

# The Royal British Legion Halsey House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Halsey House provides accommodation, nursing and personal care for a maximum of 89 people, some of whom may be living with dementia. The dementia unit is a separate unit from the main building, which holds provision for people requiring nursing and residential care. At the time of the inspection there were 66 people living at the service.

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

Overall, we saw improvements in the care and support provided at the service, since our last inspection. However, we continued to identify some concerns in relation people's medicines management, the recording of aspects of people's care, and the management of certain environmental risks to ensure people's safety. Leadership and governance arrangements within the service were evolving, and aspects of the improvements made were yet to be fully embedded. Whilst audits were being completed, we continued to find some shortfalls which had not been found by the service. There remained breaches of regulations impacting on aspects of the quality of service provided to people.

We received mixed feedback regarding staffing levels and food quality, however we received positive feedback regarding the levels of activities people were able to access, and their ability to maintain their hobbies, interests and social networks. Staff treated people with kindness and were polite, and we received positive feedback from people and their relatives about the care provided.

Management plans were in place for people needing support at the end of their life. The service told us they had good working relationships with health and social care organisations to ensure people received joined up care.

The interim manager encouraged staff, people and their relatives to give feedback on the service and areas for improvement, through questionnaires and regular meetings. Overall, staff morale had improved since the last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; policies and systems in the service were followed to support good practice. Improvements had been made to the assessment of people's capacity since the last inspection.

We have made recommendations relating to the effective deployment of staff and monitoring people's fluid levels.

### Rating at last inspection and update

The last rating for this service was Requires Improvement, with Inadequate for well-led (published 27 November 2019). There were three breaches of the regulations. Following the last inspection, we placed conditions on the provider's registration. This meant the provider was required to send us monthly action

plans to show what action they were taking in response to the concerns we found. These conditions will remain in place as the provider still needs to continue to make improvements.

#### Why we inspected:

This was a comprehensive inspection, completed in line with our inspection schedule.

#### Enforcement

We have identified repeated breaches of regulation in relation to safe care and treatment and good governance arrangements. Please see the actions we have told the provider to take at the end of this report.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. The provider will continue to submit monthly action plans in line with the conditions in place on their registration.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Halsey House

## 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

On the first day of the inspection there were two inspectors and one medicines inspector, one assistant inspector and one 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.

On the second day of the inspection there were two inspectors.

#### Service and service type

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

The service had a manager in post, who was not registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. For the purposes of the report, we will refer to the manager as an 'interim' manager. Following on from the inspection visit, the interim manager submitted their application to register with CQC and this is now being processed.

#### Notice of inspection

Due to safety procedures in place at the time of the inspection, both days were announced. We contacted the provider the afternoon before the first day of the inspection to check it was safe for the inspection team to visit. This was to ensure the service was able to be inspected, due to ongoing risk management relating to Covid-19.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection including their monthly action plans linked to the conditions on their registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection: We spoke with nine people living at the service and observed care and support provided in communal areas. We spoke with two people's relatives. We spoke with the operational manager, interim manager, peripatetic manager, facilities manager, a deputy manager, the clinical nurse lead, three registered nurses, 12 members of care staff and four members of activity and ancillary staff. We looked at ten people's care and support records and 25 people's medicine records. We observed part of the morning medicine round. We observed the lunchtime meals across the units. We also reviewed staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

After the inspection: We sourced additional information from the interim manager, this was provided within agreed timescales.

# 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

At our last inspection, risks to people in relation to the safe handling and administration of medicines was an area of concern. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- Controlled Drugs (medicines which need additional monitoring for usage as per legislation), were stored securely. However, checks on controlled drugs in the residential unit were not being completed regularly in line with the provider's medicines management policy.
- Protocols were not always in place for medicines prescribed on a 'when required' (PRN) basis. There was a risk staff may not be able to give medicines prescribed on a PRN basis consistently. The service needed to ensure PRN protocols were in place for all prescribed medicines.
- Record keeping for medicines was not always in line with the provider's own policy and nationally recognised guidance. Changes made to the Medicine Administration Records (MAR) were not checked by a second member of staff. This was a risk, as if there was an error it would not be identified. Staff were not always working in line with best practice guidance around making alterations to MARs.

There were not sufficiently robust systems in place for the safe management of the administration 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.

- Records showed that people were being given their medicines as prescribed. Medicines administration rounds were conducted at regular times each day. The routine was altered to meet peoples' individual needs and wishes whilst still ensuring safe care and treatment was provided. Staff were knowledgeable about the individual needs of the people under their care and were kind and caring in their manner whilst giving medicines.
- Each person in the nursing and dementia units had an 'enriched' medicines care plan in place. This was a detailed person-centred plan on how to support each person with their medicines as well as additional instructions and warnings for staff.
- Some people self-administered medicines. The staff carried out a risk assessment to ensure people could self-administer medicines safely. These were reviewed regularly to ensure they met peoples' individual needs.

## Assessing risk, safety monitoring and management

At our last two inspections we found the provider was not always assessing and managing the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- We completed a walk around of each unit and found people had access to risk items including denture cleaning tablets, prescribed creams, razors and personal care products being stored in locked cabinets with the keys either in the lock, on top of or hanging next to the cabinets. We were concerned to find this practice in place on the dementia unit. The people living on the dementia unit did not all have insight into their own safety and relied on staff to keep them safe. The management team told us this did not pose a risk to those people living on the nursing and residential units.
- We found that staff were regularly reviewing care records, but we found examples of staff not reviewing daily notes and incident forms to ensure changes in risk and presentation were accurately reflected as part of the review process.
- We identified concerns regarding the food and fluid monitoring in place for one person, assessed to be at risk of weight loss. From reviewing six sets of their food and fluid records, there were significant gaps, and staff were unable to demonstrate that the person had received their required amounts of food and fluids each day.
- From reviewing people's turn charts to reduce the risk of developing skin ulcers when in bed, the details recorded demonstrated that staff were following the time intervals recommended by healthcare professionals. However, we identified that for one person with ulcers on their skin, staff were unable to locate their positioning charts. This would not enable the provider to investigate if the condition of the person's skin further deteriorated to determine that their needs were being met and guidance followed.

Risks relating to the health and welfare of people were not always assessed and managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On day two of the inspection, measures had been implemented on the dementia unit to ensure people's bathroom cabinets were locked and the keys stored safely.

After the inspection visit, the interim manager provided written assurances that changes to the checking and accountability of monitoring food and fluid charts had been implemented.

- Improvements had been made to the service's fire safety procedures since the last inspection, and more equipment had been put in place to assist with evacuating people while they are in bed.

## Staffing and recruitment

- We received mixed feedback from staff regarding the number of staff on shift, particularly at night time; in relation to the complexity of people's needs. For example, on the nursing unit, staff and records confirmed that seven people required two staff to reposition them every four hours during the day and overnight. Fifteen people required assistance of two staff for the completion of personal care tasks such as changing their continence pads. Staff told us they did not feel there were always sufficient staff to meet people's assessed needs and to ensure they had access to breaks during each shift.

- We received similar feedback from people living at the service, one person said, "I'm sure there might be enough on the books but it's down to whether they turn up. Every morning I'm told there are staff who are absent. I wake most mornings at 5:30am but it can be lunchtime before I'm dressed by the time, they [staff] get to me." A second person said, "I think that's one of the problems here. Staff have to do so much in the time they are here. I feel guilty for asking for things sometimes." One relative told us, "I don't think you ever can have [too many staff]. I think they need more employed staff and not to use agency workers."
- The service completed a dependency tool which assessed people's support needs and assists with calculating required staffing levels. However, staff told us they felt this did not recognise people's emotional support needs, and the impact this could have on the time staff needed to spend with people during a shift to ensure they had regular opportunities to speak with staff and receive reassurance and support. Staff told us they felt there were times where they could not offer people sufficient time to talk through concerns, and felt they were pulling away when people tried to open up to them.
- Prior to the inspection, the provider team had contacted CQC to make them aware they were in the process of recruiting and replacing some members of the units leadership teams. Once in place, the provider team anticipated this would help with deployment of staff and task allocation. We were assured the provider was aware of concerns regarding staffing and were implementing measures to address shortfalls.

We recommend the provider reviews staffing deployment and allocation of tasks to ensure people's needs are met, particularly in relation to their well-being.

- Procedures were in place to ensure checks were completed of any newly appointed staff to ensure they were suitable to work with people in a care setting.

#### Preventing and controlling infection

- The service was mainly clean throughout and free from odours, with regular checks of cleanliness completed by the housekeeping team. Where we did identify some concerns in one person's bedroom, these were immediately addressed by a deputy manager. We received positive feedback from people, one person said, "I think it is efficiently run and it's clean and tidy. The staff are always clean and tidy too."
- Staff had access to personal protective equipment such as gloves and aprons.
- Regular audits were completed to check on standards of infection, prevention and control, and we saw where any concerns were identified, these were addressed promptly.
- Additional safety measures had been introduced at the time of the inspection to manage risks surrounding Covid-19.

#### Learning lessons when things go wrong

- We reviewed the service's incident and accident records, and staff meeting minutes. We saw examples of where incidents were discussed with staff, with implementation of changes to practice to reduce the risk of reoccurrence.

#### Systems and processes to safeguard people from the risk of abuse

- Staff spoke confidently about how to recognise types of abuse, and the reporting systems in place at the service.
- People told us they felt safe living at the service. One person told us, "I have never felt unsafe, no. I've got my buzzer round my neck if I need anything." A second person said, "Yes I have peace of mind knowing someone's [staff] around all the time." A relative told us, "I trust them [staff] with my life and my [relative's]. No, no concerns, none at all."

# 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 now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We received mixed feedback from people regarding the food. One person told us, "Oh the food's lovely. I have my cereal in the dining room usually." Another person told us, "Well I have a special diet. I have hot chicken soup strained regularly. The staff know what I need. I have a rapport with some [staff]." A relative told us, "I have eaten here yes. The food is very good." One person said, "It's [food] awful – far too stodgy. Lots of pastry and meat." Another person said, "When I first came here the food was excellent. I don't enjoy it as much now. I think it's the cooking. Sprouts are boiled until they're yellow, all squishy, awful. Do you know the other day when the afternoon drinks trolley came round, we were offered boiled eggs with tea. I ask you, not biscuits or cake - boiled eggs. What were they thinking?"
- Overall, we found people's dining experience to be positive. People were offered choice and shown plated up meals to aid decision making. People were encouraged to eat, and complete tasks to maintain independence.
- We observed some lovely interactions between people and staff. People were encouraged to eat food how they enjoyed it, with access to condiments. One person poured some of their drink onto their meal and then happily ate it, staff told the person they were pleased they were enjoying their meal and did not discourage individuality.
- Where fluid monitoring forms were in place, these did not contain target levels, so it was not clear to staff if a person had drunk enough.

We recommend the provider ensures target levels are recorded on people's fluid monitoring forms for accuracy, and guidance for when staff need to escalate concerns or seek medical advice.

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

- Care records were written in a person-centred way, detailing people's preferences, likes and dislikes. They contained detailed personal profiles and documents that would be used if a person was admitted to hospital to support them while in an unfamiliar care environment.
- The service completed preadmission assessments to gain information regarding people's past medical history and risk profiles as well as hobbies and interests.
- The service had developed personalised care plans for people living with long-term conditions such as diabetes. This work enabled staff to work with people and healthcare professionals to collaboratively formulate their care plans.

Staff support: induction, training, skills and experience

- The service held a training matrix listing completion of courses and dates for when refresher courses were due. Training was an area of concern identified by the management team, and clear plans were in place to ensure any shortfalls were addressed.
- Competency assessments had been introduced to check staff were confident in implementing training into their practice; this was also supported by our observations during the inspection.
- The service had an induction process, with staff shadowing shifts with an experienced member of staff to ensure they were familiar with people's care and support needs before working on their own.
- Staff received supervision at regular intervals across the year and annual performance-based appraisals. Nurses were supported to meet the requirements of their registration.
- Specialist training in falls awareness and the management and prevention of urinary tract infections had been introduced. At the request of staff, pocket size prompt cards were in place with information on areas of daily practice such as the principles of the Mental Capacity Act (2005) and weight conversion scales.

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

- Adaptations had been made to the environment to assist people, particularly those living with dementia to become familiar with the environment and maintain their independence.
- Consideration was given to the layout of furniture in peoples bedrooms to assist with use of equipment, or to reduce the risk of falls.
- There was appropriate signage in place throughout the service.

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

- The service worked closely with the GP practice, and members of the practice visited the service each week to provide on-site appointments for people.
- The service was working with the local NHS medicines team; the interim manager gave examples of where this collaborative working had benefitted people living at the service, such as enabling people to have their medicines reviewed without needing to visit the GP surgery.
- People were able to access medical appointments such as dentist, foot care and optician appointments as needed. This was supported by feedback from people. One person said, "Yes, the GP comes in regularly. The chiropodist comes in and the optician." Another person told us, "Yes the GP comes every day at 8am and I have a regular chiropodist."
- People had oral hygiene care plans in place and most staff had completed oral hygiene training to enhance their skills and understanding.

#### 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.

- The service had been working with external professionals to improve the standards of capacity assessments in place particularly on the dementia unit. They had changed the forms staff used, to ensure the assessment was broken down into sections showing the things considered and tried as part of the assessment process. Family were also consulted in the decision-making process.
- Most care records contained details of family and friends with legal powers to make decisions on a person's behalf, with copies of their paperwork held on file.
- We observed staff encouraging people to be involved in daily decision making, offering choice and working in line with least restrictive practices.

# 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 now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed kind, caring and polite interactions between people and staff. One person told us, "Yes they [staff] are caring. The staff tell me I'm funny, I make them laugh. Oh yes, I feel listened to, I think sometimes one or two need to take a bit more initiative. On the other hand, some [staff] do things over and above like sort out my jumpers – never have to be asked they just do things for you." Another person said, "Yes on the whole. As I say some staff are very kind and understanding." A third person said, "Oh [staff] very kind and caring, yes. The majority of staff are really good. Do I feel listened to – certainly. Most of the staff are patient and kind and I get on with them really well. They [staff] take an interest in me - say things like I wouldn't wear that top with that skirt!"
- Staff placed value on the things that were important to people, including hobbies and interests and people's protected characteristics such as relationships and friendships.
- We observed staff to knock before entering people's bedrooms and explain what they were going to do for example when supporting people during mealtimes. We observed a lovely interaction between a housekeeper and person on the dementia unit, the housekeeper was cleaning their bedroom, the person said, "Who is in my room?" The housekeeper gave their name and said, "You get room service to keep your room looking nice." The person responded by saying this made them feel "Special."
- Staff told us how important it was to treat people with kindness and to empower people to meet their full potential. One relative said, "The staff show such patience and kindness – I can't say enough." One staff member said, "I love working here, it is very person-centred."

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

- People and relatives had opportunities to meet with staff to discuss people's care and support needs and contribute to the development of their care records. Through getting to know people, their past hobbies and interests, this information was used to formulate personalised plans. One relative told us, "Yes. You can come anytime, day or night. The staff make me feel appreciated and welcome." Another relative said, "I go through [relative's] care plan. We have a review and I go through any correspondence."
- Service improvement questionnaires were sent out to source feedback from the people and relatives. A relative told us, "I've always completed any surveys. I think the home listens to what people want by way of food and outings, yes."
- People were offered the opportunity to have supporting roles within the service, for example, a person had been assigned the role of infection control and handwashing lead. Other people supported the activity coordinators.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence and personal choice. People's bedrooms were personalised, with objects and items of personal importance on display. One relative told us, "The cleanliness is excellent. This is how a care home should be run. The service is flexible and fits in with residents. There's no rush."
- If people experienced changes in their behaviour, mental health presentation or became unwell, staff told us about support and measures put in place to maintain the individual's privacy, dignity and safety.

# 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 now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

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

- Care plans contained detailed information for staff to follow to support people while ensuring they maintained their levels of independence, choice and control over the care they received. We observed staff supporting people to make their own decisions, and to ensure they had the opportunity to voice their needs and wishes.
- The service implemented accessible communication standards for example providing information in alternative formats or providing information face to face rather than in writing.
- We observed staff using visual cues such as bringing people cardigans to choose or plated meals to assist people with communicating their wishes and preferences, particularly on the dementia unit.
- Staff demonstrated a good understanding of people's communication needs, preferences and interests which gave them choice and control over the care provided.

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 service had activity co-ordinators, who worked with people to plan activities and events at the service.
- We saw photographs and received feedback from people about the level of entertainment and stimulation at the service. One relative told us, "[Relative] enjoys the entertainment. The activities team have such enthusiasm. [Relative] likes carpet bowls, films, quizzes and singing 'on the link' [area of the home]. Activities run exercise sessions (observed seated Tai Chi today) has summer functions and takes people out on supermarket trips. The home bus takes people out on a regular basis." A person told us, "I go to what's on [activities] that I fancy but I get so bored at times." Another person said, "Yes if I decide I don't want to go to an activity for instance, the staff leave me to do what I want. You're never forced here."
- Since the last inspection, a piece of work had been completed on the dementia unit, using a nationally recognised activity assessment tool, for assessing activity-based care for people with cognitive impairments, including dementia. We saw examples of sensory based activities to support people to interact with their environment, and source comfort and interaction and improve well-being.
- Intergenerational projects were in place at the service, enabling school children to visit and spend time with people living at the service. This offered opportunities for learning and reducing stigma attached to

dementia and care services.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would speak with the interim manager or care staff if they had any concerns or wanted to raise a complaint. There was information on how to make a complaint displayed in communal areas of the service. One person said, "Oh yes. I would speak up if needed. To the senior or to the manager, depends how serious." A relative said, "I would feel confident addressing any problem with the manager. No, I've never done it."
- There had been one complaint received by the service the start of January 2020. This had been investigated in line with the service's policies and procedures. The service also sourced feedback through questionnaires.
- The service also kept a record of compliments they had received from relatives and visiting professionals, which they shared with us. For example, we saw a thank you card from one of the volunteers who visits the service and had attended an event for volunteers at the service.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. However, people's care records contained information on their wishes and preferences in relation to care provision at that stage of their life.
- Care records contained details of protective characteristics such as cultural, religious and spiritual needs and preferences.
- Where people were needing to spend more time in their bedrooms resting, we observed people to have gentle music playing, or meaningful items in arms reach to offer comfort. Staff told us about providing end of life care. One staff member said, "People wear their favourite outfits and we surround them with familiar photographs." Another staff member said, "It is respectful here, we meet people's wishes at the end of their lives."

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. 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.

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

At our last two inspections, we identified concerns regarding the service's governance systems and processes in place, which meant shortfalls in the service were not being consistently identified or addressed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- The interim manager and provider team completed a range of quality audits. However, we identified areas of concern, including medicines management and documentation concerns that had not been identified through the quality checks and audits in place to maintain consistent standards of care provision.
- We identified that audits for profiling bed rails were not dated to confirm when the audit was actually completed, only giving the month. This did not offer a full audit trail if concerns needed to be tracked back and investigated.
- We found that environmental audits were being completed by designated members of staff, but the sections of the form for management sign off were not being completed. These built in safeguards and checking processes was not being followed.
- Designated staff completed daily walk arounds of each unit. These had not identified the safety concerns we found regarding the keys for the lockable cabinet on the dementia unit.
- Overall, we did not identify concerns regarding cleanliness and infection control. However, the infection control audit did not contain details for example of which bedrooms were checked, on which units, and again the finalised audit was not signed off by a member of the management team.

Risks relating to the service's governance systems and processes. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last two inspections we found we had not always been notified of events when needed, resulting in a breach of Regulation 18 of CQC Registration regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 of the Registration regulations.

- The service would benefit from consistent leadership and stability to continue to drive improvement. We found the interim manager and the staff team responsive to our feedback and acted on any concerns we raised. Staff were encouraged to give feedback and hold lead roles in relation to areas of interest; this offered development opportunities and improved accountability and ownership of their roles.
- The manager was experienced, and we saw examples of where they had taken action to address shortfalls in staff performance.
- Staff gave positive feedback about the support provided by the manager. One relative told us, "The manager is very good. I get on with [Name] very well." Another relative said, "One senses the home is continually striving to improve. I think they [home] have maintained high standards. I would recommend the home definitely."
- There were some gaps in the service's mandatory training record, but the service had a list of forthcoming dates and clear timeframes to address this shortfall.

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

- Complaints and incidents were appropriately managed. The interim manager and staff understood their responsibilities under the duty of candour. The provider completed thematic analysis of accidents and incidents to monitor for patterns and trends, and this information was shared with CQC each month linked to the conditions on their registration.
- The interim manager and staff demonstrated a commitment to providing high standards of person-centred and, dementia specialist care. People were placed at the centre of care planning and delivery. Staff told us they enjoyed working at the service. The interim manager told us they were, "Incredibly proud of their staff, and the work they had put in to make changes and improve the service since the last inspection."
- The provider and interim manager demonstrated that they considered the feedback we gave seriously and provided follow up information on actions taken after the inspection visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People, relatives and staff were encouraged to contribute their views on the running of the service. Overall, we found the staff team to have grown in confidence since the last inspection and wanting to share information and areas of improvement with inspectors during the visit.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting and in supervision sessions. Staff confirmed that if they were unable to attend meetings, the minutes were shared to ensure everyone had access to the information discussed.
- Staff contributed to people's care review meetings and worked closely with the local GP practice and health and social care professionals. Each unit had daily 'flash' meetings to ensure staff and members of the management team were up to date with any incidents or changes in people's needs over the previous 24-hours.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people were not always well managed, including with medicines management. The care provider was not fully meeting the existing conditions placed on their registration in relation to regulation 12.  Regulation 12 (1) (2) (a) (b) (f) (g)

### The enforcement action we took:

Conditions imposed on the provider's registration to remain in place at this location.

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	There remained shortfalls in aspects of the governance arrangements in place. Audits and quality checks were not consistently identifying risks. The care provider was not fully meeting the existing conditions placed on their registration in relation to regulation 17.  Regulation 17 (1) (2) (b) (c) (f)

### The enforcement action we took:

Conditions imposed on the provider's registration to remain in place at this location.