

Seahaven C.H. Ltd

Seahaven Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Seahaven Care Home is a residential care home providing accommodation and personal care to up to 30 people in one adapted building. The service provides support to older people, including people who may live with dementia or a dementia related condition or a learning disability. At the time of our inspection there were 23 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service had not been meeting the underpinning principles of Right support, right care, right culture. Significant improvements were being made to address the principles for all people using the service. However, changes implemented had not yet had time to become embedded or sustained and additional improvements were needed.

Right Support: Improvements were being made to the service to ensure the service was flexible and adapted to people's changing needs and wishes and promoted their independence. Care had not been person-centred and tailored to each individual, but improvements were being made so people were listened to and were becoming central to the focus of care delivery. Some people and relatives said communication could be improved. There were opportunities now for people and staff to give their views about the service. Improvements were being made to involving people in the running of the service and to consult with them. We have made a recommendation about ensuring information is accessible, where needed, to keep people informed and to assist with their decision making.

Improvements were being made to give people control in their lives and involve them in decision making. People had not been supported to have maximum choice and control of their lives and staff had not supported them in the least restrictive way possible and in their best interests; the policies and systems in the service had not supported this practice.

Robust systems were not in place to monitor risks to people's safety and ensure the environment was appropriately maintained. Medicines were not all managed safely, improvements were needed to medicines storage and medicines records required more information for the use of 'when required' medicines, where prescribed. The building was not well-maintained, with ineffective infection prevention and control procedures to keep people safe. Bedrooms were not personalised. Staff had received safeguarding training and it was planned they would receive local authority safeguarding training, so they understood how to report any concerns to external agencies, if they were not addressed internally.

Right Care: Improvements were being made to ensure care was person-centred and promoted people's dignity, privacy and human rights. Staffing levels had increased and staff had received additional training to ensure they understood their role and responsibilities. Improvements were being made to records to ensure staff had guidance about how to support people. However further improvements were needed including the provision of more activities and outings to ensure people remained occupied and engaged and received person-centred care.

Right Culture: Substantial improvements were being made to the running of the service to ensure people were the main focus of care delivery and they received safe, effective care that met their needs. There had been a change in management and staff had received training to ensure the ethos, values, attitudes and behaviours of leaders and care staff ensured people using services would be supported to lead confident, inclusive and empowered lives.

Staff were positive about the changes being introduced and working at the service. They said the new management team were approachable and they were supported in their role. Communication needed to become more effective with relatives and people, to keep them informed and receive their feedback about service provision, and to respond to complaints and concerns. A quality assurance system was in place, but it needed to become more robust to assess the standards of care in the service.

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

Rating at last inspection and update

The last rating for this service was good (published 18 May 2018).

Why we inspected

We undertook a focused inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about people's care, staffing, management and the culture at the service. A decision was made for us to inspect and examine those risks.

We inspected and found there were concerns with other aspects of people's care, so we widened the scope of the inspection to become a comprehensive inspection which included all the key questions of safe, effective, caring, responsive and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found evidence during this inspection that people were at risk of harm from these concerns. The provider was taking action to mitigate the risks from some of these concerns. Please see the safe, effective, caring, responsive and well-led sections of this full report.

The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, fit and proper persons employed, the environment, person-centred care, records and good governance at this inspection.

We have made the following recommendations:

Information should be made accessible to meet people's needs.

Relatives and visitors to be made aware that visiting is not restricted. Systems to communicate with relatives to be strengthened to ensure people and relatives are kept up to date with changes being introduced and to gather their feedback.

Improvements to be made to people's dining experience.

Improvements to be made to activities and outings to keep people engaged and occupied, as they choose.

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

Follow up

We will request an action plan 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 'Inadequate' and the service is therefore 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 time frame and there is still a rating of inadequate for any key question or overall rating, 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 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?

The service was not always safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Seahaven Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 carried out by 1 inspector, 1 assistant inspector and 1 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

Seahaven Care Home 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. Seahaven Care Home 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 not a registered manager in post. The previous registered manager had recently left the service. A new manager had been appointed, but had not yet started work at the service.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 June 2023 and ended on 29 June 2023. We visited the service on 20 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 9 people who used the service and 14 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak, therefore they gave us permission to speak with their relatives on the telephone. We spoke with 9 members of staff including the nominated individual, 1 director, 1 regional manager, 4 support workers, including one senior support worker, 1 domestic and 1 cook. We received feedback from one health and social care professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care records and multiple medicine records. We looked at 4 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including training information, policies and procedures and quality assurance documents were reviewed.

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 good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at risk of unsafe care as strong systems were not in place to ensure people were kept safe from the risk of avoidable harm. The nominated individual was working to an action plan to make improvements, but they needed to be made in a timely way.
- The living environment in several areas posed a risk to people's safety. Several bedrooms did not have a nurse call bell cord available if a person needed to call for assistance. At the time of inspection there were no shower or bathrooms in working order, this was due to the water temperature being too hot in the shower and the bath aid in the one bathroom, that was equipped to assist people into the bath, was broken. We were informed by the nominated individual this was being addressed immediately.
- Care plans contained some explanations of the measures for staff to follow to keep people safe, however, they did not contain guidance for staff about how to de-escalate a situation and reassure a person if they became upset. There was a lack of guidance to help staff manage people's distress and agitation and when to use 'when required' medicines, where prescribed, as a last resort.
- More robust accident and incident analysis was needed to prevent re-occurrence of incidents showing lessons learned, how risk was mitigated and how reflections took place with staff.

Robust systems were not in place to monitor risks to people's safety and ensure the environment was appropriately maintained. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Using medicines safely

- Medicines were not all managed safely.
- Storage was not appropriate for all medicines including storage for controlled drugs. The room where medicines was stored was not appropriately lit. The medicines trolley was broken and did not provide safe storage for the number of medicines contained. We were informed by the nominated individual the medicines trolley was being addressed and a new one was on order.
- Photographs were not available on all people's medicines records to assist non-regular staff identifying the person, as they administered medicines.
- Records and guidance for staff, was not available for all people, for the use of "when required" medicines, where prescribed.

Robust systems were not in place to manage people's medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- An infection control system was in place. However, not all areas of the home were clean and there was a malodour. A relative commented, "Last weekend I noticed, it did smell better, the staff looked better and had new uniforms on. It all seemed more professional and cleaner." Another relative said, "When I have visited, I have had to ask staff to Hoover or clean. As soon as I have asked, they have done it."
- Some furniture and carpets were marked and unclean. People's equipment was not clean. A relative told us, "[Name]'s wheelchair is not clean, it is disgusting and there are no foot plates, we tell staff, usually, they are very nice and apologetic, but then it still happens."
- Floor and wall integrity in some lavatories and the shower room was compromised and did not promote good hygiene.

The provider failed to maintain an appropriate level of hygiene around the building. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in infection control practices and used personal protective equipment effectively and safely.

Visiting in care homes

- We were unclear if there was open visiting due to feedback we received from staff and relatives.
- Visiting had previously been restricted due to the pandemic and relatives telephoned to make an appointment. We were informed this was still the practice. Some relative's commented, "You can't just turn up, you need to book a visit", "I call first to tell the home I am coming" and "They, [staff] like you to book." Discussion took place after the inspection with the nominated individual that relatives and visitors should be able to call in without an appointment and this should be addressed immediately and as part of opening up the closed culture of the home. They informed us of the planned relatives' meeting where this would be discussed.

We recommend the provider communicates with relatives and visitors to inform them visiting is not restricted, unless there is an outbreak of infection in the home.

Staffing and recruitment

- Staff were not all recruited in a safe way.
- Improvements were needed to staff records to ensure they contained all the required information, with the necessary checks carried out to ensure appropriate people were employed.

The provider did not have effective systems in place to ensure the safe recruitment of staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to staffing levels so there were enough staff on duty to support people. Due to recent staff changes some agency staff were being used. We received mixed feedback about staffing levels. One relative told us, "Since all the recent concerns, there are more staff around" and "Majority of time there are enough staff, but they don't always have enough staff to take [Name] out for a cigarette."

Systems and processes to safeguard people from the risk of abuse

- Systems were not robust to protect people from the risk of abuse. The nominated individual and interim management team were working to address concerns to ensure people were protected.
- Plans were in place for staff to receive updated safeguarding training, including local authority safeguarding so people and staff were aware of how to report any concerns to external agencies, where people may be at risk of abuse.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The building was not well-maintained, it was showing signs of wear and tear in several areas. Hallways, bedrooms and communal areas were in need of decoration and repair. All parts of the building were not appropriately heated and to a comfortable temperature, some bedrooms were cold and there was a reliance throughout the year upon portable heating arrangements in some people's bedrooms.
- Bedrooms were basically furnished, and many did not provide adequate furniture to keep people safe and comfortable. They were not well-lit, bedroom layout did not assist people's safety and comfort with bedside lights or beds being in reach of the nurse call panel. Some furniture was broken and storage was an issue in some bedrooms as space was minimised due to the storage of walking, moving and continence aids which compromised people's safety and well-being.
- People's rooms were not personalised in the manner of their choosing, including any personal items from home. Bedding in bedrooms was worn, some beds were not appropriate to meet people's needs, curtains were hanging off the curtain rails, towels were not available for people by their wash hand basins in order to assist with their personal care, carpets were stained marked and ill-fitting.
- Around the building there was a lack of reality orientation to keep people engaged and interested, clocks did not show the correct time, calendars were not displayed and menus did not display accessible information when people may no longer recognise the written word.
- We discussed with the nominated individual that the premises should be equipped to meet people's needs as they became more dependent and the environment "enabling" to promote people's independence, and involvement. The environment should be dementia friendly with appropriate signage and visual and sensory stimulation.

The provider had failed to ensure the environment was appropriately equipped and maintained for the safety and comfort of people who lived at the service. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A programme of refurbishment was taking place and this needed to be completed in a timely manner so people enjoyed a comfortable and safe living environment.

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

- People's needs were assessed prior to using the service.
- Care plans were developed from associated risk assessments for each identified need.

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

- Improvements were being made to ensure people received a varied diet. A person told us, "The food has improved since [Name of nominated individual] took over, but they don't have a cooked breakfast, [Name] would really like a bacon sandwich." A staff member commented, "It's better now. There is more budget available for food, there is more choice of snacks and there is new kitchen equipment. We never used to celebrate birthdays but now we plan to."
- Care plans and risk assessments were in place if people had nutritional support needs.
- Improvements were needed to people's dining experience. It was not well-organised for all people, the atmosphere was noisy if people needed a more tranquil environment to encourage them to eat. A person commented, "It gets very noisy in here." We observed people had a limited choice if what was on the menu was not to their liking. A relative told us, "The selection is not good. They [staff] have not been able to offer an alternative. There is no choice." People living with dementia were not fully supported to make menu choices, there were no picture menus in the dining room.
- Some staff did not interact with people as they served them and placed their food down without saying what it was, acknowledging or assisting them. This was discussed with the nominated individual who told us it would be addressed.

We recommend improvements are made to people's dining experience including providing more choice of food to the main meal.

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

- People had access to health professionals when required. Staff worked with a range of other professionals, including GPs, district nurses, speech and language therapy and social workers.
- Care plans included specialist advice and guidance, that had been obtained where people had additional support needs.

Staff support: induction, training, skills and experience

- Staff training opportunities were being improved to help ensure people received safer and more effective care. The nominated individual had introduced an on-line training platform with additional training and to help with oversight of staff completion. The majority of staff training was up to date and any outstanding training was ongoing. A member of staff said, "There is lots of training now and I've just enrolled for a National Vocational Qualification [NVQ] at level 2."
- Improvements had been made so staff were supported to carry out their role by way of induction, supervision, observations and checks of competency to carry out their role. All staff said they now "felt supported" and had received supervision from the new management team.

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.

- Improvements were being made to the culture so people had control in their lives and were involved in decisions about their care, whatever the level of need.
- DoLS restrictions were documented appropriately. Staff were now working in-line with the MCA (2005). They had knowledge of people who had conditions in place to keep them safe.

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 good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Improvements were needed to records and staff interaction to ensure people were well-treated and received person-centred care. We observed some staff were task-orientated, and communication was minimal, they did not interact with people. For example, in the morning and at mealtimes, as staff served people, they placed their food down without saying what it was, acknowledging or assisting them.
- We received mixed feedback from people and relatives about people's care and support. This was already being addressed by the nominated individual. Comments included, "They [staff] talk while they are doing the care, but they could have more interaction with [Name]", "[Name] complains staff don't speak to them right", "From what we see they [staff] are very polite but listening to [Name] they say staff put on a show for us."
- At other times we observed some very positive interaction between people and staff which was kindly and caring. A person commented, "Staff are 'canny', they have time to crack a joke." A relative told us, "Some of the staff are fantastic [Name] has their favourites."
- A new care planning system was being introduced but people's care records did not contain information about their likes, dislikes, and preferred routines. Information about people's previous hobbies and interests was not available to help inform staff when the person was unable to tell staff about their routines and how they wanted their care to be delivered.

Systems were not all in place for people to receive person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had recently received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

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

- Some improvements were being made to involve people in decision making about their daily living requirements, but further work was required to support people, whatever the level of need, to assist them to make decisions. The nominated individual was working with the staff team to ensure the culture of the home was opened up and people were at the centre of the care provided.
- People told us they were now making their own choices over their daily lifestyle. A person told us, "I can get up and go to bed when I want", and "I can go to my room when I want, things have improved since [Name], nominated individual has come here."
- Some guidance was available in people's care plans which documented how people communicated,

however further information was needed where people may not communicate verbally, so non-regular staff recognised any signs, facial expressions people may display if they were feeling upset, in pain, discomfort or needing some assistance.

Respecting and promoting people's privacy, dignity and independence

- The current living conditions for people did not show respect to them and promote their privacy, dignity and independence. This was being addressed, as a programme of refurbishment was taking place, which needed to be completed in a timely manner so people enjoyed a comfortable and safe living environment.
- We observed staff showed sensitivity and were respectful when they engaged with people.

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 good. At this inspection the rating has changed to 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

- Several improvements were being made to systems across the home to ensure that people received the care and support they needed. A new care planning system was being introduced, however new care plans were not person-centred, they contained generalised information and did not provide guidance for staff about how people wanted and needed to be supported.
- People's care records did not detail people's history, preferences and health and mental health care needs. This information is needed to assist new staff, not familiar with people's preferences, so they have guidance to provide appropriate care and treatment.
- Social care plans were not in place developed with people, to help keep people socially active and occupied if they wished.
- Records were completed to document any staff intervention with a person. For example, for recording when personal hygiene was attended to or any other daily interventions. They showed these were not always completed on a daily or regular basis for some people to record any staff intervention with them. We discussed this with the nominated individual who told us it would be addressed.
- Some people attended to their own personal care. We discussed with the nominated individual that records should be available that reflected where people were responsible for their own personal care and care plans should also be in place to provide guidance to staff where people refused any support.
- There was a system of evaluation of care plans and risk assessments. We discussed that evaluations should be more detailed with reflection of the person's health and emotional well-being over the month, to monitor the effectiveness of the person's care and support.

Records did not provide guidance for all staff to provide person-centred and consistent care to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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.

- The provider was aware of the Accessible Information Standard. However, improvements were needed to ensure information was available for all people in a format they understood.

- Pictorial information, or other accessible formats such as large print and easy read was not available such as for menus and activities to help keep people informed when they no longer understood the written word.

We recommend the provider ensures information is made available in an accessible format to meet individual need to keep people informed and involved in decision making.

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

- There were limited activities, entertainment and opportunities for engagement for people, including people who lived with dementia. Relative's comments included, "There is not much going on. We were told that they [staff] would take [Name] out but that has not happened. There is a lovely park opposite", "There could be more going on in the home", "[Name] is bored and does not go out. The last time they went out was before Covid when we paid for [Name] to go out" and "To improve they [staff] could take people out of the building to start with." A person commented, "I like crosswords" and "When activities are available, I'll join in with the bingo."

- Improvements were needed to keep people engaged and occupied, if they wished, when staff were busy. During the morning we observed people were not kept engaged. We discussed with the nominated individual making jigsaws, board games, playing cards things of interest that people or a group could get involved with themselves.

We recommend that an activities schedule is created in consultation with people, and with information from people's social care plans, to keep people occupied and engaged if they choose.

End of life care and support

- People's wishes to remain at the home were respected when they neared the end of their life.
- Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- Some information was available about people's religion and cultural preferences if this support was required.

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 good. At this inspection the rating has changed to 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.

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

- Improvements were now being made to care provision to ensure the culture was opened and people were the main focus and central to the processes of care planning, assessment and delivery of care.
- More robust systems were being introduced to ensure people received safe, effective and consistent care that respected their needs and wishes.
- Records were being improved to ensure staff delivered appropriate care and support.
- Improvements were being made by the nominated individual and interim management team to support people and staff. However, further improvements were needed and there had not yet been sufficient time to be assured improvements made were sustained and changes were embedded.

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

- Improvements were being made to communication since the change in management and the new nominated individual had taken over the service. However, feedback received from some people and relatives' during the inspection stated that communication was not always effective. Their comments included, "The communication is not great", "We have no idea how [Name] is doing. The communication from the care home is not good", and "Communication with relatives could be improved. Let us know about the change of management".
- Staff told us communication was more effective to ensure they were kept up-to date about people's changing needs and changes being introduced into the home.
- Staff said they were well-supported. They were very positive about the nominated individual and interim management team and said they were approachable. One staff member said, "There have been improvements and I do feel listened to if I make a suggestion."

We recommend that systems to communicate with relatives are strengthened to ensure people and relatives are kept up to date with changes being introduced and to gather their feedback.

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

- The service had not been well-led.
- The registered manager had now left, and a new manager had been appointed, but had not yet started working at the service. In the meantime, there were suitable arrangements in place to manage the service

consistently and introduce improvements to ensure the service was managed safely and effectively.

- Several improvements were being made by the nominated individual and interim management team to support people and staff. However, further improvements were needed as described in the report.
- The quality assurance process needed to become more robust, including a system of external scrutiny of internal management of the service to ensure a closed culture was never allowed to develop again in the future.
- Audits were completed to monitor service provision, however they needed to be more robust with evidence of actions taken, follow up and lessons learned, where any deficits were identified.
- An effective system to monitor the quality and safety of the service was not fully in place. We identified shortfalls relating to safe care and treatment, the environment, person-centred care, the maintenance of records and good governance.

The failure to ensure an effective system was in place to monitor the quality and safety of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- The nominated individual understood the duty of candour responsibility, which is a set of expectations about being open and transparent when things go wrong.

Continuous learning and improving care; Working in partnership with others; Working in partnership with others

- The provider, nominated individual and staff were improving the service for the benefit of people using it.
- There was an improved programme of staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure people's needs were considered and understood so that they could access the support they needed.
- The nominated individual and interim management team were taking on board people's and staff opinions and views to make improvements.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure robust systems were in place so the culture was open and people received person-centred care.</p> <p>Regulation 9(1)(2)(3)(a)(c)(d)(f)(g)(i)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks. Medicines were not managed safely. Everything possible was not being done to prevent the risk from infection.</p> <p>Regulation 12 (1)(2)(a)(b)(d)(g)(h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises and equipment were not always clean, properly maintained or appropriately heated. The environment was in need of refurbishment and was not appropriately designed to meet the needs of people who live with dementia. Furniture was damaged and floor coverings were stained and marked.</p> <p>Regulation 15(1)(a)(c)(e)(f)15(2)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were not protected from the risk of inappropriate care and treatment due to a lack of information or failure to maintain accurate records. Robust systems were not in place to monitor the quality of care provided.</p> <p>Regulation 17(1)(2)(a)(b)(c)(d)(e)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure records were all in place and appropriate checks were carried out for to ensure fit and proper persons were employed.</p> <p>Regulation 19(1)(a)19(2)</p>