

Rosenmanor Limited

# Rosenmanor Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Rosenmanor Limited is a residential care home providing accommodation and personal care to up to 12 people. The service provides support to people with mental health needs in 2 adjoining properties on a residential street. At the time of our inspection there were 5 people using the service.

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

The provider's quality assurance processes did not always lead to shortfalls being identified and addressed. This meant risks to people's safety were not always resolved in a timely manner. We found risks to people from tripping hazards, rusting garden furniture and uncovered radiators which the provider's safety audits did not identify.

People's individual risks were assessed and mitigated. Care records provided staff with the information they required to keep people safe. Staff were trained to recognise abuse and to report any safeguarding concerns. People's medicines were stored appropriately and administered as prescribed. The environment was clean. Safe food hygiene and infection prevention and control practices were followed.

People's needs were assessed and their care records noted their preferences for care and support. People ate well and were supported with the involvement of a range of healthcare professionals. Staff received regular supervision from the newly appointed locality manager and told us they felt supported in their roles. The environment of the care home (both indoors and externally) had improved since our last inspection.

People told us the staff were caring. Staff recognised people's cultural and spiritual needs and promoted their independence. Staff supported people to maintain the relationships that were important to them.

People received personalised care and participated in regular reviews of their care. People were 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.

The managers and staff worked in partnership with healthcare professionals, local authorities, voluntary mental health services and education providers to meet people's needs and preferences. The views of people, relatives and staff was gathered through meetings and feedback was used to make changes to the service.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 7 September 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but the provider remained in breach of

regulations related to people's safe care and treatment and the governance of the service.

This service has been in Special Measures since 6 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 02 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the effectiveness and governance of the service.

We undertook this unannounced comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosenmanor Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

#### Enforcement and Recommendations

We have identified continuing breaches in relation to people's safe care and treatment and the governance of Rosenmanor Limited at this inspection.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Rosenmanor Limited

## 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

This inspection was carried out by 2 inspectors.

#### Service and service type

Rosenmanor Limited 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. Rosenmanor Limited 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 4 July 2023 and ended on 7 July 2023. We visited the service on both dates.

#### 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

We spoke with 3 people, 3 staff, the locality manager and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provide. We reviewed 4 people's care records, 5 staff files and the quality audit checks carried out by the management. We checked fire safety, infection control, training, safeguarding and food safety records. We inspected the physical environment of the care home and reviewed people's 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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we found failures around the management of risks related to the care home environment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that whilst some improvements had been made, the service remained in breach of part of regulation 12.

### Assessing risk, safety monitoring and management

- At our last inspection we found people were at risk of heat injuries from uncovered radiators. At this inspection we found that 4 radiators remained uncovered. Additionally, whilst the remaining radiators had been covered, many covers were of insufficiently robust construction. As a result, 5 were damaged with broken features. This meant people remained at risk from burns. Following our inspection, the provider forwarded us photographs showing new, sturdy radiator covers in place.
- At our last inspection we found the garden was uneven and overgrown. This presented a trip hazard. At this inspection we found the grass in the garden had been cut and half of the garden had been paved. However, there was loose stone debris between the paving and grass that had not been removed. This created a tripping hazard. When we returned to the service on the second day of our inspection the debris had been cleared and the edge of the paving had been regouted and smoothed. This meant people were no longer at risk from this trip hazard.
- At the last inspection we saw that rubbish had been dumped in the garden. At this inspection we found items remained in the garden but in a section that was fenced off and inaccessible to people. The provider confirmed they planned to have these items removed. We will be checking to confirm this has happened.
- People were at risk from unsafe garden furniture. During our inspection we saw a metal table and chairs in the garden that were completely rusted. In addition, a wooden table and chairs were not suitable for outdoor use. They were warped and water damaged from rain and bleached by direct sunlight. The provider stated their intention to remove both sets of garden furniture and will confirm with CQC when this action has been completed.
- People were at risk from tripping in the boiler room. This room was not locked on the first day of our inspection. The room was accessed by stepping on a brick rather than a step and there was unsafe flooring inside made up of piled loose wall tiles. This meant people were able to access what should have been a restricted area and were at risk of injury due to multiple trip hazards. By the end of the first day of our inspection the room had been locked, the tiles removed, and the floor grouted in advance of appropriate flooring being laid. We will be checking to confirm that safe flooring and an appropriate step have been installed.

- People were at risk of injury when doing laundry. We found a tumble dryer perched awkwardly, at a sloped angle, on top of a washing machine. There was a risk of the tumble dryer falling on people. By the end of the first day the provider moved the dryer to a safe position.

The providers failure to ensure that the premises is safe is a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found people were at risk of falls from height because window restrictors were not in place. At this inspection we found all windows throughout the care home had appropriate window restrictors in place. This meant people were protected against falls from height.
- At our last inspection we found the provider failed to take all necessary actions in response to shortfalls identified in a fire safety assessment. At this inspection we found the provider had taken action in line with the assessment of fire safety professionals, conducted regular fire safety checks and fire drills and ensured all staff received fire safety training. In addition, people had individualised personal emergency evacuation plans (PEEPs) in place. PEEPs provided staff with guidance regarding the specific support people required to safely exit the service in the event of an emergency.
- Care records noted people's known risks and the actions to be taken by staff to reduce them. For example, where people lacked road safety skills, staff reduced the risks to people by accompanying them in the community. One person told us, "I wouldn't feel safe going out by myself. Staff go with me."
- Where people presented with behavioural support needs, these were assessed and staff had guidance in care records detailing the support people required to keep them safe.
- Where required staff supported people to maintain a record of their weight. This helped to manage people's risk of under-eating. Should people lose weight rapidly or significantly over time, staff had guidance in care records to refer to healthcare professionals for assessment and advice on increasing the calorie density of food.

### Preventing and controlling infection

At our last inspection we found the provider failed to protect people from the risk and spread of infection. This was because people's risk of waterborne illness were not assessed; parts of the home were dirty; a leak from a toilet had been on-going for two weeks and there was an open waste pipe to kitchen. These were a breach of part of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of this part of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found people were at increased risk from Legionella, a waterborne infection, because the provider had not commissioned a suitable risk assessment and there were no appropriate water testing arrangements in place. At this inspection we found the provider had commissioned a legionella risk assessment and acted on the findings. These including regular testing of water temperatures and flushing through less used water outlets. Staff maintained records of these checks.
- At our last inspection we found an open waste pipe into the kitchen which created the risk of vermin entering. At this inspection we saw the waste pipe had been sealed.
- At our last inspection we found mops and cleaning buckets stored in the open. They were visibly dirty, and there were no effective systems for sanitising them. At this inspection we found that mops and buckets were stored in an external cupboard and cleaning protocols were in place for the detachable mop heads. This meant people were protected by the provider's hygiene practices.
- At our last inspection we found a toilet which had been leaking for two weeks and black mould in

bathrooms. At this inspection we found that communal and people's en suite bathrooms and toilets were clean. We found no evidence of leaks, damp or mould.

- Staff received food safety training. Food was stored appropriately and in line with food safety guidance. At the time of our inspection the home had the second highest rating from the Food Hygiene Rating Scheme. This meant that food hygiene standards were good.

#### Using medicines safely

At our last inspection we found the medicines trolley was not fixed to the wall when not in use; the controlled drugs cabinet was broken; guidelines for the use of 'as and when' medicines were in place but were not always individualised; records of medicines administration were signed by two staff instead of one; body maps were not readily available to indicate where creams should be applied to people; and records of medicines which people took and returned when on social leave were not always recorded. This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and Treatment.

At this inspection we found that sufficient improvements had been made and the provider was no longer in breach of this part of regulation 12.

- People's medicines were stored safely in a locked medicines trolley which was tethered to a wall. Whilst no-one at the service received medicines with a high-risk profile, a controlled medicine cabinet was in place and secure.
- People received their medicines in line with the prescribers' instructions. Where people required creams to be applied, a body chart was completed which illustrated exactly where the medicines needed to be applied. Where people had been prescribed 'when required' medicines, staff had clear guidance in care records. This included the reasons for the medicine, signs to look for that might mean they are required and the maximum number of doses which could be administered.
- Staff completed people's medicines administration records (MARs) accurately. We found no gaps in recording. This meant people received their medicines as planned.
- MAR charts displayed recently taken photographs of people. This ensured that medicines were administered to the right people.
- The service's new locality manager audited medicines each month to ensure people continued to receive their medicines safely and in line with good practice.

#### Staffing and recruitment

At our last inspection we found staff did not always have appropriate references in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvements and was no longer in breach of Regulation 19.

- People received their support from staff who were safe and suitable. The provider followed appropriate procedures when recruiting staff. This included reviewing applications, interviewing candidates, and taking up two references to confirm the employment histories and character of prospective staff. The provider also confirmed the identities and addresses of candidates.
- As part of confirming the suitability of staff, the provider carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff received an induction to ensure they had the skills and knowledge they needed to provide care and support safely and received an employee handbook for on-going reference.
- The registered manager ensured there were enough staff available to provide care and support to people

throughout the day and overnight.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found people did not always feel safe and safeguarded from abuse. This was because of the frequent shouting and abusive language of one person living at the service. At this inspection we found the person was no longer living at the service and people felt safe. One person told us, "I feel happy now. I feel safe. The carers keep me safe."
- At our last inspection we found the provider had not always raised safeguarding alerts as required. This was because the registered manager and staff did not understand that verbal abuse should be reported to the local authority and CQC as a safeguarding alert. At this inspection we found the registered manager and staff understood when, how and with whom to share safeguarding concerns. One member of staff told us, "If I see abuse I know this has to be reported to Croydon Council." Another member of staff said, "We have used supervision meetings and staff meetings to talk about safeguarding and also got an external trainer in to do safeguarding training." Staff feedback confirmed they have received additional training around safeguarding and now understand the importance of reporting verbal abuse (should it occur) as safeguarding.
- The service implemented a new safeguarding tracker system which logged incidents and noted when these were referred to the local authority and CQC.

Learning lessons when things go wrong

- Where things had gone wrong the provider did not always learn lessons. For example, at the last inspection the provider was rated inadequate and placed into special measures as a result of providing care and support at a level beneath the fundamental standards. However, at this inspection we found 2 continuing breaches. This meant the provider did not always learn and improve when things had gone wrong. We address this issue further in the 'well-led' section of this report.
- The service had a business continuity plan in place to ensure people's needs were safely met in the event of a significant interruption to planned care and support.

# 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 for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they resettled into the service. This was to ensure the service was able to meet their needs.
- People participated in their assessments. This ensured that assessments were personalised and reflected people's preferences.
- Health and social care professionals supported people with reassessments and reviews. This meant people's changing needs were identified and supported.

Staff support: induction, training, skills and experience

- People received their care and support from trained and supervised staff.
- Staff received training in a range of areas. These included mental health, health and safety and safeguarding. The new locality manager reviewed the training undertaken by staff and arranged refresher training when required.
- Staff were supported with regular 1 to 1 meetings. Records of these supervision records showed the locality manager and staff discussing issues such as learning from training, team work, infection control measures, safeguarding and food safety.
- New staff received an induction to familiarise themselves with people's needs and support. Personal development plans were in place which identified the training and career goals for staff.

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

- People were supported to eat and drink enough. One person told us, "I choose what I eat. Generally, it's alright."
- We saw a 3-tier fruit bowl in the kitchen containing fresh apples, pears and oranges. People were encouraged to help themselves to these snacks.

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

- Staff promoted people's well-being and worked with a range of healthcare professionals to support people. For example, people were supported to attend appointments with GPs, social workers, advocates, dentists, opticians and mental health specialists.
- People's care records contained the names and contact details of the health and social care professionals involved with their support.

- People told us they were encouraged to engage in healthy activities. One person told us, "I do exercises."

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

- At the time of our last inspection we found the garden in a poor condition. It was uneven, overgrown and rubbish had been piled in it. At this inspection we found the part of the garden in use and accessible to people was free of rubbish, the grass was neatly cut and half of the garden had been paved. In addition, we saw potted plants and a section where people were supported to grow fruit and vegetables such as tomatoes and carrots.
- The home and garden were accessible to people and people were invited to share their views about the décor of both.

#### 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 appropriately supported with mental capacity assessments.
- Where it was necessary for people to be deprived of their liberty to keep them safe, the details of the restrictions in place and how long they were valid for were detailed in care records and reviewed regularly by the provider.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

At our last inspection we found people were not always treated with dignity and respect. This was because people's bedroom doors had uncovered glass panes, staff did not knock before entering people's bedrooms and the mattress on one person's bed was still in the plastic covering it was purchased in. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

At this inspection we found that sufficient improvements had been made and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- At this inspection we found people had solid doors with no glass panels. This meant people's privacy was protected because others could no longer look directly into their bedrooms.
- We observed that staff knocked on people's bedroom doors and waited for permission before entering.
- People's bedrooms were personalised and tidy. None of the mattress had plastic covers.
- People were supported to develop their independent living skills. One person told us, "The staff used to clean my room. Then they did it with me. But now I clean my room by myself." Another person described how staff supported them to cook and to do their laundry.
- Care records noted what was important to people. For example, one person's care records emphasised the importance of their appearance and always being well-groomed.

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

- People told us the staff supporting them were kind and caring. One person said, "The staff are nice. I'm happy here. I'm happier here than before I was here."
- Staff were respectful and polite when interacting with people. We saw staff ask people how they were and what they would like to do in terms of activities and if they needed anything throughout the day.
- People's care records contained pen portraits. These were details from people's lives that they wanted to share such as their early life history, family network and the achievements for which they felt most proud. Staff used this information to gain better insights into people's perspectives and to have meaningful conversations.
- Where required, care records noted the importance to people of providing frequent reassurance regarding specific concerns.

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

- People were supported to make decisions about how they received their care and support. One person told us, "I do decide what I do, and I talk to staff."
- The choices people made included what activities they engaged in, what they wore, what they ate and how to spend their days.
- Care records provided staff with guidance on supporting people when they found making decisions more challenging. For example, one person's care records noted how they find it hard to express themselves when tearful and that staff should provide 1-to-1 support with the understanding that the person will only talk about what is troubling them later.

# 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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care and support that was planned around their needs and preferences.
- People participated in their needs assessments which ensured their care plans were personalised.
- People's needs assessments and care plans contained person-centred information. This included people's preferences and choices and how they wanted their needs met. For example, people's care records contained a section entitled, "Things that may worry or upset me." Staff used this information to support people in a way they wanted when they were anxious.

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 assessed and care plans were in place to support people's expression and understanding. This included how people's communication needs may alter when their mental health needs increased.
- The provider made information such as policies and activity plans, accessible to people by using plain English, large print, and pictures.

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 supported to engage in a range of activities. One person told us, "I like doing arts and crafts, like knitting and painting." Another person said, "I play the Piano at home and I like to go shopping and to the café. I go with staff. I would be worried about going out alone. I play games like snakes and ladders with the staff too"
- Staff supported people to go on trips and breaks. On the first day of our inspection people had been supported to go on a day trip to Brighton.
- Care records referenced people's culture and the support they required to meet their cultural needs. People told us they were able to listen to music they chose and to prepare culturally traditional meals.
- People were supported by keyworkers. A keyworker is a member of staff with specific responsibilities to people including support with personal shopping, keeping bedrooms tidy, arranging appointments, liaising with relatives, and planning activities. People and their keyworkers met regularly, and records of their

meetings were retained.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with their support and believed their complaint would be appropriately addressed.
- The provider had an up-to-date complaints policy and a tracker was in place to monitor trends, the timely progress of investigations and their outcomes.

End of life care and support

- Whilst no-one living at the service had been identified to be on an end of life pathway, the provider felt confident that people could be supported responsively if they required end of life care. This included referring to healthcare professionals and the development of personalised end of life care plans.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found poor managerial oversight, ineffective audits, health and safety failings and poor risk management of the premises. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we found that improvements had been made prior to and during this inspection, enough progress had not been made and the provider remained in breach of regulation 17.

- During the inspection we identified safety issues. These included tripping hazards, an unsafely positioned appliance and risks from uncovered radiators. Whilst the registered manager took action after we drew these issues to their attention, the provider's own quality assurance checks should have been sufficiently robust to have independently identified and already addressed these shortfalls.

The failure to assess, monitor and improve the quality and safety of the service is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Since the last inspection the provider has appointed a new locality manager as deputy to the registered manager and used the services of a social care consultancy agency. The locality manager introduced a range of audits and a series of action plans to address many of the shortfalls we found at the last inspection. For example, we reviewed effective audits for infection control, staff training and medicines.

- The locality manager introduced a review process for people's individual risk assessments and was undertaking training to progress in their management role.

- The managers and staff we spoke with were clear about their roles.

- Staff told us they felt supported by the registered manager and locality manager. One member of staff said, "The managers are good. They are supportive." Another member of staff told us, "There is good team working here."

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

- People's views were gathered and used to plan and provide the service they received.

- People gave feedback about their experiences and the outcomes they wanted to achieve in residents' meetings, surveys and in meetings with keyworkers. Keyworkers are named members of staff who take the

lead in providing people with support in a range of areas including arranging appointments, family contacts, maintaining bedrooms and personal shopping. One person told us, "The staff are nice. The manager is nice."

- Staff were enabled to share their views about improving the service. Staff attended regular team meetings where people's changing needs were discussed and important information shared

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

At our last inspection we found the provider had failed to notify CQC about significant events at the service in line with the requirements of the registration with us. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found the provider had made improvements and was no longer in breach of Regulation 18.

- The provider understood their responsibility to keep people informed when things had not gone well at the service. The service also kept the local authority and CQC informed about important events.

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

- The provider gathered and acted on people's views. Service user feedback forms asked people for their views about various aspects of their care and support. For example, people were asked about the reliability and trustworthiness of staff, whether the home was well led and if they were treated with dignity and respect. The registered manager reviewed people's comments and used them when planning improvements.

- The registered manager arranged team meetings for staff to attend. These meetings were used to discuss people's changing needs and improvements required at the service. Minutes were maintained of team meetings for staff members who could not attend and for actions to be reviewed at the next meeting.

Continuous learning and improving care

- The provider worked with others to make improvements. For example, the provider worked with the local authority to audit the quality of care being provided. However, improvements were not always and consistently made. As a result, the provider continues to be in breach of regulations related to good governance and people's safe care and treatment. The provider has developed a number of action plans to improve the quality of care and support and we will be checking to confirm that actions have been carried out to address each of the shortfalls we have reported on.

Working in partnership with others

- The management and staff worked collaboratively with others to meet people's needs. For example, people were supported by healthcare professionals, social workers and education providers.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure that the premises was safe for their intended use; assess the risks to people or do all that was reasonably practicable to mitigate any such risks.  Regulation 12, section (1)(2) (a)(b)(d)

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and improve the quality and safety of the services provided.  Regulation 17, (1)(2)(a)(b)

### **The enforcement action we took:**

We serviced a Warning Notice.