

Castle Meadows (Dudley) Limited

Castle Meadows Care Home

Inspection report

112 Dibdale Road
Dudley
West Midlands
DY1 2RU

Tel: 01384254971
Website: www.intercare.co.uk

Date of inspection visit:
13 December 2021

Date of publication:
04 April 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Castle Meadows Care Home provides personal and nursing care to older and younger people who may live with dementia or physical disabilities. Castle Meadows is registered to accommodate 51 people. There were 33 people living at the home at the time of the inspection.

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

During this inspection we found significant concerns in relation to the Infection Prevention and Control (IPC) practices within the service. We asked the provider to take immediate action to mitigate the risks to people.

Improvements had not been sustained in the administration and storage of medicines and we found people did not always receive their medication as prescribed.

Care plans and risk assessments did not always reflect people's current support and nutritional needs. We could not always be assured people were supported to maintain a healthy diet and had access to drinks and snacks throughout the day.

There were processes in place to monitor the quality and safety of the service, however they had not identified the issues we found at this inspection. There was a lack of provider and management oversight of the service. Improvements identified at the last inspection had not been sustained.

People told us they felt safe and supported by staff who knew them well. Staff were aware of their responsibilities to keep people safe from abuse.

People, relatives and staff had not been given the opportunity to raise any issues or concerns they may have as meetings had not been held and feedback forms had not been circulated. Some relatives told us they had raised concerns and overall were confident that if they did raise an issue it would be dealt with appropriately. Relatives told us they did not always feel that communication from the staff and management was good.

We found some concerns remained regarding confidentiality of people's personal information. We saw that staff were kind, caring and compassionate and had positive relationships with the people they supported.

People were supported by a group of safely recruited staff and we saw there were sufficient numbers of staff. Accidents and incidents were reported and acted on appropriately and analysed for any trends.

Staff told us they felt supported by the management team and received regular training. There was an induction programme for new staff, including shadowing more experienced members of staff. Staff supported people to access a variety of healthcare services in order to maintain good health. People were also supported to take part in a varied activity programme.

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. They also told us staff treated them with dignity and respect.

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

This service had been in special measures following an inspection in 2019 (published 06 July 2019) and rated as inadequate. At the last inspection (published 29 August 2019), some improvement had been made and they were no longer in special measures but continued to be in breach of regulation 12 (safe care and treatment). The provider received a requirement notice after the last inspection for the improvements required.

At this inspection we found improvements had not been sustained and the provider continued to be in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about management of medicines, infection control, staffing levels and COVID-19 management. 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.

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

We have found evidence that the provider still needs to make and sustain improvement, please see safe, effective, caring, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle Meadows 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 care and treatment and poor governance at this inspection. The provider responded to some of the concerns on the day of the 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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration,

we will re-inspect within 6 months to check for significant improvements.

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

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

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Castle Meadows 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, a Specialist Advisor (SpA) and an Expert by Experience. The SpA focussed on the safe storage and administration of medication whilst the Expert by Experience supported with telephone calls to relatives of people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Castle Meadows 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 did not currently have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager at the service who confirmed they had not yet commenced the process to register as the manager of the service.

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 December 2021 and ended on 20 December 2021.

What we did before the inspection

We used information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. 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 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 five people who used the service and fourteen relatives about their experience of the care provided. We spoke with ten members of staff including the national manager, manager, nurse, senior care workers, care workers, housekeepers 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm. At this inspection we identified there were continued breaches of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was not a robust cleaning regime in place to include frequently touched areas in the home and equipment used to support people. This lack of regular cleaning to reduce the risk of the transmission of infection was evident. For example, we saw items of equipment had a build-up of dirt that indicated a lack of regular cleaning, this included brown matter on a communal bath seat and toilet seats. We also found clean linen was stored next to soiled linen trollies which meant there was a risk of cross contamination.
- People were placed at risk of increased transmission of COVID-19 due to shared equipment and communal areas not being thoroughly cleaned following each use.
- We were not assured that the provider was preventing visitors from catching and spreading infections. The providers visiting protocol was not followed correctly on our arrival, to ensure our visit could take place safely. The inspectors were greeted by a staff member who was not wearing a mask, they were not asked about their COVID-19 status nor was there a request to see their Lateral Flow Device (LFD) result.
- We were not assured that the provider was using PPE effectively and safely. We observed multiple staff members entering the building without masks or having temperature checks. Staff were also observed during the inspection not to be wearing masks correctly, this was addressed at the time. Some relatives told us staff wore masks, but others told us they did not wear them all of the time. One relative said, "There are some [staff] who don't wear masks when they are walking around but they do for personal care." Another told us, "They [staff] do not wear masks all of the time, maybe they are exempt." The manager told us just one staff member was exempt from wearing a mask, but they wore a visor instead. Government guidance states a face mask should be worn at all times by all staff during high community transmission of COVID 19.
- We observed staff holding clean PPE whilst taking off used PPE and also observed staff dispose of PPE in bins which were not designated as clinical waste. This practice increased the risk of infection transmission and was not in line with guidance.
- The bins provided for disposal of PPE were not located at key areas such as the PPE stations, which meant staff were at risk of cross contamination when opening and closing doors to dispose of used PPE. The provider had not identified this during their audits which demonstrates a lack of oversight by the provider.
- The manager told us that they had not completed individual COVID-19 risk assessments for people or staff at increased risk from COVID-19 and they were not aware they were required to do this. This was a concern as some people living at the service and staff members had complex health conditions and were at increased risk from the complications associated with COVID-19.
- Systems were either not in place or robust enough to ensure good IPC practices were maintained and

effectively managed. The lack of good hygiene and poor practice increased the risk for the potential of a COVID-19 outbreak, placing people living and working at the service at risk of harm.

- We were not assured the provider was admitting people safely to the service. People who had returned from hospital to the home had isolated as per the government guidance, at that time. However, the manager was unable to provide us with evidence that the person who came from hospital had completed COVID-19 testing to ensure they were not testing positive.
- We were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had a policy to manage outbreaks in place.
- We were somewhat assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We asked the provider to respond to these significant concerns immediately. The provider responded and gave us assurances they had taken action to reduce the risks to people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe IPC practices were being followed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- There were significant concerns with prescribed medicines not always being available. Four people did not receive their prescribed medication for significant periods of time. This meant people were placed at risk due to their known health conditions not being treated or controlled appropriately.
 - People who were prescribed creams did not have charts in place for staff to have the information and guidance on how often or where to apply the prescribed creams. The manager was unable to provide us with evidence that prescribed creams had been applied, as prescribed. This meant people with were at risk of developing sore skin.
 - The provider had no oversight of the re-ordering of medication, or explanation for four people's medicines not being available. They were unable to provide us with evidence that requests for medication had been made prior to stock running out or that they had been pro-active in ensuring medicines arrived on time.
- We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety in the administration of medication. This placed people at risk of harm. 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; Learning lessons when things go wrong

- Risk to people had not been managed and placed people at the risk of harm. The manager had not ensured the risk assessments and care plans, in place to guide staff how they should support people, were updated and robust.
- One person who required a specialist diet had recently been re-assessed by the Speech and Language Therapy (SaLT) team. Their dietary needs had been changed but their care plan and risk assessment did not reflect this change. The chef and staff were aware of this change however, the manager and national manager were not. We saw that this person was provided with the correct consistency of food at the mealtime.
- Records we reviewed for people who required dressings to pressure ulcers to be changed and the skin condition to be monitored had not been reviewed or recorded for several months. This meant the provider could not be certain staff members were changing dressings as per the person's specific regime nor that the skin condition was being monitored and treated appropriately. We were provided with assurances that

people's skin conditions had improved but had not been recorded as per their own policy and best practice.

- We found care plans and risk assessments had not been regularly reviewed and updated, to reflect people's current needs and in some cases contained conflicting information. For example, one person's care plan contained conflicting information about their skin condition, another person's care plan did not include they required their food and fluid intake to be monitored. This meant staff members did not always have accurate information to refer to, ensuring people received the correct care and support. This written information was of particular importance due to staff changes and use of agency staff.
- We found that doors to high risk areas were not always secure and people could have access to harmful substances and contaminated waste products. This included sluice doors not being locked which contained clinical waste bins. The hairdresser's door was broken, and we found products such as nail varnish remover, hair colourants and perming solutions were easily accessible.
- People's prescribed thickener used to thicken fluids for people who had swallowing difficulties was not kept secure. We saw this was left in open cupboards in the main lounge area and was also left on trolleys in the dining room. This meant people had access to these products, which if ingested without adding fluid could cause asphyxiation, this placed people at risk of harm.
- The provider had a robust system in place to look at and review incidents. However, the manager did not have oversight of these, and incidents records and body maps had not been reviewed. This meant people using the service were placed at risk, as appropriate actions may not have been taken in a timely manner, to reduce to potential of further incidents occurring.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider was meeting shielding rules. People using the service did not always recognise and adhere to social distancing, but the provider had made arrangements to manage an outbreak.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider had ensured all staff had received up to date Infection Prevention and Control (IPC) training and the correct use of Personal Protective Equipment (PPE). Staff members we spoke with told us they had received COVID-19 specific training.
- We were assured the provider's infection prevention and control policy was up to date. Policies had been updated to reflect the recent change in guidance regarding visitors to the service.

Staffing and recruitment

- A relative told us, "There's been a lot of staff changes, but there are still some familiar faces left." Another relative told us, "There are lots of agency staff, they [the service] seem to be understaffed at the weekends." The manager and national manager told us they had just been successful in their application to employ over-seas nurses which would help them to establish a more stable team.
- We reviewed staff members recruitment files and found staff had been recruited in safe way, ensuring they were suitable to work with people. Pre-employment checks had been completed for example obtaining references and police checks.
- Staff we spoke with told us they had not received regular supervisions but, overall felt supported.
- Staff told us they had received an induction when starting work and had the opportunity to shadow other, more experienced staff.
- Our observations indicated there were enough staff on duty to support people with their care needs. People told us care staff were usually available when they needed help.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have an effective system in place to ensure that safeguarding policies and procedures were fully embedded, so that staff could respond quickly enough to concerns. However, we did see that staff members had received safeguarding training. Staff told us, they knew what action they needed to take if they witnessed or suspected abuse.
- We found that a door to the archived documents room was not locked, this meant that un-authorised people could have access to personal information. The door was locked by our inspectors to prevent un-authorised access.
- People we spoke with told us they felt safe. One person said, "I am fine, and they look after me." A relative also told us, "I think [Name] is safe, I have had a few concerns which I have spoken to the manager about. I feel like [Name] seems unimportant in some way to them [staff]. I have spoken to the manager, but things do not change."
- People were comfortable around staff and people told us they would speak to the manager if they were unhappy about something.
- Staff told us they were aware of the whistleblowing policy and told us how they would raise concern, ensuring people were protected.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff did not consistently monitor and record people's weight. This was of particular concern as one person's care plan stated they should be weighed daily, we found this was not always the case. We also found that other people did not have monthly weights recorded for several months. This meant people were put at risk of weight related illness or unidentified weight loss that could require input from the GP or dieticians. We did see that referrals to the GP had been made when weight loss had been identified.
- We found that monitoring records for people who required their food and fluid intake to be monitored were not consistently completed. This meant we could not be certain people received the food and fluid they required to maintain a healthy weight and balanced diet. We observed people being offered food and fluids during our visit.
- People told us they were happy with the food and drink they received. One person told us, "The food is really good, I have what I want."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's

- At the last inspection we identified the home was not dementia friendly. At this inspection we found this remained the same. There were no memory boxes or items of interest outside people's rooms to support people with their independence and recognising their own rooms. Some rooms did not have peoples' names or the number on them. This meant people could not easily orientate themselves within the home, meaning they were dependant on staff members to help them to move around the home.
- We found that some bedrooms were extremely hot, however, some relatives told us that their loved one's rooms were cold at times and they had brought in heaters as they were too cold. Relatives also told us the conservatory/lounge area is either too hot in warmer months or too cold in the winter. During the inspection we found the temperature in the conservatory/lounge area to be comfortable.
- Further refurbishment was still needed in the service; the decoration was very tired in some areas. There were plans in place for these areas of improvement to be completed but the manager did not provide us with timescales of these plans.
- People's bedrooms were personalised, and they had pictures and personal belongings to make them feel more homely.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Care plans did not always evidence that nursing or senior staff had reviewed these to ensure they were still reflective of people's current needs. Care plan review documents indicated reviews had not taken place for over a year in some cases. Relatives we spoke with told us they had not been involved in care reviews during COVID-19. Some relatives felt they were kept informed of changes, but others said they were not well informed. One relative told us, "No one tells us anything." However, another relative told us that they are kept informed and involved in decisions about their loved one's care and support.
- We saw that on the whole pre-admission assessments had taken place to ascertain people's needs. However, the manager could not provide us with an assessment for one person who had moved in recently although they told us this had taken place. This meant we could not be certain an assessment had taken place prior to admission to ensure they were able to meet the person's needs. Staff were able to tell us the care needs of this person which were recorded in their care plan.
- The registered manager was involving professionals such as physiotherapists, podiatrists and the mental health team, where appropriate, to ensure people's needs were fully understood.
- One relative told us, "They [the staff] have stepped in quickly when needed and arranged for appointments with the GP to be made."

Supporting people to live healthier lives, access healthcare services and support

- We saw that people had oral health assessments in their care records. However, there was no supporting records to evidence that staff members supported people to maintain good oral healthcare.
- People told us they were supported to access healthcare services when needed.
- People were involved in managing health conditions and people were able to tell us about the support they received.
- People's health conditions were understood by staff who supported them.

Staff support: induction, training, skills and experience

- We found that agency staff had not received an induction or been provided with information about people's needs prior to commencing their shift. The national manager told us she had implemented an induction for agency staff; however, the manager had failed to ensure this was being completed. This meant that people were at risk of not been supported by staff who knew their needs. This risk was increased because the provider had failed to ensure people's care records were up to date, to guide staff about what care people needed to support their wellbeing.
- We reviewed the training matrix we were provided with and saw that staff members had completed mandatory training via the on-line training system this included an induction.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- The manager had identified where individuals were being deprived of their liberty in order to protect them and the required legal applications had been submitted to the local authority. However, they had failed to maintain the DoL's application tracker. This meant you could not be certain from looking at the tracker if the applications had been submitted at the correct time or if the application had been authorised.
- We found the provider was meeting the regulations around the need for consent and the effective use of the MCA and the basic requirements of the law had been met.
- There was some information in people's care plans around likes, dislikes and choices.
- Staff understood the importance of giving people choice and asking for their consent.

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 remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider could not provide us with evidence they had sought feedback from people living at the service, relatives or staff members. The manager told us they had not sent out any questionnaires or feedback forms during the last year. This was confirmed by people and their relatives.
- The manager also told us they had not held and meetings with people living at the service or relatives.
- People and relatives told us they had not been involved in care reviews with the provider, the only reviews they had taken part in were with the person's social worker. This meant people did not have the opportunity to express their views about the service or their care and support.

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

- We observed some people were in their rooms and had their doors open. There were a couple of people who were not dressed and were exposing their underwear when lay on the bed. We asked the manager if having the doors open was people's choice as their dignity was compromised due to having their door open and not being dressed. There was no evidence it was people's choice to leave their door open and staff had not taken timely action to protect people's dignity and privacy.
- However, staff provided us with other examples of how they maintained people's dignity when providing personal care, for example by checking with people first if they were ready, ensuring doors and curtains were closed and using a towel to cover people.
- People told us there were enough staff to meet their needs and respond to their requests for support. They told us they could get up and go to bed at times that were preferable to them and go out to the garden when they wished.
- People's care records were kept locked in the nurses' office, ensuring people's confidentiality was respected. However, we noted on one occasion the archive room containing people's personal information was left unlocked, which meant anyone could have access to this information. We raised this with the manager and the national manager to ensure appropriate action was taken.
- People spoke positively about staff who supported them, and staff clearly knew people well.
- Staff told us it was very busy and could be hard to spend as much time with people as they would like, at times. We observed staff members taking the time to talk to people this included the care team, housekeepers and chefs.
- We observed positive interactions between staff and people. For example, carers took time to support people at their level with meals and when speaking to them. One person told us, "I am happy here, they [staff] are all nice to me." One relative said, "Staff are very pleasant." Another relative told us, "There is a

cheerful atmosphere, staff are quite nice and friendly. I am happy with the care [name] receives."

- For those people who required the support of an advocate, arrangements were put in place. An advocate is someone who independently represent the persons interests and obtains services they need.

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 requires improvement. At this inspection this key question has remained the same. 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

- People told us they had not taken part in a care review to discuss their care. People told us they would like the opportunity to discuss their care needs and wishes at a review meeting.
- A relative told us they had been involved in care planning and had attended a care review but this had not taken place recently due to COVID-19 restrictions. However, another relative told us they had not been involved in developing the care plan for their loved one and had not been asked for any information.
- The manager told us she wanted to develop the care reviews to make improvements.

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

- Some people told us they enjoyed the activities which took place and we saw people enjoyed the activities which were on offer. However, the activity plan displayed was for a four week period, but it was not clear which week was the current one. This meant people could not be sure about forthcoming activities for the day.
- One person told us they enjoyed the bingo and quizzes. Other people told us they did not get involved in the activities as they were in their room and the activity co-ordinator did not go to them in their room.
- People told us that the restrictions on visiting during the pandemic had been really hard and they had missed seeing their loved ones. Some relatives told us they had been able to speak to relatives on the telephone. They also told us they are now supported to visit loved ones in their bedrooms which is much better now they can see them.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint if needed. One person said, "If I am not happy, I speak to the [name] manager." Another person told us, they thought they would be listened to and knew who the manager was.
- There was mixed opinions on staff communication. A relative told us they found communication from the staff was poor at times. They said, "They [the staff] do not communicate well, they never tell us anything." Another relative told us, "They [staff] keep us updated, they are very approachable."
- The manager kept a record of any complaints and had a procedure which they followed if they received any complaints. This meant they were able to identify any trends and make changes as necessary.

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 registered manager was aware of the requirements of the AIS and was able to describe how they would take steps to provide information in alternative formats if needed.
- One person had been provided with some picture cards, to help staff to communicate with them, as they struggled to verbalise their needs and wishes.

End of life care and support

- At the time of the inspection there were no people being supported with end of life care. However, we saw that people's wishes had been sought as to how they would like to be supported with end of life care.
- Staff had received end of life care training and told us how they would support people in a dignified and compassionate way.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. We found there was a new breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established nor maintained effective governance within the service. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider had failed to ensure people living at the home were protected from the risks associated with COVID 19 during the pandemic. The level of concern required the provider to take immediate action to protect people from harm. There had been a failure to recognise and act independently.
- Although the service had a manager, they were not registered with CQC and have not commenced the registration process.
- The management of safety, risk and governance had not been effective. We identified concerns about people's safety during the inspection due to the lack of oversight. Actions had not been taken by the manager to ensure the systems and processes were robust and operated effectively. The manager told us this was due to them working as part of the team due to staff shortages.
- There was an auditing system in place, but this had not been operated effectively and had failed to identify the on-going concerns we found during the inspection.
- The provider had failed to maintain up to date records for us to review on the day of the inspection. Some information we requested could not be provided until after the day of inspection as it was not up to date or available; such as, vaccination and COVID-19 testing records.
- The manager was not aware of the need for COVID-19 risk assessments for people using the service and staff members and these had not been completed. This placed people at increased risk of harm from COVID-19.
- Audits had failed to identify accurate records relating to people's care needs were not always being provided. For example, care plans to provide staff with information on how to manage specific known health conditions, were not consistently in place to provide care staff with guidance.
- Equipment which was not included on the cleaning schedules had not been identified by the infection prevention and control audit. The audit failed to identify the concerns we found on the day of the inspection. This included poor standards of hygiene, missing PPE, empty hand sanitisers, lack of suitably placed foot pedal operated bins for disposal of used PPE. Staff members we spoke with also told us that PPE stations were often not fully stocked.
- Audits which were completed and identified actions to be taken when concerns had been identified had not been carried out. When actions had been taken to rectify the concerns, the audits had not been signed or dated to evidence they were now completed. This meant the audits were not clear as to what had been

completed and what was still needed to be completed.

- An audit of the environment which had been completed by the deputy manager did not identify some of the areas in need of cleaning, repair and new fixtures. This meant these areas had not been actioned and there were no current plans for when these improvements would take place. We will review the progress of these plans at our next inspection.
- Audits had failed to identify the continued, out of stock medication and this had not been discussed with the GP.

Continuous learning and improving care

- The service has a history of not meeting the regulations and had a history of failing to make or sustain good outcomes for people. Since 2017 the provider has failed to achieve a good rating. This demonstrated that the provider does not have a culture of sustained improvement.
- The manager told us they had not implemented reflective conversations at the time of this inspection. Reflective practice gives the provider, manager and the team members, the opportunity to discuss things which have and have not gone well and look at how they could implement changes, to reduce the risk of recurrence and help to drive improvement.
- The manager had not kept up to date with changing guidance to ensure best practice was always followed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was well managed. This placed people at risk of harm. This was a new breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The manager had not consistently completed supervisions with staff members, as per their own policy.
- Staff we spoke with told us that on the whole they felt supported by the management team and said if they made suggestions they would be listened to. However, some staff members told us they did not feel they were listened to or valued. One staff member told us, "Supervisions are not helpful, nothing changes, and we are not listened to."
- Two staff members commented on certain manager's approach and told us a lot of staff had left due to their attitude towards staff. They did not feel appreciated, and their job was made more difficult due to the staffing issues and use of agency staff who did not know what they were doing.
- The provider had displayed their previous inspection rating as they are required to by law.

Working in partnership with others

- People told us they were supported with their appointments and records. However, we saw that GP visits were not consistently recorded. This meant there was not a clear record of when people were seen by the GP and the outcome of their appointment.
- When staff identified concerns with people using the service, these were raised with health professionals, when support was needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure that risks to people were effectively managed. People were exposed to the risk of harm due to; unsafe infection prevention and control practices, poor risk management systems including the lack of care plans and risk assessments for peoples known health conditions. People did not always received their prescribed medications which placed them at risk due to poorly managed health conditions. As a result, people were exposed to the risk of serious harm.

The enforcement action we took:

We issued the provider with a Warning Notice to ensure they made improvements to ensure people using the service were supported safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance systems were inadequate. Potential risk and areas of improvement were not identified. The provider had not ensured governance arrangements within the service had been established thus; the provider had failed to identify the concerns we found during the inspection.

The enforcement action we took:

We issued a notice of decision to cancel the provider registration due to the significant shortfalls in the management of the service and poor regulatory history.