

Sable Care Limited

Sable Care Limited - 22 Ashbridge Road

Inspection report

Ashbridge Road
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Ratings

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

Summary of findings

Overall summary

About the service

Sable Care Limited - 22 Ashbridge Road is a residential care home providing personal care for up to four people with a learning disability and autism. At the time of the inspection one person was living at the home.

The home provides accommodation across two floors. People have their own bedrooms with shared bathrooms. The ground floor has a kitchen, dining room and living area.

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

Infection prevention control measures were not effective, and practices meant that people were at risk of infections. Staff did not use safe practices when using personal protective equipment (PPE). The provider had not deployed safe systems of care to manage people's medicines.

People were not supported by staff who understood best practice in relation to learning disability and/or autism. Complaints were not always dealt with effectively.

The service had an end of life policy however people's end of life wishes were not explored. We have made a recommendation about exploring people's end of life wishes.

People's communication needs were not always met. Support plans were not accessible to people. We have made a recommendation about exploring communication needs for people.

There was a lack of oversight of the service and the provider had not developed a systematic approach to quality assurance to identify shortfalls and drive improvements.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the five key questions the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The environment required modernising and was not homely. People's care was not always person-centred and did not promote people's dignity, privacy and human rights. Support plans were not accessible for people with learning disabilities. The service did not reflect best practice guidance for supporting people with a learning disability and/or autistic people. Staff did not have an understanding of autistic people when asked. The service did not provide specific training for people with autism. Ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using the service led confident, inclusive and

empowered lives. The registered manager and staff referred to the home as 'the setting' and 'the unit.' They also referred to the person living at the home as 'the client' which meant the service was not person-centred.

People were not supported to have maximum choice and control of their lives and staff were not supporting people in the least restrictive way possible and in their best interests.

Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

People were supported with food and nutrition intake. People had access to health and social care professionals.

The person who used the service and staff told us they liked the registered manager. Staff told us they felt well supported by the registered manager. The service worked with other organisations to improve people's experiences.

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

Rating at last inspection

The last rating for this service was good (published 1 November 2019).

Why we inspected

The inspection was prompted in part due to concerns received about support plans, people's finances, medicines, accommodation and staffing raised by the local authority. We also had received complaints from members of the public. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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

We reviewed the information we held about the service. Concerns were identified in the other key questions therefore the focused inspection became a comprehensive inspection looking at all five key questions.

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

We have found evidence that the provider needs to make improvement. Please see the key questions of safe, effective, caring, responsive and well-led sections of this full report. 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 Sable Care Limited - 22 Ashbridge Road on our website at www.cqc.org.uk.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe and person-centred care; complaints; management; governance and in relation to their registration.

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

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 of registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Sable Care Limited - 22 Ashbridge Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Sable Care Limited - 22 Ashbridge Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

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 who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service. We also spoke with two members of staff which included the registered manager and one care staff member.

We reviewed a range of records. These included one person's care records and one medicine record. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policy and procedures, and quality assurance records. We spoke with one relative and two care staff members. Also, we spoke to a relative of a person who had recently left the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. People were at risk from catching infections because procedures to prevent visitors from spreading COVID-19 were not effective. The service did not have a COVID-19 visitor's policy. The registered manager told us it was included in the infection control policy. However, it only gave guidance for professionals visiting the service. A relative told us about visiting the service, "[Staff not wearing] mask or apron or gloves. I have not seen that [staff wearing PPE]. No [asked to do a lateral flow test]. I have gone twice in the last few months."
- We were not assured that the provider was using PPE effectively and safely. When we arrived at the service the staff member who answered the door was not wearing a mask.
- We were not assured that the provider was accessing testing for people using the service and staff. The registered manager told us during the inspection they would only test people and staff for COVID-19 if they were showing symptoms. After the inspection the registered manager told us they did test people and staff regularly however they were unable to show us how this was monitored and recorded. Also, the registered manager did not have an understanding of the various types of testing for COVID-19. A relative told us, "When [previous registered manager] was there they were testing [person] every day and staff members."
- The service completed weekly infection control audits. However, there were yes and no responses on the audit with no detail. The audits did not identify the concerns we found with the poor infection control processes. This meant people were put at risk because hygiene practices of the service were not maintained to a good standard.

The provider failed to ensure people were protected from the risk of infection, failed to identify risks in relation to health and safety, and failed to manage risk to people, which placed people at risk. These failures are a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- We could not be assured that people received their medicines safely or as prescribed despite the provider having a medicines policy in place.
- Records showed that the person living at the service needed support with medicines. Medicine administration records (MAR) were not robust. For example, the registered manager had signed MAR charts however it was not clear if they had administered the medicines themselves. We asked if the registered manager had administered the medicines however, they told us they were present when staff administered the medicines. The member of staff who actually administered the medicines should have signed the MAR chart. MAR charts for 25 October 2021 and 15 November 2021 had not been signed for specific medicines. This meant it was unclear if the person had their medicines administered on those days.

- The person was placed at risk of receiving 'as required' medicines inappropriately. 'As required' medicine (PRN) should have a protocol with details such as dose instructions, signs or symptoms about when to offer the medicines, interventions to use before medicines offered, when to review the medicine and how long the person should expect to take it. During the inspection we asked to see a copy of PRN protocols however the registered manager and staff were unable to show us. The staff member on duty during the inspection was not aware of PRN protocols for the person. After the inspection we received copies of the PRN protocols.

- We found medicines that were no longer being administered were still being stored with current stock. The service did not have an effective system to dispose of medicines.

- The provider completed medicines audits however they did not identify the concerns we found during the inspection. For example, they had not picked up the two gaps on the MAR charts. The medicines audits did not cover all aspects of medicines management.

- The service was not carrying out medicines administration competency assessments on staff. Medicines administration competency assessments identify issues relating to the safe and secure handling of medicines thereby reducing the risks involved in managing medicines. The registered manager told us they were not completing these assessments. They told us, "[I] will put this as a topic to study and put this to head office."

The provider failed to ensure proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The provider carried out detailed risk assessments to ensure the risks to people were identified, assessed and mitigated.

- Risks to the person's safety had been assessed and records of these assessments had been made. These were individual to the person and covered areas such as personal care, behaviours that challenge, oral care, toileting, food and choking. Each assessment detailed the risk to the person and the action needed to mitigate those risks.

- People could demonstrate behaviour which indicated they may be distressed or anxious. We saw triggers for these times were documented in detail in risk assessments alongside techniques to minimise this distress for people and support them in the way they preferred.

- Risk assessments were reviewed every three months or sooner if people's needs changed. Records confirmed this.

- Equipment such as the gas, electric and fire equipment were serviced, and fire and legionella risks assessments were carried out. Fire checks were completed monthly and recorded.

Staffing and recruitment

- The registered manager told us they had not recruited any new staff since the last inspection. The service had a recruitment policy in place. Records confirmed this.

- There was enough staff on duty on the day of inspection. One person lived at the service who did not require one to one support. However, a relative told us, "I think there should be at least two people even though one person there. Just in case anything happens."

- Staff told us the service had enough staff available to support the person. A staff member said, "Only one [person] is here at the moment. We are ok as we only have one [person]."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.

- The person living at the home told us they felt safe. They told us, "Yes I feel safe." A relative said, "I think

[person] is safe as far as I know. [Person] doesn't go out on her own. [Person] is relatively safe."

- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I have to report [abuse] straight away to the manager."
- The provider had not notified the Care Quality Commission of significant events which had occurred, in line with their legal responsibilities. This included the notification of the outcome for a Deprivation of Liberty Safeguards application and a serious incident. However, the registered manager was able to describe the actions in regard to reporting abuse which included informing to the Care Quality Commission and the local authority.

Learning lessons when things go wrong

- During the inspection it was not clear if there was a system to record and analyse accidents and incidents and safeguarding, so any trends or patterns could be highlighted. The registered manager told us during the inspection they had not had any accidents and incidents during the last 12 months. However, we found an incident had occurred in August 2021. After the inspection we were shown a copy of the incident report. It included actions to be taken so the likelihood would reduce for further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We were not assured that the home's decor met people's needs. For example, we saw cracks in the wall and in the bathroom the edging around the bathroom cabinet was broken.
- Whilst the bathroom and kitchen were functional, they had not been updated in some time. This gave an appearance of neglect. A relative told us, "[The home] needs updating and upgrading. The bathroom doesn't look good anymore." The registered manager told us they were planning to decorate the home. We asked for a timescale and they told us between two weeks and twelve months. We could not be assured this would be completed in a reasonable timescale.

We recommend that the service seeks advice and guidance from a reputable source about updating the décor for the home as soon as possible

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

- The service had a process in place to assess people's needs before they moved into the home. These assessments had aimed to identify and understand people's specific needs and had involved people, their relatives, and commissioners.

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

- The person who used the service was supported to eat and drink enough.
- The person told us they enjoyed the food. They said, "I like the food." A relative told us, "[Person] tells me [they] get snacks. [Staff] will help [them] prepare [food]."
- Records showed a monthly food menu with a variety of food choices was offered. Where the person requested an alternative meal, this was provided Records confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where mental capacity assessments were needed for specific decisions, these were completed in line with the MCA and its code of practice.
- The provider complied with the Deprivation of Liberty Safeguards (DoLS) when people were at risk of being deprived of their liberty and applied to the Local Authority for the relevant authorisation. Records showed the provider had applied for a DoLS for the person living at the home. Records sent after the inspection showed the authorisation was not authorised as the person was assessed as having capacity. However, the provider had not notified the Care Quality Commission of significant events, which had occurred, in line with their legal responsibilities. This included the notification of the outcome of the DoLS.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. The person told us, "Yes, [staff] do ask me." They also commented, "I can go out when I want. [Staff] never say no." A staff member said, "We ask what type of food or drinks [they want]. What clothes [they] want to wear for the day. Today I asked [person] what [they] wanted to do."
- Staff received training in consent, mental capacity and Deprivation of Liberty Safeguards.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme.
- Staff mandatory training was offered on a regular basis. Records confirmed this. A staff member said, "The training is always good. We normally go to head office and a professional [person] presents [the training]. However, staff told us, and records confirmed they did not always receive specialised training to meet the needs for people using the service. We have covered this in the responsive section of the report.
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. Records confirmed this. A staff member told us, "Supervision is okay because it helps you and if you need any assistance."

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

- People were supported to access a wide range of health care professionals to enable them to live healthier lives.
- The registered manager and staff worked closely with health and social care professionals including the learning disability team, social services, and healthcare professionals. A staff member told us, "Anytime [person] has an appointment I take [them]. I took [them] for an eye test. Sometimes we go to the GP."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always well treated or respected. During the inspection, we witnessed one person get upset. They raised their voice and had their hands clenched. We saw a staff member calm the person down with a reassuring voice and comforted them. We found out the person was upset because a senior staff member had referred to the person as 'Miss [person's surname]' repeatedly. This happened despite the support plan stating repeating the person's name could cause behaviours that challenge. This meant not all staff had an understanding how people wanted to be treated and supported.
- The person who lived at the home told us staff treated them with respect. A relative told us, "As far as I know [relative is treated with dignity] but [staff] could be better with the way [they are] dressed. Sometimes [person] is not appropriately dressed and [person's] hair not looked after."
- The care staff member we observed was kind, polite and gentle when they spoke with the person. The person had lived at the home for a long period of time. Staff had also worked at the home for a long time. The person said, "I like the staff." A relative commented, "[Staff] seem to [care]." One staff member told us, "We talk like [family]."
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager said, "We do not label people. We do not promote prejudice. Every person is unique. Individuality is very important. We are not judgemental."
- The person was supported to be independent. For example, we saw a staff member ask the person if they wanted to make a coffee for themselves. We also saw the person washing their own lunch dishes. A staff member told us, "[Person] can make [their] bed. Putting clothes in the washing [machine] and [they] can make a cup of tea by [themselves]. With our support [they are] more independent."

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

- The person told us they were able to make decisions about how they spent their time, what they ate and where they went. The person was able to move freely around the home and participate in activities if they wanted.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate: This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff did not always work in a person-centred way to meet the needs of people with a learning disability and autistic people. They did not always follow best practice and the principles of Right support, right care, right culture and were not ensuring that these principles were carried out. For example, the staff did not have an understanding of autism when we spoke with them. One staff member said, "Autism is their understanding. Is different to other people. People are on the spectrum. I haven't had any training on Autism." Another staff member told us, "[Autism is] when somebody needs something. The way the person behaves. They can throw things and scratch themselves. We did not have Autism training last year." Records showed staff had not had training on Autism.
- The person using the service had a support plan. However, it was written in a way that was not person-centred and easy to understand. The support plan was not clear and did not make sense at times. For example, the support plan stated, "I have been restricted due to social distancing because the virus and bacterias in the ozone which are harmful because of COVID-19." Another example, in the section called 'what I want to achieve', the support plan stated, "Interacting with others for talking and cooperating skills able to follow the routine timetable schedule planned through the weeks and to be involved in the provisions."
- Right support, right care, right culture guidance states the premises should not feel institutional. The house was not homely. The lounge area was sparse and had old photos on the wall of the people who used to live at the home. The furniture was old and worn. The décor was out of date and was 'drab'. Throughout the inspection the registered manager and staff referred to the home as 'the setting' and 'the unit.' They also referred to the person living at the home as 'the client' which meant they were not addressing the person by their preferred name. The person had lived at the home for 23 years.

The provider failed to ensure care and support was appropriate to meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person was encouraged and supported to develop and maintain relationships with people that were important to them. The person living at home visited their relative on a regular basis.
- The person who lived at home told us they enjoyed the activities provided. They told us, "I like Russian high tea. I have enough things to do like picture cards."
- The person had an activities timetable. Records confirmed this. Activities included picture cards, art

sessions, visiting the community, learning independent skills and cooking. The service had recently applied for the person to join an external organisation that provided outdoor activities such as arts and crafts, exercise sessions and choir singing.

Improving care quality in response to complaints or concerns.

- Complaints were not always dealt with effectively. The provider had a complaints policy however it gave no guidance on the different stages of a complaint and timelines. Also, the complaints policy was not clear and did not make sense. For example, the complaints policy stated, "When there is a person that a complaint on the service the process that should take place is first a verbal discussion which includes the type of concern or matter to address the area that initially requires the source of development." The complaints policy was not dated to demonstrate when it was last reviewed.
- During and after the inspection we asked the registered manager if the service had received any complaints in the last 12 months. They told us there had not been any. However, we spoke to a relative who told us, "I have sent loads of emails as complaints in the last 12 months." This meant we could not be assured complaints were investigated and necessary action taken.

The provider failed to ensure complaints were investigated and necessary action taken. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Meeting people's communication needs

- People's communication needs were not always met. Support plans were not accessible to people. For example, there was no use of symbols or photographs in the most up to date support plan. The support plan was not available in an easy read format for the person. We saw a previous support plan which was easier to read and had symbols throughout. We asked the registered manager why they had changed the format of the support plan however they were not able to give a clear reason why.

We recommend that the service seeks advice and guidance from a reputable source about providing written communication to people in a way they can understand.

End of life care and support

- No one at the home was receiving end of life care and support. The provider had a policy in place in the event of someone needing this support.
- Records showed the service was not recording people's end of life wishes during the review and care planning stages. This meant there was a risk people did not have a chance to explore their end of life wishes and where they would like to spend the last stages of their life.

We recommend that the service seek advice and guidance from a reputable source, about end of life care for people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The providers oversight and governance of the service was ineffective in identifying the serious failings in relation to the safety, quality and standard of the service as detailed in the safe, effective, caring and responsive sections of this report. A relative we spoke with had concerns about the home. They said, "I have mixed views on it. There have been several changes of management. Whenever they change management, they don't inform me. It has been erratic. I am a bit concerned about what is going on there."
- The culture of the service did not reflect best practice guidance for supporting people with a learning disability and/or autistic people. The registered manager and staff did not fully understand Right support, right care, right culture guidance published by CQC, or how the underpinning principles could be used to develop the service in a way which supported and enabled people to live an ordinary life, enhance their expectations, increase their opportunities and value their contributions.
- Systems and processes to monitor the service were not robust. This meant they were not always effective, did not drive improvement and did not identify the issues we found at this inspection. Concerns were found with regards to infection control, medicines, accidents and incidents, the premises, person-centred care, end of life care, complaints and quality assurance.
- The registered manager did not have an understanding of the regulatory requirements of their role. They failed to understand the importance of monitoring the quality of the service and care provided. For example, when asked about quality assurance for the home they struggled to understand the term 'quality assurance.' We had to explain to the registered manager what it meant.
- We had considerable difficulty engaging with the provider. We tried on numerous occasions to contact the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. However, the nominated individual did not accede to our request to have a formal discussion. Following the inspection, the registered manager told us they had not spoken to the nominated individual for six weeks even though one of the directors of the service assured us the nominated individual was in regular contact with, and had appropriate oversight of, the home. This meant we could not be assured the provider was effectively overseeing the management of the service.

The lack of robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not notified the Care Quality Commission of significant events which had occurred, in line with their legal responsibilities. This included the notification of the outcome for a Deprivation of Liberty Safeguards application. Additionally, the provider had not notified us (without delay) of a serious incident that occurred on 29 August 2021. Following the inspection, on 29 November 2021, the provider sent us this notification.
- The person who lived at the home told us they liked the registered manager. They said, "She is a very nice lady." A relative told us, "I don't really know [registered manager] that well. I have met her once. She is ok. She can waffle on sometimes about things I don't understand."
- Staff spoke positively about the registered manager. One staff member said, "My relationship with [registered manager] is good and I can talk to her." Another staff member told us, "[Registered manager] is effective in her job. She answers anytime [if] you need assistance."

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

- The provider had not always acted in accordance with the duty of candour when something went wrong.
- We established that relatives had not always been notified when significant events had occurred, such as changes in management and following up complaints. This did not promote an open and honest culture.
- The provider had not always notified CQC of events such as serious injuries and the outcome of Deprivation Liberty of Safeguards.

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

- Most of the care staff had worked at the home for a long time. They told us they enjoyed working at the home. One staff member said, "It is very good. Everything is good. We work like a team." Another staff member commented, "It is a good team and company."
- The provider had a survey form for people, relatives and staff. However, the most recent surveys we saw had been responded to in January 2020. We asked the registered manager about the surveys but she was not sure when they were last sent out. A relative told us, "The last questionnaire was when [previous registered manager] was there and [that was a] long time ago." However, the relative told us the registered manager advised them a new survey was going to be sent out.
- Communication systems were in place to share information with staff. For example, staff meetings were held on a regular basis. Topics included discussions on the person living at the home, vaccinations, infection control, medical appointments, and working with other organisations.

Working in partnership with others:

- The service worked in partnership with other professionals and agencies to help ensure people received the health and social care they needed.