

Beech Meadows Homes Limited

Kingsthorpe View Care Home

Inspection report

Kildare Road
Off Wells Road
Nottingham
Nottinghamshire
NG3 3AF

Tel: 01159507896

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Kingsthorpe View is a purpose-built residential care home, providing personal and nursing care to people living with a mental health diagnoses, dementia, physical disability or sensory impairment. The service can support up to 50 people. At the time of our inspection there were 28 people living at the service.

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

The provider and registered manager had failed to ensure effective infection prevention and control measures were in place. Some staff were observed not wearing masks.

Some areas of the environment remained in need of repair and redecoration. In particular some areas of the flooring and some bedrooms in the service. Whilst we saw the provider had an improvement plan in place for the service, these were actions that had been requested following our previous inspection of 11 November 2020.

The registered manager had failed to implement robust systems and processes for the governance and oversight of the service. This meant audits were ineffective as improvements identified, had not been implemented. There were no effective audits found for some aspects of care delivery. For example, we found a lack of audits for the call bell system. This meant the registered manager could not be confident that staff were responding in a timely manner when people requested assistance via their call bells.

The registered manager had not been responsive to complaints and concerns raised by relatives of people using the service. Which would allow them to bring about improvement across the service.

The provider and registered manager had failed to ensure all staff had received training which the provider had deemed as essential for their roles. For example, not all staff had received training in safeguarding vulnerable adults or diabetes awareness.

Care plans and risk assessments seen, were inconsistent in their directions to staff to support safe and consistent care. Whilst some contained clear information, others lacked detail.

People living at the service were receiving their medicines safely and as prescribed for them. Systems and processes were in place to ensure medicines were managed safely.

People told us they were happy living at Kingsthorpe View, they felt supported by a sufficient number of kind and caring staff. The majority of relatives we spoke with did not express any significant concerns regarding the service.

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 did support this practice

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 25 September 2021) and there were multiple breaches of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made or sustained and the provider was still in breach of some regulations.

Why we inspected

The inspection was prompted in part due to concerns received about a poor response to complaints from the registered manager and indications of poor infection control practices in the service. 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.

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

We have found evidence that the provider needs to make improvement.

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 the environment, infection control, staff training, governance and oversight 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.

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

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

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

inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Kingsthorpe View Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors on site, with telephone calls to relatives of people using the service were made by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kingsthorpe View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 and professionals 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. We contacted Healthwatch for information they held about 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 of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and ten relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, nurses, senior care workers, care workers, domestic and maintenance staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. 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, staffing rotas and quality assurance records. We spoke with a professional who regularly visits the service and viewed correspondence from another health professional involved with 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 as Inadequate. At this inspection this key question has now improved 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.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had received training in safeguarding vulnerable adults. The training matrix had not been updated and identified that some staff had not attended the essential training required for their role. The registered manager told us they would update the matrix following our inspection.
- Staff understood their responsibility to report safeguarding incidents, however the registered manager had failed to ensure incidents were reviewed and consistently reported to meet their legal responsibility. We found some safeguarding incidents had been actioned but not consistently reviewed and lessons learnt to improve people's safety. This placed people at potential risk of harm.

This was a breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had safeguarding and whistleblowing policies and procedures in place. Staff told us they understood signs of abuse and knew how to report it. Staff knew how to whistle-blow and to report any concerns, if they were not acted on, to external agencies.
- People told us they felt safe. One person we spoke with said, "I feel safe here, they [staff] are really lovely." One relative we spoke with told us, "Yes I can see that my relative is safe, the staff look after their every care. The staff are very upbeat and always have a chat with my relative. It is obvious they are being cared for, by the way staff talk to them."

Assessing risk, safety monitoring and management

- At our last inspection we found people were at risk of harm due to ineffective risk assessment and management of this to ensure people's safety. We found at this inspection the registered manager had taken inadequate steps to make the required improvements.
- Assessments of potential risks in relation to people's health and medical conditions such as epilepsy, diabetes, and falls were in place. However, we had concerns these assessments did not have robust action plans for staff to follow. For example, there was a risk assessment for one person in relation to their risk of type two diabetes. This did not provide details of how this person was to be effectively supported with their diet and exercise by staff. There was no evidence of any plan in this persons' care records for robust weight management or referral to appropriate health professionals.
- Information regarding risks to people and what support they required was contained within their records. However, there were some inconsistencies in the records we reviewed, and records were still in the process of being updated. This left people at potential risk; due to the number of agency staff the service relied on.
- We were concerned that the high use of agency staff, and the lack of robust documentation for some

people, who may find it difficult to be supported by staff they did not know well, could increase the risk of incidents or of behaviour that challenged.

- Records describing what support people would need during an emergency evacuation was available.
- Regular checks were being made on the environment by the provider and maintenance team to ensure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment serviced. We found that the scales used for weighing people were not calibrated, the provider actioned this, and sent evidence that this was completed after our inspection.
- Technology was used within the service such as, sensor mats for those at risk of falls.

We recommend the registered manager review the risk assessments and care plans for all people living in the service to ensure there is clear instruction for staff on how to support people effectively, using best practice guidance where appropriate

Preventing and controlling infection

At our last inspection the provider had failed to ensure that people were protected from the risk of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014. Some improvement had been made. However, further improvements were required. At this inspection although we found the provider had an action plan in place to address these issues, there were still some aspects of the effective control and prevention of infection that required improvement and the provider remained in breach of regulation 12

- The registered manager was not ensuring that all staff were following current guidance in the wearing of PPE. We observed two members of kitchen staff not wearing their masks throughout the inspection. These staff were involved in the preparation of food, this presented a risk of cross contamination.
- We were not fully assured that the provider was preventing visitors from catching and spreading infections. Although the provider was recording temperatures and the Covid-19 testing status of visitors.
- We were not fully assured that the provider was meeting shielding and social distancing rules. The service was unable to accommodate the distancing of people effectively, due to the layout of the environment.
- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were still being improved as part of the actions required following our previous inspection and a recent external infection control audit.
- We were not fully assured the provider was facilitating visits for people living in the home in accordance with the current Government guidance. The relatives we spoke with gave a mixed response in respect of information they had been given regarding visiting and restrictions during the pandemic. Some people felt the provider and registered manager could do more to keep them informed.

The provider and registered manager had failed to ensure that people were protected from the risk of infection. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The housekeeping staff were organised and experienced, with a more robust approach to monitoring the cleanliness of the service.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

At our last inspection the poor condition of parts of the home and the failure of the provider to identify and address these issues was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of this regulation.

- Some flooring within the service was noted to require replacement, although the provider had a plan of works scheduled for this.
- There was an improvement in the overall environment of the service, following refurbishment works by the provider, although some decorating works were still to be completed.
- The provider had an action plan in place to address the environmental improvement works which remained incomplete. They provided justification for why they had been unable to complete the works, and a plan of when they would ensure these would be completed. We will follow this up at our next inspection of the service.

Staffing and recruitment

At our last inspection the provider had failed to ensure fit and proper persons were employed. This was a breach of Regulation 19 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- We saw from records that people were supported by a sufficient number of staff to meet their needs. We were concerned however, that the reliance on a high use of agency staff created the risk of these staff not knowing people well. The registered manager tried to ensure consistency by using the same agencies.
- Staff were recruited safely, and appropriate checks were completed to ensure they were suitable to support vulnerable people. This included references and their full employment history.
- Some relatives had identified there was a lack of continuity in staffing. One told us, "They have a lot of new staff, who we could not recognise."
- The majority of the relatives we spoke with told us they felt the service was well staffed. One said, "Yes there are enough staff, when I have been at the home, there are enough staff for the number of residents."

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were being administered as required and in the best interests of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014 Safe Care and treatment. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At the previous inspection we found significant concerns regarding the management of 'as and when required' (PRN) medicines protocols, covert medications and transdermal pain patches. At this inspection, we found improvements had been made in these areas of medicine management.
- There were safe and suitable arrangements and protocols in place for the ordering, receiving and storing of medicines.
- Staff involved in handling medicines had received training around medicines. The registered manager ensured that appropriate staff were trained to support people with their medicines.
- Medicines administration records were checked after each medicine round so any errors could be quickly addressed to reduce the risk of a person missing their medicine. We saw there was a clear reporting system for any incidents or errors.

Learning lessons when things go wrong

- Incidents and accidents had been recorded. However, we found no evidence of lessons learnt or of sharing these findings with staff.
- Incidents had not been monitored by the registered manager and people's care not adjusted to prevent a similar accident or incident happening again where this was possible.

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 Requires Improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to maintain parts of the home and the failure to identify and address these issues was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the majority of the environmental improvements we requested the provider should make had been addressed and the provider was no longer in breach of this regulation.

- People told us, and we saw, that the provider had taken measures to improve the environment of the service. The flooring refurbishment and decoration of some bedrooms remained to be completed, however, the provider had an action plan in place for this work to be completed.
- In respect of the environmental improvements which were required, we were told by a relative, "The home is getting a facelift." And another relative told us, "The décor needed improving, and they [Provider] are doing that now."
- Some people were living with dementia and limited vision. It had been identified they may need additional aids and signage in the building, so they could continue to find their way around the home. We observed that not all areas of the home had appropriate signage, this could lead to people finding it difficult to navigate with ease. A visiting professional we spoke with told us they felt this was an area in which the service could make improvements for people living with dementia and cognitive impairment. There were no plans identified in the providers action plan for these measures.
- People had personalised their own rooms. There were some homely touches, such as numbers on doors and artwork drawn by a staff member, to aid recognition for people of their personal space.
- The activity co-ordinator showed us the garden area, which was pleasantly furnished with raised flower beds, outdoor seating, umbrellas and a smoking area. One person told us how much they enjoyed the garden space and told us they had been growing tomatoes.

Staff support: induction, training, skills and experience

- There were gaps in the training records for all staff to support people effectively, in the areas of moving and handling of people, diabetes, epilepsy, safeguarding adults and food safety. Not all of the staff had completed this training, or this had not been refreshed for some staff; yet some people at the service lived with these conditions. This left people at risk of being supported by untrained staff.
- There were no effective systems in place to make sure staff received regular supervision and appraisals. Two staff members told us they had not received any recent supervision in their roles.
- Training records showed that supervision and appraisals were marked as 'not applicable' and 'additional'

for the majority of the staff team. Some staff had never received supervision or appraisal in their roles. This meant the registered manager had not discussed competency or development with the staff team.

The provider had failed to ensure sufficient numbers of suitably qualified, competent staff were deployed. This was a breach of Regulation 18 (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

- Some people were at risk of not having their hydration and nutritional needs met. One person's care plan stated they were at risk of diabetes due to their weight gain. Staff we spoke with, and records we reviewed evidenced that these needs had not been fully considered regarding the food and fluids they were offered.
- Lunchtime was observed to be a pleasant, sociable experience. People were provided with adaptable crockery or cutlery if required. People ate at their own pace and were assisted discreetly if required. We observed positive interactions between staff and people during the lunch period.
- People told us they liked the food and could make choices about what they had to eat. Comments included, "It's good, we have a choice at mealtimes." "I enjoy the food."

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

- We found a lack of evidence of robust oral health assessment in people's care plans. We saw no evidence that some people had accessed a recent dental appointment or of the importance of encouraging people to clean their teeth or dentures daily with the staff team. However, people being looked after in bed were observed to be provided with good mouth care.

The provider responded immediately following the inspection and submitted evidence to show how they would address this area of care planning

- Staff monitored people's health care and ensured people attended their appointments. A record of medical appointments, outcomes and any actions needed to support people effectively was recorded in care plans.
- Feedback from a visiting health care professional was that the service kept them informed of any issues with regards to people's health and that referrals were made promptly to their team.

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

- We identified that there were no measurable outcomes for some people in their care plans, and that information was difficult to find due to some of the documents being separated. For example, one person had a significant recorded weight gain, but there was no clear plan documented as to how this person was to be supported effectively by staff.
- We saw that most people had their care regularly reviewed. People's support was then planned using the information gathered.

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 authorisation to deprive a person of their liberty had the appropriate legal authority and were being met.

We found the service was acting within the principles of the MCA.

- The manager and staff understood the principles of the MCA.
- Applications for DoLS were appropriately made.
- We saw evidence in people's care plans of appropriate and timely best interest decision making, which showed that after a mental capacity assessment, the best interests process was followed.
- Staff asked people for consent before delivering care and support. One person told us, "The staff always ask my relative what they want to do, that is respectful."

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff told us how important their relationships were with people. One staff member told us, "I love being around the residents and really enjoy doing different activities with them."
- One relative told us they felt their loved one was treated well, "Oh yes, they are. They always have little chats with my relative, they talk to them very affectionately." Another relative we spoke with gave positive feedback in respect of the support their loved one received, they told us, "We as a family are really relieved that our relative is at the home. They look after [name] so well, all the family think so as well."
- Another relative we spoke with told us, "The staff explain what my relative has done, had a shower etc. They always come and tell us things. Communication is good. We have a good rapport with the staff, we have a joke. They think of my relative like family. Some of the staff really go the extra mile, they are brilliant."

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

- Although we found a lack of engagement with people and their relatives regarding people's care plans; we did find people were involved in day-to-day decision making about their care. The majority of relatives we spoke with told us this had been carried out by telephone during the pandemic.
- The majority of people and their relatives told us how the staff knew them well and used this information when they provided care. They told us, "Yes, the staff know me. I feel safe and comfortable here."
- People were encouraged to make decisions about their day to day care. Staff were observed asking people for their consent before any care was offered or delivered. For example, assisting a person in the bathroom or asking people what clothes they wanted to wear that day.
- We spoke with a professional who visited the service regularly, who told us their observations of staff interactions with people were positive, and they felt staff knew people well.
- All the people we spoke with said they had never been prevented from doing anything they wanted to do. Although some people expressed that they would like to access the community more often if possible.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner. People said staff respected their needs and wishes and their privacy and dignity. We observed that staff knocked on people's doors before entering their rooms.
- People's wishes to spend time in their rooms or to have private time alone was respected by staff. We saw from records that people who chose to remain in their rooms were regularly checked by staff.

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 Requires Improvement. This meant people's needs were not always met.

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

- We found a lack of evidence that people's needs and risks to their safety were fully assessed before they were admitted to the service to ensure they could be supported safely. We could not be confident that the registered manager considered the impact on other people at the service before accepting new admissions.
- Care plans contained risk assessments for all elements of people's care which followed the providers standards. These were currently being reviewed and updated for people. These gave risk levels for people but were not always person centred in their approach. We saw a lack of clear strategies in the care plans for staff to support people effectively.
- Of the care plans we reviewed, we saw that one person had not signed their consent and did not have a photograph in their plan of care. We saw people's preferred method of communication was not always documented.
- We discussed with the registered manager and provider we felt the risk assessments were improved from the previous inspection; but there was no quick and easy way that staff could access all of the information. This was recognised by the provider and registered manager. The Documentary Lead for the service provided evidence they were in the process of assembling updated care plans for people. We were informed these plans would look at impact for people.

Improving care quality in response to complaints or concerns

- Complaints made since the last inspection had not always been addressed by the registered manager appropriately. These were not well documented therefore, outcomes of these could not be shared with the staff team during meetings for review.
- This inspection was prompted in part by concerns raised by a relative regarding a poor response to complaint. During the inspection we received a concern from a relative of a person using the service in regard to a poor response to a complaint. We made a referral to the Safeguarding Team in respect of this.
- The majority of relatives we spoke with said they found the registered manager and staff team to be approachable. People knew who to speak to in order to raise concerns.

End of life care and support

- Some people had been asked about their funeral arrangements in the event of their death but had not always been asked if they had any wishes or preferences at the end of their lives. This was an area identified as requiring improvement. The provider has given assurance that this is currently being reviewed and updated for people as the care and support plans are being updated.
- Some people had decided they did not want to be resuscitated if they were to become very unwell. This was clearly recorded in their care plan and staff were all aware.

- Some staff had undertaken training in death, dying and bereavement, to give them the skills and confidence to support people and their loved ones at this time

Meeting people's communication needs

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.

- The service was meeting the needs of people in relation to the AIS. The service provided their service user guide in large print or other languages if required by people.
- Pictorial guides for lunch menus and picture cards were used to support people who experienced difficulty with communicating, or for people who did not have English as a first language, to enable people to express themselves effectively.

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 service employed two activity co-ordinators' who worked with other staff to provide activities for people living in the service. People and their relatives described the activities and the coordinators as very engaging. One relative told us, "My relative does knitting and things. They interact with everything. The staff are very good."
- Activities were planned with people around their needs, interests and life histories. Another relative told us, "Sometimes the staff member will sit with me, and they will go through what they have been doing, all the activities and things, this is really nice."

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 Inadequate. At this inspection this key question has remained the same 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

At our last inspection we found the provider had failed to implement robust quality monitoring processes, and this was the fourth inspection where the provider had been rated as requiring improvements. This led to a breach of Regulation 17 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 this regulation.

- There was a lack of evidence of sustained improvement and strong leadership for people and relatives to see and feel within the service. The registered manager did not review people's daily records to ensure their care was provided in accordance with their care plan.
- We were informed that the registered manager had showed a lack of professionalism at times in their relationship with both the staff team and external professionals. This did not demonstrate or uphold the values of the organisation set by the provider.
- Some staff we spoke with told us they didn't feel empowered or involved in changes relating to service improvement. Some staff told us they had not received recent supervision or appraisals. This meant staff did not always receive support and direction regarding their performance, and development to ensure they had the right skills to support people.

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

- Some relatives told us they had not always been informed in a timely manner when an incident had occurred involving their loved one. This left people feeling uninformed and not involved as partners in their loved one's care.
- We saw the registered manager had not recorded details regarding complaints and concerns in a robust manner, which would enable themes and trends to be analysed and lessons learned to be shared across the staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager lacked clear oversight on what was happening in the service. We spoke to the

registered manager about the provider's action plans that had been sent to the commission. The document detailed what actions the provider and registered manager would be taking to make immediate improvements to the service. We discussed the lack of progress in relation to infection control, and the actions which remained outstanding. The failure to implement the requested improvements in a timely manner meant people were still at risk from poor infection control processes.

- The registered manager had failed to implement robust systems and processes for the governance and oversight of the service. The registered manager had failed to notify the CQC of notifiable incidents in a timely manner as required by law. Aspects of people's care were being monitored, for example falls and choking incidents were being recorded. However, there were no incident analysis documents detailing measures taken to prevent reoccurrence.
- The audit process was not effective, as improvements identified had not been implemented. There were no audits found for some aspects of care delivery. For example, we found a lack of audits for the call bell system in the service. This meant the registered manager could not assess if the call bells were being answered or responded to in a timely manner.
- There had been some improvement in the provider quality assurance arrangements, but further improvements were needed for the registered manager to have a full oversight of all areas of the service and for these to be embedded into practice
- We found no record of meetings with people living at the service. Relatives gave mixed feedback regarding the way they felt they had been kept informed of changes in the service during the challenging period of the last eighteen months. Whilst some relatives told us they had been sent letters early on, others told us they felt that communication could be improved, and some gave examples of having to telephone repeatedly for feedback regarding their loved ones' care.

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

- People's personal information was not always safe, secure and confidential. For example, the staffing rotas contained details of the reasons why staff were absent, and these were viewable by all staff. We received information from a visitor who had also seen this rota and personal information about people using the service.
- We received very mixed feedback from relatives in response to how much information they gained regarding their loved one's care, One relative we spoke with told us, "I don't get any feedback unless I phone up and ask for it." Whilst another relative told us, "They phone if there is anything, and we get updates when we visit."
- The registered manager did not provide evidence of regular feedback from people, relatives or staff about the service. They had not fully considered if people or their relatives had any concerns or wanted to review their care and support plans.

The lack of consistent and effective leadership 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 failed to attain compliance with the fundamental standards over a period of four consecutive inspections.

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The registered manager demonstrated they worked effectively in partnership with health and care professionals such as occupational therapists and GPs to improve people's care.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure their processes were robust to protect people from harm and the risk of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of suitably qualified, competent staff were deployed.