible to staff. This ensured people and staff were not exposed to equipment that could place them at risk of harm.

Requires Improvement

Is the service effective?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection we found that areas of improvement were required and this key question was rated 'Requires Improvement.'

The staff we spoke with confirmed they had access to training. However, the registered manager was unable to demonstrate what training staff had received. They informed us they were currently unable to manage or monitor staff's training because of the lack of managerial hours afforded to them. Therefore, they were unable to monitor whether skills learnt were put into practice to ensure people received the appropriate support. The registered manager was unable to demonstrate that staff had the up to date skills to provide people with a safe and effective service. However, people who lived at the home confirmed they were happy with the service they received.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager said two people had an authorised DoLS in place. This was to ensure they received the appropriate care and treatment. The registered manager acknowledged that another person's DoLS had expired September 2017. The registered manager said the person lacked awareness of their health condition and required constant supervision. This person told us that staff always accompanied them when they went out. The registered manager confirmed the person had not been reassessed to identify whether a DoLS was still required. The registered manager said everyone who lived at the home required a DoLS to enable them to legally deprive them of their liberty to ensure they received the relevant support and treatment. However, a mental capacity assessment had not been carried out to determine their level of capacity to make their own decision. They said at times they had and would deprive people of their liberty to keep them safe and to ensure they received the necessary care and support. They also recognised that due to a DoLS not being in place they were unlawfully depriving people of their liberty. The registered manager said they did not have time to make arrangements for a mental capacity assessment to be carried out or to complete and submit an application for a DoLS. This meant people were being unlawfully deprived of their liberty. One staff member told us they had not received MCA or DoLS training and we found they lacked understanding in this area. Another staff member who was in charge of the home on the first morning of our inspection was unaware of who had a DoLS in place. This placed people at risk of their human rights being compromised .

This was a breach of Regulation 11, Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for by staff who had received an induction. Induction is process of supporting new staff in their role. A staff member told us that during their induction they were shown around the home. They were also given the opportunity to work with an experienced care staff who informed them of people's care and support needs. They said, "My induction provided me with knowledge about how to do my job." This showed that new staff were appropriately supported in their role.

The registered manager said staff were provided with one to one [supervision] sessions and this was confirmed by staff. One staff member said access to supervision enabled them to ask for support and advice in relation to their work practices. Staff's access to supervision provided them with the confidence to care for people.

People's care and support needs were assessed by relevant healthcare professionals. People told us about the involvement of other healthcare professionals who supported them with their health condition and treatment. For example, the community mental health team and specialist nurses who administered treatment when needed. We spoke to the registered manager about how they ensured people were not discriminated against in relation to their disability, sex, race and other protected characteristics. They confirmed this had not been considered and there were no systems or practices in place to ensure individuals were not discriminated against. They assured us this would be looked at when they assessed people in the future.

People were provided with a choice of meals and care records contained information about suitable meals with regards to their health condition. However, not all staff were aware of this. For example, one person's health condition meant their body was unable to break down fats and this had an implication on what they ate but one staff member was unaware of this. Staff's lack of knowledge relating to suitable meals for the individual could place their health at risk.

People told us the meals were good and they had access to drinks and snacks at all times. We observed information relating to suitable meals, how to calculate carbohydrates and the support people required was located in the kitchen. Staff confirmed they had access to this information. We heard one staff member ask a senior staff member for advice about suitable meals for a person who had a health condition. The care records we looked at and discussions with staff confirmed people had access to a Speech and Language Therapist [SaLT], dietician and a nutritionist. These professionals provided people and staff with advice and support about suitable meals with regards to people's health condition and where individual's experienced difficulty with swallowing.

People were supported by staff to access relevant healthcare services when needed. One person told us about their addiction and mental health needs and confirmed they had access to community psychiatric nurse when needed. They also informed us they attended a group on a regular basis to help them with their addiction. They said, "Staff use to support me to attend this group be I found it embarrassing, so I go on my own now." Another person told us about their health condition and informed us that a district nurse visited them on a regular basis to assist them with their prescribed treatment. A different person told us they were able to make their own GP appointment and staff supported them to attend their medical appointments. This showed that people were supported to access the necessary healthcare service to maintain their physical and mental health.

Due to some people's brain acquired injury this had an impact on their motor skills and mobility. On the day

of the inspection a physiotherapist visited the home to review people's mobility, their exercise plan and to provide staff when advice and support. One care record showed the involvement the neuro rehabilitation team to support the person with their behaviour.

People had access to relevant equipment to assist them with their mobility. For example, walking aids, grab rails, shower chairs and an assisted bath. We spoke with a healthcare professional who confirmed the provider was proactive in funding the necessary equipment to support people with their mobility and promote their independence. The registered manager said one person had been referred to a clinic to establish suitable visual equipment to enable them to more independent.

Discussions with people confirmed there were limited areas in the home where they could see their visitors in private. However, one person told us when their family visited they were able to talk to them in private in their bedroom. We observed that all bedrooms were single occupancy and wash areas were near to communal areas.

Requires Improvement

Is the service caring?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection we found that areas of improvement were required and this key question was rated 'Requires Improvement.'

People's privacy and dignity was not consistently respected by all staff. For example, one person required support with their continence needs and this was not addressed in a dignified manner. We observed the same staff member support a person with their personal care needs in a manner that compromised their privacy and dignity. Although other staff were in the vicinity when this had occurred these concerns was not addressed with the staff member. We shared this information with the area community service manager who assured us action would be taken to address this. However, discussions with four people who used the service confirmed staff did respect their right to privacy and dignity. One person said, "The staff always respect my privacy and knock on the door before entering my bedroom." Another person told us they liked their own company and preferred to spend most of their time in their bedroom. They confirmed that staff respected their choice. We spoke with a staff member who was able to give us good examples of promoting people's privacy and dignity. For example, they told us when they supported a person with their catheter care they ensured their catheter bag was discreetly hidden to preserve their dignity. They told us if people did not dress in a way to ensure their dignity, they would encourage them to their bedroom and support them to dress more appropriately.

Discussions with the registered manager and the care records we looked at confirmed people had specific needs due to their health condition. However, we spoke with two care staff who were unaware or people's diagnosis. We asked staff how they could demonstrate people's needs were being meant effectively with their lack of knowledge of people's diagnosis. They were unable to confirm they had the knowledge and understanding about how to meet the individual's specific needs. One of these staff members also informed us they had not had the opportunity to read everyone's care plan. Although they confirmed they provided care and support for all the people who lived at the home. This placed people at risk of not receiving the appropriate care and support.

Since our inspection visit the provider informed us that preliminary assessment forms covers equality, diversity and human rights through sensitive questioning of individuals to determine their culture, spirituality, sexuality and ethnicity. However, discussions with staff and the registered manager identified a lack of awareness of how EDHR was included in their work practice.

People were unable to remember if they had a care plan. However, we saw these were in place and evidenced people's involvement. Two people confirmed staff often sat with them and ask if they were happy with the care and support they received. One person said, "The staff listen to me and I would recommend living here."

People were cared and supported by staff who were described by people as, "Brilliant, friendly and supportive." One person said, "I am a lot better since living here." Another person told us, "It's a nice place

to live and the staff are helpful." A different person told us about their past addiction and experiencing a low mood state where they have a feeling they may relapse. They said staff always take the time to sit and listen to them. They told us, "The staff are very understanding." They said, "When I do anything around the home to help it's nice that staff thank me." We spoke with a visitor who said, "Staff interact well with people and people seem comfortable to approach staff. People confirmed there were no restrictions on their family and friends visiting them. One person said, "My children came to visit me yesterday."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection we found that areas of improvement were required and this key question was rated 'Requires Improvement.'

We spoke with the registered manager about how they included equality, diversity and human rights [EDHR] in the care assessment process. They acknowledged that the current assessment form did not included EDHR. Further discussions with the registered manager confirmed this topic had not been explored with people. We spoke with people about EDHR. Two people said they could not remember whether this had been discussed with them during their assessment. However, they said staff respected their choice to attend their chosen place of worship. Discussions with one person confirmed staff treated them fairly. We observed the staff team included a mixture of ethnic groups. A staff member told us they were always treated fairly and equally. They told us they had been encouraged to introduce ethnic meals for people to try and if people liked them they would be included in the menu planning.

Since the inspection visit the provider has confirmed EDHR forms part of the induction and on going training process for new staff. However, the staff we spoke to were unable to reflect upon how they consider EDHR in their day to day work so this training had not been effectively applied in practice.

We spoke with the area community service manager about whether they had explored technology to assist people with their care and treatment. They said people had access to the computer in the office. However, they were unable to tell us how people were made aware that they could use the computer and whether this had been encouraged by staff. The registered manager informed us about a specific cognitive tool used to help people with memory loss. We observed this information was included in people's care records. This was used to assess and teach people to rebuild their cognitive skills. For example, motor skills, social skills and methods to support people to manage their memory loss. However, during the two days of our inspection we did not see this method being used.

We spoke with people about their aspirations. One person told us they would like to find a job. They said, "It's hard to get a job because of my health." However, we found that the registered manager had not explored agencies that supported people with a disability to find paid employment. The registered manager said, "Employment and educational opportunities for people are restricted because of the lack of staffing to support people to access this." Another person told us they had a voluntary job which they enjoyed but also expressed they would like to find paid employment. They also told us about their planned goals that included, using public transport independently, going out for walks more frequently and to apply for a passport so they could visit their family abroad. They confirmed that with staff's support two out of their three goals had been achieved. Another person told us they would like to go for walks more frequently. A staff member told us about the work carried out with this person to enhance their road safety skills to enable them to go out on their own.

We looked to see how people were supported to pursue daily activities. For example, one care record showed a person cooked once a week but had expressed they would like to cook more often. The care

record had been reviewed to show they could cook twice a week. We spoke with the registered manager about how they promoted people's independence and the reason why this person had been limited to cook only twice a week. They informed us the person would be supported to cook whenever they liked and the wording in the care record needed to be reviewed to reflect this. One person told us they enjoyed helping in the kitchen and we observed them doing this on the days of our inspection. We spoke with a staff member who informed us about a 'task' sheet. This provided information about people's daily activities from getting out of bed, personal care, domestic chores and social activities. This was to assist people who had memory loss to guide them to tasks that needed to be carried out and when. One person told us this assisted them in reminding them what they needed to do each day.

People's interests were recognised by staff and they were supported to pursue these. One person told us they enjoyed playing card games and chess. They told us that prior to their illness they use to be a painter. However, since living at the home they had not had the opportunity to do this. They told us they enjoyed going for walks and watching the television. Another person told us they enjoyed gardening and said the provider had purchased gardening tools and a greenhouse for them. On the second day of our inspection we observed this person working in the garden. Another person told us they enjoyed watching television and reading in the privacy of their bedroom. We spoke to one person about opportunities to access further education. They confirmed they had attended a recent course but due to their health condition they found it difficult.

Discussions with people who lived at the home and care records we looked at confirmed that other relevant professionals assisted with the development of their plan of care. For example, one person told us about the support they had received from a community psychiatric nurse and we observed this information was included in their care notes. We observed that care records included information from other relevant healthcare professionals to ensure people received the appropriate care and support. For example, exercise plans devised by a physiotherapist were in place to promote staff's understanding about how to safely support people with their mobility.

People were able to maintain contact with people important to them. One person told us about the support provided by staff to help them maintain contact with a family member. They said, "I am now able to stay overnight at my relative's."

We looked at how the provider managed complaints. One person told us at times they felt sad and insecure. They said when they felt this way they always talked with staff who would help to resolve their concerns. The registered manager said a number of people had shared concerns about their bedrooms being cold. They informed us that people's views were listened to and new radiators had been installed. The registered manager said all complaints were recorded and efforts were made to respond to them with 28 days, we saw that a record was maintained of complaints. This meant people could be confident their complaints would be listened to and acted on.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection we found that areas of improvement were required and this key question was rated 'Requires Improvement.'

We looked at the provider's governance and found this was ineffective in identifying improvements. For example, the registered manager was unable to give any assurances that staff were appropriately trained to undertake their role. We found systems were ineffective to ensure good practices that promoted people's right to privacy and dignity, the registered manager had not identified that privacy and dignity was not consistently maintained. The registered manager did not have a system in place to ensure staff were aware of people's specific care needs, how to meet them and the individual's aspirations. This meant people were not supported to achieve their aspirations, for example in finding employment. The provider's governance did not review or identify whether people were lawfully being deprived of their liberty. This meant people were unlawfully restricted. Systems were not in place to ensure all staff were aware of suitable meals for people who had a health condition. Audits failed to identify safety issues such as the need for guards on the radiators to protect people from the risk of burns. Since our inspection visit the registered manager has confirmed that guards have been fitted to the radiators. The registered manager had identified some safety concerns, however there was no evidence that the provider had taken action to address these. For example, lack of maintenance of the garden to ensure the safety of the drive and garden wall that could pose a potential risk to people who lived at the home and visitors. Since our inspection visit the registered manager has reassured us of the safety of the garden wall.

This was a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see that an annual audit was carried out in relation to infection, prevention and control to promote hygiene standards. This reviewed the location of hand wash areas, observing staff's hand washing techniques and the appropriate use of personal protective equipment to reduce the risk of cross infection.

We observed that weekly audits were carried out on medicines in stock, review of medicines records to ensure people had received their medicines as prescribed and to review where people had refused their treatment. Where concerns had been identified this would be shared with the GP. The registered manager said they also carried out spot checks to ensure a person who managed their medicines was doing this correctly. Routine checks were also carried out to ensure care records contained relevant information to support staff's understanding about how to deliver the appropriate care and support. However, a staff member told us they had not read people's care records. The records we looked at showed that checks were carried out on water temperatures to reduce the risk of people sustaining scalds.

The registered manager talked about the shortage of staff and the impact this had on the service. They told us that during this difficult period they did not feel supported in their role. They said they had shared their concerns with the provider. For example, safety issues relating to the environment, guards not being fitted to the radiators to ensure people's safety and risk of trips and falls due to the uneven drive. However, they

informed us that prompt action had not been taken to address this and to ensure people's welfare. They felt people were not reaching their full potential for example, accessing paid employment and further education opportunities. They said the shortage of staff meant people were not supported in these areas to help them to achieve their aspirations.

Discussions with the registered manager confirmed they were skilled and experienced in their role. However, we found they were unaware of the revised key lines of enquiry (KLOE). This is tool we use when examining the quality of service provided to people. They told us they did not have the time to keep abreast of changes because they were constantly providing care and support for people and covering staff's leave. They acknowledged this had an impact on the service provided to people. This meant they were unable to continuously learn, improve or sustain the quality of service provided to people.

Discussions with people who use the service, records we reviewed and our observations showed the provider worked with other key organisations in supporting people. For example, other healthcare services, local authority safeguarding team and social workers. We observed some of these professionals visited the home during our inspection, providing people and staff with support and advice.

We spoke with people about the culture of the home. They told us that staff were friendly, supportive and respected their views. One person told us, "This is a nice place and I am happy living here." A visitor said, "This is a very friendly atmosphere and people always look relaxed and happy." A staff member told us they felt valued. They said, "The registered manager will acknowledge when I have done something well and will say thank you." The registered manager said, some staff member's first language was not English and where necessary they were allocated time to attend classes to improve their language skills.

People confirmed their involvement in running the home. One person said during staff interviews they had the opportunity to talk to prospective employees and the registered manager confirmed this. This meant people were able to have a say who worked with them. People confirmed that monthly meetings were carried out that enabled them to discuss options about social activities and changes to the menus. One person said, "The staff do listen to us, we made some suggestions about day trips and these were arranged." They said the registered manager often asked if they were happy living at the home and they confirmed they were. People were given a quality assurance questionnaire to complete. One person said, "When we complete the questionnaire staff tell us what the results are." This informed people of any changes to the service with regards to information gathered from the questionnaires.

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 Regulation 11, Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken sufficient action where necessary to ensure mental capacity assessments were carried out where necessary and that people were lawfully deprived of their liberty.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken sufficient action to ensure the risk to people was appropriately managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's governance systems were ineffective in identifying improvements required to enable changes to be made to

ensure people received a safe and efficient service.