

S.M.S. Care Limited

Dixon House

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Dixon House is a residential care home providing personal care for up to 11 people. The service provides support to people living with a learning disability or autistic spectrum disorder. There was 5 people on both days of the inspection.

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

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.

Right Support: There was a range of policies and procedures. However, these required updating and had not all been signed. Staff understood people's individual needs. Community activities were being provided and we saw household duties and meal preparation was undertaken with people. Activity plans had not been developed and there was limited evidence recorded of activities undertaken. Care records were noted however, some of these required a review to ensure they reflected people's needs. Individual risk assessments were not always up to date. Gaps were identified in staff training and recruitment.

People were not always supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation in relation to ensuring records were up to date and guided staff on protecting people from unlawful restrictions.

Right Care: Person centred individualised care was provided. The staff team understood people's needs. Good relationships were noted between people and staff and positive engagement was seen. All bedrooms were of single occupancy with communal areas on both floors. People were seen choosing where they wanted to spend their day either in their own rooms or communal areas. Relatives told us they were kept up to date and were involved in reviews of their family member's needs. People were happy with the care, and relatives told us they were informed and involved. The nominated individual provided a lockable storage cupboard for confidential records. We saw evidence of the involvement of advocates for important decisions.

Right Culture: The atmosphere in the service was homely and people and staff feedback that it was a family. There was no consistent manager in post and the feedback was that this was the biggest concern. We identified a number of shortfalls at the inspection. These included investigations, audits and monitoring and the operation and management of the service. The provider did not provide all of the information we requested as part of the inspection.

Risks were not being managed safely. Environmental risk assessments had not been completed and individual risks assessments required reviews to ensure they reflected people's current needs. Accident and incident records had been completed however, there were no records of analysis or lessons learned. Not all relevant checks had been undertaken on the environment or fire risks. There was information and guidance in relation to infection control, and supplies of PPE were available. However, we saw staff not always wearing masks appropriately. There was evidence of safeguarding referrals however, we did not see details of the investigation or actions taken.

Staff were not recruited safely and we saw only one record of inductions for newly recruited staff. The provider told us they would introduce a dependency tool to ensure sufficient staff were in place to support people in the service. Medicines were not always managed safely across the service. People were mostly confident in the staff skills however, records failed to confirm that they had received relevant training. Not all staff confirmed they had completed the required training. People were happy with the food and that they were given enough to eat. Weights were being recorded but these had not been done consistently where required. Whilst some kitchen cleaning and temperature checks were being done, these were not being undertaken consistently. Information about reviews and referrals to professionals was recorded. The service was homely and people had personalised their own rooms.

Care plans were in place. One person's care plan required updating to ensure it reflected their individual need. The supporting manager told us they were planning to update these. Positive feedback was received, however a system was required to ensure any complaints raised confirmed the investigations undertaken and any actions as a result. People's communication needs were considered.

We identified a number of failings throughout the inspection. These were in relation to the management of risk, safe management of medicines, ensuring safeguarding procedures were in place, to ensure staff received the required training and support. As well as systems to demonstrate that the provider acted in an open and transparent manner and good governance. Audits were not being undertaken on a range of areas and where audits had been done for example care plans, these had not been done recently. Team meetings were taking place, we discussed some feedback in meeting minutes and improvement to their content going forward. Positive feedback was noted from professionals and the involvement of professionals to support people's care needs was seen.

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 requires improvement (published 31 March 2020).

We asked the provider to complete an action plan after the last inspection to show what they would do and by when to improve. This was not provided. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider ensured staff received the learning and development they need to meet people's needs, including ongoing updates, and that the provider consider current guidance on managing medicines. At this inspection we found further concerns in relation to the management of medicines and learning and development for the staff team.

We made recommendations in relation to infection prevention and control, ensuring people's diet and fluid needs were assessed and monitored. As well as ensuring records were up to date and guided staff on protecting people from unlawful restrictions and obtaining consent. As well as ensuring plans were developed in relation to planned activities and people were supported to access meaningful activities of

their choosing, ensuring care plans reflected people's individual needs and how to support them. And ensuring a robust system is in place for recording and acting on complaints.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was prompted in part due to concerns received about the management and oversight, staffing, lack of choices for people, meals, activities and stimulation, and the environment. A decision was made for us to inspect and examine those risks.

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.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dixon House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

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

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.

Special Measures:

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 timeframe 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?

Inadequate 

The service was not 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.

Dixon 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 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

One inspector and 1 medicines inspector carried out day 1 of the inspection. One inspector carried out day 2. One Expert by Experience undertook telephone calls to relatives of people who used the service. 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

Dixon House 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. Dixon House 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 nominated individual told us they were taking steps to recruit a new manager to the service. The previous registered manager was

undertaking some shift in the service to support with the operation and management.

Notice of inspection

Day 1 of the inspection was announced. We gave the service 1 days' notice of day 1 the inspection. Day 2 was unannounced and undertaken out of normal working hours.

What we did before the inspection

We looked at all of the information we held about the service. This included, feedback, concerns, as well as statutory notifications which the provider is required to send to us by law. We also asked for feedback from professionals with knowledge of 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 also checked whether Healthwatch had undertaken a review of the service. 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 all this information to plan our inspection.

During the inspection

We spoke with 5 people and 3 relatives about their experiences in the service. We undertook a tour of the building including communal areas and the kitchen. We undertook observations in the communal areas. We asked for feedback from 6 professionals. We spoke with 7 staff, these included 1 senior carer, 4 care support staff, 1 supporting manager and the nominated individual who was also the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We checked a number of records. These included 2 care files, staff files, audits, checks and records relating to the management and oversight of the service. We also reviewed medicine administration records and looked at medicines related documentation and we checked storage of medicines.

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 requires improvement. 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

At our last inspection the provider had failed to protect against the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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

- Risks were not being managed safely. We saw no evidence of environmental risk assessments, which would provide information and guidance about risks and how to manage these safely. There was a health and safety checklist that covered checks on areas in the service. However, these were very brief and did not contain comprehensive details of the areas reviewed. Individual risk assessments were noted however, these were basic and required reviews to ensure they reflected people's current needs.
- Environmental servicing and checks were noted however, some of these were out of date. We saw one of these related to the call bell system to enable people to seek support from staff, where they required it. During the inspection we noted this system was not being used and required action to ensure it was working correctly. This meant people where they required did not have access to a working and safe call bell system to support them with their needs. The provider took action and we noted it was working on day 2, and had been serviced.
- We saw no records to confirm checks were being undertaken in relation to a range of areas. For example, water temperatures, beds, hoist and slings. There was some evidence of storage of chemicals in the service. However, we noted laundry products being stored on shelving in the laundry which was accessible to people.
- Not all fire servicing and checks were being undertaken. A fire service and inspection record was seen. However, weekly fire alarm checks were not being completed regularly, personal emergency evacuation plans (PEEPs) required updating and there was no staff signing in register in place to ensure an accurate record of people in the service was in place. The provider confirmed PEEPs had been updated following the inspection. We could not see an external fire risk assessment had been completed. As a result of our findings Lancashire Fire and Rescue Service visited the service and undertook a review and offered support in relation to fire safety, they confirmed they will follow up their findings with the service. The nominated individual had introduced a signing in register by day 2.
- We saw some accident and incident records in one person's care file. These contained details of the event as well as some information relating to referrals, where required. However, there was no record to confirm care plans and risk assessments had been reviewed to ensure they reflected the persons current need, and

no record of analysis of incidents or lessons learned.

Whilst no harm occurred the provider failed to ensure systems were in place to demonstrate that risks were properly assessed, reviewed and actioned. This placed people at risk of harm. This was a breach of regulation 12 (1) (2) (a) (b) (d) (e) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Certificates in relation to gas, legionella, electrical safety and portable appliance testing (PAT) was seen. The provider told us they would take action to ensure all electrical appliances were PAT tested.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on managing medicines and take action to update their practice. The provider had not made improvements.

- Systems and processes were not sufficiently robust for storing and managing medicines safely. Keys to medicines cupboards, including controlled drugs, were not secure and the medicine's fridge was kept unlocked in an unlocked room.
- The service did not follow their medicines policy when recording fridge temperatures as the thermometer was not able to collect minimum and maximum information.
- Medicine administration records (MAR) did not always have correct information regarding service users GP and allergy status. There is a risk of harm if the person is transferred to another care setting and records are not accurate.
- Medicines were not always administered as prescribed. Two people were given pain relieving medicines regularly when they should have been offered when required. The pain management policy was not sufficiently detailed to guide staff to assess people's pain.
- Records showed that paracetamol was given regularly three hours apart to two people when there should be a four-hour gap. There is a risk of harm from paracetamol administered in this way.
- Staff did not always follow the medicine manufacturer's instructions, we saw medicines which should be given before food, administered with other medicines at breakfast which may make the medicine less effective.
- Guides to help staff administer medicines when required were not always available and the one guide we saw had not been reviewed for several years. One person had a medicine prescribed to control their behaviour that was not on their current MAR.
- The service did not use any additional records to record administration times or quantities to reduce the risk of error. Staff told us they recorded details on the back of medicines records when people left the service for days out. However, we could not be sure that this was always done properly.
- There were some records that staff had undertaken online medicines training, however there were no records to show that their competency for administration and management of medicines had been checked by a competent assessor in the last 12 months in line with current guidance.
- Some medicines audits had been done, but not for several months. Audits showed a lack of understanding by staff regarding how medicines should be managed. There was no evidence of actions taken following incidents found including a controlled drug error.

Whilst no harm occurred medicines were not being managed safely. This was a breach of Regulation 12 (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were somewhat protected from the risks of abuse.
- None of the staff files we looked at confirmed they had undertaken safeguarding training. Two of the staff could not confirm they had undertaken relevant safeguarding training.
- We saw copies of safeguarding referral forms to the local authority and feedback to the Care Quality Commission in relation to some concerns that had been raised. However, we saw no records to confirm the investigations and actions taken as a result of safeguarding concerns.
- Policies and guidance were noted however, these required a review to ensure they reflected current information. We noted a safeguarding procedure and guidance in place. However, this record made reference to The Commission for Social Care Inspection (CSCI) the regulatory body in place prior to the Care Quality Commission.

Whilst no harm occurred, safeguarding procedures had not been established effectively to protect people from the risks of abuse. This placed people at risk of harm. This was a breach of regulation 13 (1) (2) (3) Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe. They said, "I love it here it is like a big family" and, "Yes I feel safe I think I have lived here for [number of] years." None of the relatives we spoke with raised any safeguarding concerns. One told us, "I feel [person] is safe. I have never had any safeguarding concerns."
- Staff told us the actions they would take if abuse was suspected. Comments included, "If abuse was suspected I would report to the manager or [nominated individual]" and "I would report through the safeguarding route through the local authority." One staff member required prompting to discuss the signs of abuse and the actions they would take, if abuse was suspected.

Staffing and recruitment

- Staff were not being recruited safely. Staffing numbers were sufficient.
- Staff files identified shortfalls in the recruitment procedures. None of the staff files we reviewed had records to confirm interviews had taken place. The supporting manager provided a copy of the interview form however this was blank. The nominated individual and a staff member told us they had an interview for their role. However, this had not been recorded. There was no evidence of records relating to job offers for staff. We saw only one induction record for one staff member. One person's record had no details relating to their recruitment, references or an application form.
- One staff member told us they had received supervision to support and monitor them in their role. However, this was several months ago. We saw some supervision records which had been undertaken however, the most recent record seen was dated May 2022, others were dated in 2020 and 2021.

Whilst no harm occurred, the provider failed to ensure robust recruitment procedures, including undertaking any relevant checks were in place. And also ensuring the ongoing monitoring of staff to make sure they were able to carry out the duties required of them. This was a breach of Regulation 19 (1) (2) (3) Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us there was enough staff to meet their needs safely. One said, "The staff look after me." A professional told us, "I see the same (staff) faces."
- Staff told us there was enough staff in the service. One said, "There is enough staff to do our job, we do get short now and again. We don't use agency; we pick up extra shifts if we are short." The nominated individual told us they were in the process of recruiting a new manager and some support was being offered by the previous registered manager in the interim.

- Duty rotas had been completed which identified the staffing for each shift. We asked whether the service completed a dependency tool. The nominated individual told us they had not completed one, but told us there was sufficient staff in place to meet people's needs. They confirmed they would ensure an appropriate dependency tool was implemented which demonstrated sufficient staff were in place to support people for all of the shifts.

Preventing and controlling infection

- Some gaps in infection prevention and control measures were noted.
- Supplies of PPE were available in the service. Staff told us there was plenty of PPE available for them. We saw staff wearing masks. However, these were not always being worn in line with guidance, and at times we noted some members of the team were not wearing a mask at all.
- During our walk around we noted one area that had handwashing facilities was being used to clean male urinals. We discussed this with the nominated individual who took action to ensure this sink was not used for hand washing and provided hand gel for staff to use as an alternative.

We recommend the provider consider current guidance on ensuring people are protected from the risks of infection and take action to update their practice accordingly.

- People told us they thought the service was clean and tidy with no unpleasant odours. Comments included, "There is no smell of urine, it smells nice and looks clean" and, "Yes it looks nice and clean and tidy not smelling at all, it is like any normal home, it is clean and (staff) keep on top of it regularly." We observed all areas were clean and tidy with no odours noted.
- There was good evidence of pictorial cards on display in the communal areas to support people's understanding of COVID-19 and how to support them safely and, hand washing information was on display. Policies and guidance were available for staff to follow on display in the office. Infection prevention and control audits were seen along with individual risk assessments. However, we could not see a COVID-19 risk assessment had been completed for the service.

Visiting in care homes

- The service ensured visits were being undertaken, visitors were observed wearing masks.

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 recommended the provider ensures staff receive the learning and development they need to meet people's needs, including ongoing updates. The provider had not made improvements.

- People and relatives told us that they were happy with the skills of the staff team. Comments included, "[Staff member] is one of the best" and, "Staff are all highly trained. The staff do my shopping and all my washing, so I don't have to worry about it." A professional said, "It is really nice they are always ready for me."
- Staff were mixed about the training they had received. One told us, "I have done medicines training, up to date (with training) as far as I am aware." However, others said they had only completed medicines training since they started in their role.
- We saw very limited evidence of training undertaken by the staff. One of the personnel files we reviewed only had evidence of medicines training. A second file had certificates confirming 4 areas of training undertaken. We asked to review the training matrix to confirm what training was provided by the service and who had completed these, this has not been provided.

Whilst no harm occurred the provider failed to ensure staff received appropriate support, training, as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 (2) (a) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were mostly supported to eat and drink safely.
- Staff told us what meal choices were on offer for lunchtime on day 1. However, we observed this had not been provided to people. The staff member told us this was due to the expiry date of the food and finger food provided by the nominated individual for people was available. The nominated individual told us they had recognised the need to ensure checks of food for expiry dates were undertaken. We saw guidance had been developed to ensure staff knew to engage and support people with meals of their choice. This helped to promote choice and reduce the risk and wastage in the service.
- The kitchen was clean and tidy. There was evidence of some cleaning being done however, these were not consistent. We noted checks on temperature of the fridge and the food provided. However, the records

mostly only included a temperature check on one food item and had not been completed for each meal time. There was no evidence to guide staff about what the normal range was, and what to do if the recording was out of normal range.

- Care files contained information in relation to people's weight and one record had details of the actions taken to refer to professionals. The supporting manager told us people were weighed monthly. However, not all weights had been undertaken regularly. One person's record had no weight recorded since April 2022 another recorded the last weight was done recently however this had not been obtained monthly prior to this.

We recommend the provider considers current guidance on ensuring people's diet and fluid needs were assessed and monitored and take action to update their practice accordingly.

- We observed one staff member sat supporting one person with their choice of lunch. Others were seen eating finger food whilst standing in communal areas or their bedroom, people told us they were happy with the food provided. People told us they had enjoyed their meal on day 2 and what they had eaten for tea.

- Menus had been developed. The supporting manager told us these had been developed with the input of people who used the service. This would ensure their likes and choices were considered. We saw supplies of food. The staff told us regular food deliveries was ongoing.

- People told us they were happy with the meals provided to them and that they had enough to eat. Relatives were mostly happy with the meals provided to people and the support staff provided. Comments included, "[Person] can support themselves with meals. Staff will sit with [person] and help when needed", "I don't know a lot about the food, takeaway is a treat once a week" and, "We would be happier to know the diet but from what [person] says it seems varied. There is a takeaway night. I think it is once a week just a treat. One person told us, "[Person] will eat anything but is not able to complain" and, 'I am not happy with the weight [person] put on. I think it is due to lack of staff. They do not eat a great deal."

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.

- People were somewhat protected from unlawful restrictions, consent had sometimes been considered.

- We saw evidence of DoLS applications and authorisations in people's care records. There was information in relation to where reapplications had been submitted and followed up. We saw one person's DoLS authorisation had conditions for the person to ensure their rights were protected. We checked this person's care file, there was no evidence of capacity assessment or a care plan for this in place to ensure staff were aware of the conditions to ensure these were met.

- Care records noted the involvement of people in decisions about their care. However, one records consent

had been signed by staff and not the person or their representative.

We recommend the provider considers current guidance on ensuring records are up to date and guided staff on protecting people from unlawful restrictions and obtaining consent and take action to update their practice accordingly.

- People told us staff sought consent from them before undertaking any activity and staff ensured their choices were met. One staff member told us, "I always ask permission before I do anything." We saw staff sometimes knocking on doors and waiting to be invited into people's room.

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

- People were provided with appropriate support with their individual health needs. People were supported to access healthcare services, professionals and support. One person told us they had been supported by staff to visit the GP recently.
- Relatives confirmed people were supported to access relevant professionals in their care and they were kept informed. They said, "I took [person] to both their hearing and vision tests. The staff are quick to book into the GP if needed. We do occasionally attend appointments", "I am happy with the care [person] gets from the GP" and, "If (person) has any worries they get on to it right away." One relative told us about the difficulties experienced during the restriction in the COVID-19 pandemic but that the manager had taken actions to ensure required assessments by professionals was undertaken. Another discussed an ongoing medical treatment for their relative and how any future treatments will be managed by them.
- People's records included information in relation to reviews and referrals to relevant professionals as required. A professional told us, "They follow my guidance. If I have any worries they get on to it right away. People are safe and well cared for. I have never had any worries or concerns."

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

- The service design and decoration supported people's individual needs. The service had been operating for a number of years and was an adapted building with facilities over two floors.
- We saw some areas that required repair during the inspection, for example the floor needed repair to the uprisers in the hallway and one person's shower had been leaking. The nominated individual confirmed some of these had been completed and parts to make further repairs had been ordered. We saw these had been repaired by day 2. A relative told us the service, "Is refurbished as needed." The nominated individual told us they had ongoing plans for refurbishments. However, there was no record of this. The provider confirmed they would take action to ensure a detailed refurbishment plan was in place. We saw some refurbishment taking place on day 2.
- The service was clear from clutter, unused bedrooms were being used for some storage. People's bedrooms had been personalised with their own mementos and possessions.

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

- People and relative told us they were involved and informed of any changes in their care needs and were invited to an annual review.
- People's needs had been assessed. The supporting manager told us people had lived in the service for a number of years and all of the pre-admission assessments had now been archived. We saw assessments in people's care files which contained information about their needs and choice.

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. The rating for this key question has remained 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

- People's privacy and dignity was respected and they were supported to be independent and had been informed and involved. People had their own rooms which enabled safe, private space. People told us the staff team supported them to be independent and make choices in their daily life. One person told us, "I feel happy and like my bedroom." Relatives told us, "I am made to feel very welcome" and, "[Person] is happy to return (To the service)." We observed positive caring relationships, promoting people's independence.
- Whilst confidential information was stored in the offices and cupboards, doors were left open and not all storage cupboards were locked. The nominated individual took immediate action and supplied a lockable cupboard to store confidential records. This supported compliance with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People received good care, their diverse needs were considered and they were involved.
- All people and relatives told us they were very happy with the care which they received. People told us, "I get good care, the staff are lovely", "It is all one little family they (people) have all been here for a long time" and, "The staff look after me." Relatives told us, "I think they get good care overall." One raised concerns in relation to key worker allocation and staffing and the impacts this may have on their relative's individual needs. A professional was complementary about the service and the care people received. They told us, "They (people) are well cared for. It feels really homely when you go in. It is a really happy home (service)."
- We observed staff treating people with kindness and demonstrated their understanding of people's needs. it was clear positive meaningful relationship had been developed between people and staff.
- Staff told us people received good care and they were included in decisions and choices. They told us, "We include everyone in their care", "Yes I feel residents (people) are very well looked after" and, "Everyone is treated equally."
- People's individual and diverse needs were mostly considered. People were seen being offered choices, being involved and making decisions about their day. Were people required alternative meals according to their religion, these were provided, stored and labelled appropriately.
- People described the service as one big family which they were a part of. It was clear people and staff had positive relationships. People had lived in the home for many years and staff understood their needs. Care records contained information to assist staff in providing care to people. However, we noted some of these required a review to ensure they were up to date and reflected people's current needs.

- There was an electronic call bell system in place that enabled people, when it was required to summon help and support from the staff team. We noted one person did not have access to their call bell and when we checked the call bell required action to ensure it worked correctly. The nominated individual took action to ensure the system worked effectively. Staff told us whilst the call bell system was not in use if people needed help, they were always around to support them.
- We saw evidence of the involvement of advocates in supporting people's individual need and choices in relation to decisions about their care. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

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.

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 were somewhat supported to avoid social isolation. Care files had information in relation to people's needs, likes and choice. However, we could not see records relating to activities other than support with household tasks, cooking or individual activity on electronic devices and watching television. We asked for a copy of the activity plan and schedule however, this was not provided during the inspection. One staff told us their plans going forward to develop an activity plan with the involvement of people and their likes and interests.

We recommend the provider consider current guidance on ensuring plans were developed in relation to planned activities, and people were supported to access meaningful activities of their choosing and take action to update their practice accordingly.

- People told us they were supported to undertake activities. They told us they accessed a range of communal activities, a part time job in the local area and break to families. Some feedback from relatives was that people's activity programmes had been impacted due to COVID- 19, in relation to people accessing the local community and their lack of exercise. Relatives told us they were invited to family events and we saw evidence of events which had taken place in the service.
- We asked staff about activities in the service. One staff member told us people were accessing activities in their local community however, no activities were taking place in the service. We saw staff interacting with people however, we noted very little activities taking place. we noted a planned Halloween day in the service and staff were supporting people to access fancy dress as they wished for this.
- Technology was being used and people were using their own laptops, electronic devices and Wi-Fi was available for people and staff.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Assessments of people's current needs had been completed. There was some information in relation to people's end of life care.
- Care plans contained information about people's needs and how to support them. Where one person had a specific need in relation to a medical condition, there was no care plan noted. We saw one of these required a review to ensure they were up to date and current. The supporting manager told us they were aware some care plans required a review and there were plans to update these. Records relating to DNACPR (do not attempt cardio pulmonary resuscitation) were in place for one person. However, we could not see a care plan had been developed to support and guide staff on meeting this need.

We recommend the provider consider current guidance on ensuring care plans reflected people's individual needs and how to support them and take action to update their practice accordingly.

- Daily records had been completed. These included information about the daily routines undertaken by people. The nominated individual told us staff completed a daily handover book to ensure all staff had access to up to date information about people's daily events.
- People and relatives told us they had been involved in the development and reviews of care plans. Comments included, "I have gone through my care plan" and, "We do go once a year about the care plan. I can have a copy of the plan if I wanted. We go through it and then sign it."

Improving care quality in response to complaints or concerns

- Concerns and complaints were not consistently being managed.
- We asked about the system in place for dealing with complaints or concerns, this was not provided. We saw evidence of communications with the Care Quality Commission as a response to concerns raised about the service and current arrangements in place. However, there was no evidence of the investigation or actions taken as a result of these.

We recommend the provider consider current guidance on ensuring a robust system is in place for recording and acting on complaints and take action to update their practice accordingly.

- People told us, "I would speak to any of them if I had concerns" and, "I have no complaints." Relatives said, "Now the manager who left has returned yes, I am listened to and can chat to the staff" and, "The staff do listen to family." Another relative told us they had raised verbal concerns with the service. Professionals told us they had no concerns or complaints. We saw positive feedback which had been received.
- Staff told us what they would do if they received any complaints. They told us, "(I am) unsure as there is no manager in place, I would inform [nominated individual]" and, "I would report this to another staff member."

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's communication needs were supported. Pictorial information was on display to support and guide people. Care plans contained information in an all about me section. This aided staff in supporting people. Relatives told us staff supported people with communication. One said, "I have just organised new hearing aids for [person]. Staff will clean the hearing aids." We observed staff mostly communicating effectively with people. We noted one staff member whose first language was not English. Whilst they undertook their role effectively, we noted some difficulties at time with communications. The nominated individual confirmed they would take action to ensure all of the staff team had a good understanding of the English language.
- We observed family members visiting the service. Relatives told us there was open visiting. They said, "I can visit anytime and when I am at the home I can go anywhere, but not in the bedrooms of the other people" and "We can visit whenever we want to. [Person] comes home and they are happy to return."

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 requires improvement. 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.

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

At our last inspection the provider had failed to have effective systems in place to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good governance) 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 17

- We identified a number of failings throughout the inspection in relation to the management of risk, safe management of medicines, ensuring safeguarding procedures were in place, failure to ensure staff received the required training and support. As well as systems to demonstrate the provider acted in an open and transparent manner and good governance.
- We also made recommendations in relation to infection prevention and control, ensuring people's diet and fluid needs were assessed and monitored. That guidance on ensuring care records were up to date and guided staff on protecting people from unlawful restrictions and consent. As well as ensuring plans were developed in relation to planned activities and people were supported to access meaningful activities of their choosing. Ensuring care plans reflected people's individual needs and how to support them and ensuring a robust system was in place for recording and acting on complaints.
- We received mixed feedback about the management arrangements in the service, and the lack of consistency in the management. The relatives biggest concern was the current management arrangements. Relatives told us, "The ex-manager who left has returned just while someone else is found. I do get on well with them and have a good relationship" and, "The manager who retired is back now but for how long. That is a worry as to what next if and when they find a replacement. I have a good relationship with this manager who has returned to post."
- Professionals told us, "I have no issues since the manager has changed." The nominated individual told us they were in the process of recruiting a new manager to provide management, oversight and stability in the service. We discussed the lack of consistent management and oversight was impacting on the operation and

management of the service.

- Staff told us, "I am supported yes [nominated individual] is coming most days now that [previous registered manager] has left. [Previous registered manager] is coming in odd times to do some work in the last week. [Nominated individual] is alright, strict but fair. I get on well with him and can go to him" and, "[nominated individual] is so committed and really really caring. He is doing a lot of work and committed to make the improvements. I would go to [nominated individual] if I had any concerns." However, another staff member told us, "There is no manager in place", and finds this hard as, "[Nominated individual] is not trained to understand the health needs of the residents." They told us this doesn't impact on the care of people who used the service but does impact on staff and that improvements would be made if the service had a manager.
- The provider was open to the inspection process and made efforts to provide the evidence required. Despite a number of attempts to receive the information we required, not all of this was provided.
- There was a range of policies and procedures in place to support and guide staff. However, we noted some of these required an update and not all had not been signed.
- There was very little evidence that regular, detailed and recent audits were taking place. There was no evidence of detailed audits on the environment for example, water temperatures, call bell systems and management night checks. We could only see records for care plan and infection control audits. However, these had not been done since June 2022. We asked to review the services senior management audits, contingency plan and their action plan following the last inspection. However, none have been provided.

Whilst no harm occurred the provider failed to ensure systems and processes were established and operated effectively. This placed people at risk of harm. This was a breach of regulation 17 (1) (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was information and guidance available and on display, as well as the ratings from the last inspection and employer's liability insurance. Records confirming notifications had been submitted to the Care Quality Commission were seen.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 and staff were not always engaged and involved. The provider did not always act when things went wrong. We had made the provider aware of some concerns which had been shared with the Care Quality Commission. Whilst we had feedback in relation to these concerns. There was little evidence that confirmed the investigations or actions taken or planned going forward to demonstrate their responsibilities in relation to duty of candour.
- Staff told us they had attended team meetings recently where they were provided with updates and were asked for their views. One said, "We have had staff meetings in the past." We saw minutes from these, which included dates, attendees and the topics discussed. Whilst topics included a range of information. We noted a record in relation to a concern which had been raised with the Care Quality Commission was recorded in a defensive manner. The nominated individual confirmed they would ensure going forward staff were engaged and supported to discuss their views in a supportive environment. The supporting manager told us people had requested not to have resident meetings and preferred to discuss matters on an individual basis.

Whilst no harm occurred the provider failed to ensure systems and processes were established and operated effectively. This placed people at risk of harm. This was a breach of regulation 17 (1) (2) (a) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were asked for their views. Relatives said, "We get a questionnaire once a year" and, "Yes there are questionnaires, and relative get together." We saw evidence of a survey record to seek the views of the staff team. However, this was blank.
- Staff told us there was a good working relationship between the team. However, some feedback from a relative was that some staff were, "Getting fed up."

Working in partnership with others

- The service worked in partnership with others. We saw evidence of the involvement of professionals in the care and support of people. All professionals we spoke with confirmed they worked well with the service and had raised no concerns. One said, "I have been going in to this service for about 10 years, it is lovely it is a home, it is really nice they are always ready for me. They follow my guidance. If I have any worries they get on to it right away." We saw evidence of the involvement of professionals in the records we reviewed.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Safeguarding procedures had not been established effectively to protect people from the risks of abuse.</p> <p>Regulation 13 (1) (2) (3)</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 failed to ensure robust recruitment procedures, including undertaking any relevant checks were in place and also ensuring the ongoing monitoring of staff to make sure they are able to carry out the duties required of them.</p> <p>Regulation 19 (1) (2) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff received receive such appropriate support, training, professional development, to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2) (a)</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure systems were in place to demonstrate that risks were properly assessed, reviewed and actioned.</p> <p>The provider failed to ensure medicines were managed safely.</p> <p>Regulation 12 (1) (2) (a) (b) (d) (e) (g)</p>

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems and processes were established and operated effectively.</p> <p>Regulation 17 (1) (2) (a) (b) (e) (f)</p>

The enforcement action we took:

warning notice