Fairfield View Care Limited

Fairfield View

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Fairfield View is a residential care home providing personal care for up to 54 people. The service mainly provides support to older adults and people living with dementia. At the time of our inspection there were 38 people using the service. Care is provided across two units, with 'The Elms' providing specialist dementia support. People have their own bedrooms, some of which are ensuite. Communal spaces including bathrooms, living spaces and a secure garden were available.

People's experience of using this service and what we found
Systems of governance and oversight had been introduced but were not currently being effectively used to ensure the safety and quality of the home. We found information used for oversight of people's needs, including dietary information and wound care was not being accurately maintained. Systems to ensure people received the correct care had either not been implemented or was not being used effectively. Communication and involvement of people using the service had improved, although further work was needed. Staff needed further support to understand and develop in their roles, in order to support the governance processes within the service.

People's needs, and risks were not always being safely managed in relation to modified diets and skin integrity. Medicines were not always being safely managed. Safe recruitment of staff was being completed and there were generally enough staff to support people. Environmental improvements were found, and plans were in place to address shortfalls. Action to address most, but not all safety issues had begun. Equipment had been obtained to promote better infection prevention and control but some areas of the home including furniture and shared bathrooms needed further work.

People did not always have accurate and up to date needs assessment information. Oversight of needs and guidance in handover records and care plans was sometimes inaccurate or inconsistent. Observations and records did not assure us that people's needs were being consistently met. People's view of the food was mixed, and it was not clear that people were having their dietary needs met. Improvements to the environment had begun but further work was needed to ensure shared and frequently used areas, such as communal bathrooms were suitable for use. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service were in place to support good practice. Staff felt well supported and training was available. Further work to support staff to complete and understand all aspects of mandatory training was needed.

People's care plans had been developed, but further work was needed to ensure these were accurate, completed and person centred. An activity worker began at the home during the inspection and staff tried to support people to engage in activities where time allowed. However, people told us they were bored, and we observed there was a lack of stimulation.

People and families spoke positively about the staff, and we observed kind and caring interactions. People's dignity was respected, and choice was generally, but not always promoted.

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

Rating at last inspection and update
The last rating for this service was inadequate (published 08 November 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection as part of the multi-agency meeting approach, to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement
We have identified breaches in relation to the management of individual risk; the management of medicines; the provision of person-centred care; knowledge, training and skills of staff; and systems for management and oversight of the service.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Fairfield View

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by 3 inspectors, a medicines inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Fairfield View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fairfield View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post. However, they were currently not in work and the service was being overseen by an external management company, specialising in management of care homes.

Notice of inspection

This inspection was unannounced on both days of our site visit.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information gathered through multi agency meetings held, and updates from the provider about their progress with their improvement action plan. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. All this information was used to plan the inspection.

During the inspection
We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 10 people who use the service, 6 relatives and 13 members of staff including members of the external management company, unit managers, care workers, and auxiliary staff including kitchen staff.

During the inspection we visited both units, reviewed 10 medicine administration records and looked at medicines related documentation. We observed medicines administration, checked storage and spoke to 3 staff about the management of medicines.

We reviewed a range of records including 8 people's care records. We looked at 4 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were examined during and following the site visits.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we found risks to people were not being assessed and mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

● Systems to assess and manage risk were not being used effectively. People had a variety of individual risk assessments, but information in these was often inaccurate or inconsistent. Changes in people's current needs, including pressure and wound care, and diet were not always readily available to staff within handover records or care plans.
● People were not always getting the care they needed to manage and mitigate their needs and risk. We observed some people who required pressure relief were not receiving this as often as needed and some people who required a modified diet or thickened fluids were not being given these correctly. We raised a safeguarding with the local authority about these concerns and fed back to the management team. Following the inspection, arrangements were made for speech and language therapy to complete reassessments of people's need for modified diets.
●Following our last inspection, we requested the fire service undertake checks of the home. This had been done and had led to an enforcement notice being given. The provider was taking action to become compliant with fire regulations, but work was still ongoing in this area.

Risks to people were not always being effectively monitored and mitigated. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Other internal and external checks were being completed and an action plan was in place to address areas of shortfall. Issues found in relation to one lift not working, and hot water not being available to people in their bedrooms had been addressed since our last inspection. Unsafe areas of the building, such as the sluice room were being kept secure.

Using medicines safely

At our last inspection we found people's medicines were not always being properly and safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

● Records and observations showed that thickening powder that is added to people's drinks, who have difficulty swallowing, were not made correctly, therefore we could not be assured people were safe from the risk of choking.
● We found that one medicines administration record had been filled out retrospectively after the inspection so could not be assured that the medicine had been administered correctly.
● No times had been recorded when paracetamol had been administered, therefore we could not be assured that the safe 4-hour gap had been observed between doses.
● Systems were in place for recording when creams were applied, but this differed across the 2 units in the home. Although systems were in place this had not been completed for 2 out of the 10 people's records reviewed, so we could not be assured that they were receiving the creams as prescribed.
● For 4 people, out of the 10 records we reviewed, we found no person-centred information recorded to say how they like to take their medicines.
● For medicines prescribed with a variable dose there was no guidance on when to administer a higher or lower dose.
● Medicines audits were carried out, but some issues identified in the audits had not been dealt with in a timely manner.

Medicines were not always being properly and safely managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection we found systems to ensure that staff providing care had the appropriate qualifications, competencies, skills and experience to do so safely had not been implemented effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made and the provider was no longer in breach in this area of regulation 18.

● People were being supported by staff who had been recruited following safer recruitment practices. Checks with previous employers and with the disclosure and barring service (DBS) were being completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. Where needed, risk assessments were completed.
● The provider worked to recruit the staff needed and generally there was a stable and consistent level of staff supporting people across the home. This meant that less agency staff were needed, and the risk of people being supported by staff who did not know them was reduced. However, the systems to ensure new or agency staff had an accurate overview of people's current needs was not robust.
● Where agency staff were used, the service held profiles of the staff member so they could be sure they had the necessary skill and knowledge to support people. However, there was not always a record to show the agency staff had completed an induction before starting a shift. This meant we could not be certain that all agency staff working in the home had an overview of people's needs and understood emergency procedures and other service specific knowledge.
● People generally told us staff were responsive when they needed assistance. One person said, "I have a buzzer and if I press it, they [staff] come quickly." Feedback from staff was that generally there was enough staff.

Systems and processes to safeguard people from the risk of abuse

● People generally felt safe and spoke positively about staff.

● Staff training in this area needed improving and the provider was undertaking work to improve the training available to staff and ensure staff were compliant in this area. Staff understood their responsibilities to keep people safe. However, staff had not always been able to apply this to practice by raising concerns with the management team or identifying the areas of shortfall and inconsistencies that we found during this inspection.

● The provider had appropriate policies and procedures in relation to safeguarding. Where safeguarding concerns had been identified the management team were working with the relevant agencies to investigate and address these.

Preventing and controlling infection

● Since our last inspection the provider had ensured people had individual equipment to prevent the risk of cross infection through equipment being used by multiple people.

● Staff were using PPE as required and PPE was available for staff to use. Staff completed training in infection prevention and control, but further work was needed to ensure compliance with this area of the provider's mandatory training.

● Some areas of the home were in need of redecorating and some furnishings were in need of replacing to support good infection control. The provider had an action plan and was in the process of addressing the areas of shortfall identified.

● Some areas of the home including communal bathrooms and bedrooms had strong malodours and although the provider had an action plan to address this, these areas were still being used. We raised this with the provider and requested an alternative bedroom be found for one person if they consented, and other action taken in bathroom areas to make these more comfortable and dignified areas for people to use.

Visiting in care homes

The service was following current guidance in relation to visiting in care homes and there were no restrictions on people being able to receive visits from friends and family.

Learning lessons when things go wrong

● The provider was responsive to feedback during the inspection and took relevant action although this was not always sufficiently robust to have addressed the concerns identified, for examples around accuracy of information around people's needs. Further progress following this inspection, and checks to see how lessons are learnt and embedded, will be completed when we next inspect this service.

Requires Improvement

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we found systems to ensure that staff providing care had the appropriate qualifications, competencies, skills and experience to do so safely had not been implemented effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement has been made and the service remained in breach of this area of regulation 18.

● Staff had access to a variety of training electronically and there were checks of competency in place in some areas of care delivery. At the time of the inspection there were gaps in some staff's mandatory training. The provider was continuing to address this within the provider's improvement plan. Staff did not always demonstrate they had a good understanding of aspects of care, in order to meet people's needs
● We observed improvements in staff practice when supporting people's moving and handling needs, and people's dignity was generally considered when supporting them. However, other areas such as staff's understanding of mental capacity; management and recording of pressure care, modified fluids and diets; and care planning and record keeping needed further work.

People were not always being supported by staff who had the knowledge and competence to meet their needs. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us they felt more supported by the management team than they had previously, and records indicated staff were having regular meetings and supervisions. One staff member said, "We have had lots of training now. The management team are very supportive."

Supporting people to eat and drink enough to maintain a balanced diet
● At the last inspection we found that people were not always supported to eat and drink in line with their assessed needs. At this inspection we found ongoing concerns around this.
● Records did not always reflect people's current needs including the correct level of modified diet and thickened fluids they should be given. Information was inconsistent in care plans and handover records and did not reflect the assessment and guidance given by the speech and language therapy team in relation to managing choking risk; or dietician advice in relation to managing people at risk of weight loss. Care records reviewed were not sufficient to evidence people were consistently having the correct care. The kitchen staff

did not always have the correct information about people's needs.
● Records for assessing people's risk, such as MUST for assessing the risk of malnutrition, was not always being completed accurately and weights were not being consistently completed to ensure this risk was monitored. People were referred to dieticians if this was needed. However, it was less clear that any advice given was incorporated in to care records, referrals were followed up or that this risk was shared with kitchen staff so they could take the necessary action. Records of food intake for some people at risk of weight loss suggested long periods of time when people were not supported to eat. We could not be certain whether accurate and contemporaneous records of how people's needs were being met were being maintained.
● People's feedback about the food was varied although people told us if they did not want what was on the menu, they could have an alternative. One person told us, "I'm not a fan of rice pudding so I am having a yoghurt." Another person told us, "It's ok [the food], you get plenty of it and they ask you if you want more." A relative told us, "[Family member] says the food is good. They have put on weight since being here."
● People had access to drinks in their room, and people were offered drinks and snacks during the day. Mealtimes were generally calm. However, for people who chose to eat in the lounge, they did not always have equipment, such as a table that was set to the correct height to encourage a good diet.

There was not sufficient oversight to ensure people received the care and support needed to maintain a good diet, and accurate records were not being consistently maintained in this area. This placed people at risk. This was a breach of regualtion17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs
● The provider had an action plan to address the environment and work was ongoing to ensure the home became compliant with fire regulations.
● Some areas of the home being used by people required attention to ensure they were free from odours. This is discussed further in the safe section of this report.
● We noted some areas of improvement in how people's bedrooms were personalised to make them homely, but further work in this area was needed.
● At the last inspection we noted the environment was not always suitable for people living with dementia. At this inspection we found the dementia unit was calmer, and the provider was trying to create quieter spaces for people. However, work in this area was ongoing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● At the last inspection we found records did not demonstrate that people's needs were accurately assessed. Although we noted some improvement, we found assessments were not always accurate and had not always led to the necessary changes being made within care plans. There was some inconsistency in the assessments being undertaken and these did not always link to a care plan being developed to manage any individual needs. Work in this area was ongoing.
● People's care plans contained some detail to guide staff. However, we found inconsistencies about the action staff needed to take to meet people's needs and these were not always up to date to reflect the current action required. For example, if people had developed a pressure injury and required pressure relieving equipment and pressure relief, this information was not always readily available for staff to understand what action they needed to take, and what equipment they needed to ensure was in place.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access medical services such as the GP and district nurses. However, it was not

always evident how this input was captured within records to ensure any changes in need, or advice were reflected in care plans, or handover records to ensure staff were clear on what they needed to do. Where referrals were made it was also not clear that these were chased up as needed.
● At the last inspection we found people were struggling to access some health care provisions, such as dental care. At this inspection we found some progress had been made and a dentist had begun assessing some people. However, there were still a number of people who had not had this input, some of whom had oral health issues or no dentures. We spoke to the provider and asked that those most at risk be prioritized with dental services and safeguarded where this was needed.
● Oversight of oral care for people was not sufficiently robust. At the time of this inspection there was no consistent approach to how oral care was assessed and supported within care plans. Not all care plans contain sufficient detail about people's needs in this area. Checks of people's bedrooms indicated people were not having consistent oral care as some toothbrushes were clearly unused or not available, and records were inconsistent or did not reflect our observations. These issues had not been identified or escalated through the providers own quality assurance processes and this is discussed further in the well led section of this report.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● At the last inspection we found that records did not demonstrate the service was working in line with the MCA. At this inspection we noted some areas of improvement, but further work was needed.
● Decision specific capacity assessments and best interest decisions were being completed, although this was not consistently for everyone who may lack capacity across both units. These did not always contain enough detail to demonstrate a person's capacity had been assessed and the best interest decision had been made which involved the relevant parties.
● We observed choice was promoted for people, although this was not always consistent. For example, people were supported to make choices around daily life such as where they wanted to sit and what they wanted to eat and drink, but we observed other occasions where this did not happen. We also found examples where staff were not following care plans in relation to least restrictive practice for one person who consistently asked to go to their room. This was discussed with the management team during the inspection.
● The management team had submitted application for DoLS and developed systems for oversight of this. Work to improve how the service met the requirements of MCA were ongoing.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection we found systems were not in place to ensure that people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement has been made and the provider is no longer in breach of this regulation.

- People told us their dignity and privacy were respected. One person told us, "Staff always knock before they come in." Another person said, "Staff always ask when they want to do anything."
- Relatives spoke positively about the staff team and felt they took time to get to know their relative. One relative commented, "They have got to know them and got to know us. [Family member] has lots of photos in their room and they tell staff who they are."

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

- People told us they felt well treated. One person told us, "The care staff are good. They look after me." Another person commented, "Everyone is really friendly, and I feel comfortable living here."
- We generally observed people being supported by staff who were attentive and treated people kindly and with patience. For example, staff offered people lots of reassurance when supporting them with their moving and handling needs.
- Relatives spoke positively about how people were treated by staff. One relative told us, "We know they are being cared for. It's a weight off my shoulders." Another family member shared, "I can't speak highly enough of the staff. They are so kind and attentive."

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

- People told us they felt able to talk to staff and felt listened to. However, people were not always clear about how they were involved in bigger decisions regarding their care, and records did not evidence how people had been supported to engage in care planning.
- Relatives told us they were involved in care plans and confirmed that they generally felt involved in decisions around their family member's care. One relative told us, "We have reviewed their care plan recently. This has happened twice since [family member] has been here."

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection we found people were not consistently receiving personalised care that was appropriate, met their assessed needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement has been made and the provider remains in breach of this regulation.

● People were not consistently getting care in line with their assessed needs. We found shortfalls in how people were supported with their dietary needs and pressure relief. We noted some improvements in personal care, but found several instances where people had not been having at least twice daily oral care, had dirty fingernails or were not supported to shave facial hair regularly.
● At our last inspection we found that people who chose to have meals in the lounges did not have tables for meals which were suitably placed and set at a correct height to enable people to eat safely. This has not been fully resolved at this inspection.
● The external management team were keen to promote an integrated care team and support people to access all areas of the home. This had not yet been embedded and people who may like to access the outside garden space where not encouraged to do so, even though the weather was nice during the inspection. One person told us, "I never get to go in the garden. I might fall."

People were not consistently receiving personalised care that was appropriate, met their assessed needs and reflected their preferences. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Ac 2008 (Regulated Activities) Regulation 2014.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People had care plans which contained information about communication needs. The external management team were able to provide the equipment and support needed to enable communication needs to be met.
● People were generally supported by staff who communicated effectively with them. Staff took time to

communicate with people who may struggle with their hearing and were patient when awaiting a response.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had limited access to activities and support to engage in hobbies and interests. One person told us, "I've seen people coming with games like bingo, but I don't want to join in. I like card games, but they never play card games." Another person commented, "I use to join in, but they don't do any activities anymore. I would like to go shopping."

● On the first day of inspection there was no activity co-ordinator in post and limited activities were provided, although some staff members did encourage people to engage in group activities such as ball games or colouring. When we returned an activity worker had started in post.

● The management team told us they were keen to encourage activities and support people to access the community where possible. Work in this area was in progress. Activities to mark significant events, such as the royal coronation, were planned.

● People were supported to maintain contact with friends and family. We saw a number of people enjoy visits from family members. Relatives told us staff were very welcoming whenever they visited and, with the exception of protected mealtimes, visits were encouraged.

Improving care quality in response to complaints or concerns

● The service had not received any complaints since the external management team began supporting the home. They understood the principles of investigating and responding to complaints and concerns.

● People and families told us they felt able to raise concerns. One relative did comment, "I have raised concerns about communication…. We still don't get any information. They said they were sending out electronic newsletters."

● Staff told us they felt more able to raise concerns, although it was not always evident in questioning issues, such as the discrepancies in information provided to them. One staff member told us, "In the past when things were reported nothing got done. It's better now."

End of life care and support

● At the time of this inspection no one was actively receiving this support. One person had been prescribed anticipatory medicines to keep them anxiety and pain free when they reached the end of their life. However, people's care plans did not provide staff with guidance around this and supporting people with end-of-life care.

● The provider recognised this was an area for further development. Computer based training for end-of-life care was available, but a number of staff had not yet completed this.

Inadequate

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 our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

At our last inspection we found systems to assess, monitor and improve the quality and safety of the service were either not in place or not being used effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement has been made and the service remains in breach of this regulation.

● We found shortfalls in the management and delivery of care which were similar to those found in our last inspection. The provider had failed to become compliant with regulations as required in the previous enforcement action taken by CQC. The provider acknowledged there were ongoing challenges in relation to the management and safety of the service and told us action was undertaken but was taking time to complete and embed. The action needed to ensure people were protected from unnecessary risk of harm had not yet been completed.
● Accurate information about people's current needs to ensure their safety was not being maintained through suitable systems of governance and oversight. For example, we found information around people's meal requirements were not consistent and accurate, and information about people who had wounds or pressure care needs was not correctly reflected.
● The external management company had introduced a number of systems for audits and checks, but these had not been embedded and had not yet led to improvements in oversight. Some checks, for example those around pressure care, did not reflect the wound care needs of some of the people living at the service, although we were told these were updated weekly. The systems in place were not robust enough to ensure information was accurate, with sufficient oversight to ensure the correct care was being delivered and accurate records maintained.
● Staff felt that things were improving, and lessons were being learnt. One staff member told us, "We speak about things in handover, any changes or concerns we may have, we talk about what is working." However, it was not evident that staff had been raising issues in relation to conflicting information, or the lack of clarity regarding people's needs, that we observed during the inspection.
● Staff were encouraged to develop in their roles and take greater responsibility for developing care plans and oversight. Staff knowledge and understanding needed to be further developed to ensure they had the necessary skills and knowledge to take on these additional responsibilities and drive the required improvements. The culture of the service needed further changes to ensure it was person-centred, good quality care was provided and that learning from our last inspection was progressed and embedded into practice.

Systems to assess, monitor and improve the quality and safety of the service were not being used effectively and records were not being consistently maintained with accurate information. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Families told us things had improved. One relative commented, "I think we have seen signs of some improvements. When [family member] came, communication between us and staff seemed to be on a need-to-know basis. Now we can talk to the current person in charge."

● Staff felt the culture of the home was improving. One staff member told us, "We are a team now and it's a good place to work. Amazing team of staff. Good management especially since the external management company came out." However, further work is required to ensure the service provides person-centred care and achieves good outcomes for people and this culture becomes embedded in practice. For example, the external management aimed to encourage people to use the outside space more, but this was not seen in practice despite the weather being fine during the days of site visit.

● People spoke positively about the external management organisation. One person said, "They are easy to talk too."

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

● People felt able to raise concerns. However, one family member commented, "We can talk to the management team. They need to do things they have agreed to. They aren't always realistic about what they can do between time constraints and staffing."

● Staff felt able to raise concerns. One staff member said, "If we don't think something is right, we feel we will be listened too and taken seriously."

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

● Surveys had been completed with people and families, professionals, and staff. These were mainly positive.

● The provider was engaging with local agencies to improve the service and was responsive to feedback given. However, not all action from the issues discussed on the first day of inspection had been robustly addressed when we returned to the service for a second visit.

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 9 HSCA RA Regulations 2014 Person-centred care People were not receiving personalised care that was appropriate and met their assessed need and reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's individual risk were not being assessed, monitored and mitigated effectively. Medicines were not being safely handled.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not always being supported by staff who had the knowledge and competence to meet their needs.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service were not being used effectively and records were not being consistently maintained with accurate information. There was not sufficient oversight to ensure people received the care and support needed to maintain a good diet, and accurate records were not being consistently maintained in this area. This placed people at risk

The enforcement action we took:

warning notice