

TLC Care Management Ltd

# Calderdale Retreat

## Inspection report

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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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Calderdale Retreat is a purpose-built residential care home providing personal and nursing care to older people and people living with dementia. The service can accommodate 81 people. At the time of inspection there were 32 people using the service.

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

Medicines management had improved. We made a recommendation for further improvements in relation to the management of homely remedies and medicines to be taken 'as needed.'

People received personalised care and support, but this was not always evidenced in the care records. People were supported to take part in a variety of social activities.

Improvements had been made to the way risks to people's safety and welfare were managed. People told us they felt the service was safe. Accidents and incidents were monitored, and lessons were learned when things went wrong. The premises were well maintained and clean.

Staffing had improved and staff were available to respond to people's requests for help in a timely way. People told us staff now had time to sit and chat with them. Recruitment had improved; all the required checks were done before new staff started work. Training had improved; people told us they were confident staff understood how to meet their needs. Staff told us they felt supported in their roles.

People were supported to eat and drink a varied and balanced diet. People told us the food was good. The service worked with other agencies to ensure people's health care needs were met.

Staff treated people with kindness and respect. People's dignity was respected, and they were supported to make decisions about their care and support.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the systems in the service did not always support this practice.

Improvements had been made to the leadership and management of the service. Improvements had been made to the way complaints were dealt with. Complaints were used to improve the service. There were systems in place to monitor the quality and safety of the services provided. Further improvements are needed to ensure people experience good outcomes.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 24 July 2019). There were multiple breaches of regulations and the service was placed in Special Measures. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. The service remains in breach of one regulation.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified an ongoing breach in relation to good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Calderdale Retreat

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by three inspectors, an inspection manager, an assistant inspector, a pharmacy inspector and 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

Calderdale Retreat 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 on both days.

#### 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 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 this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with two visiting health care professionals and eleven members of staff including the registered manager, the deputy manager, senior care workers, care assistants, the activities organiser and the chef.

We observed people being cared for in the communal rooms and looked around the home. We reviewed nine people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision and records relating to the management of the home such as training records, meeting notes audits and surveys.

#### After the inspection

We reviewed additional information sent to us by the registered manager.

# 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 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.

### Learning lessons when things go wrong

At our last inspection the provider had failed to demonstrate lessons were learned when things went wrong which meant people were not protected from the risk of avoidable harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection in how accidents and incidents were managed. However, the provider remained in breach of regulation 17 because of shortfalls in other areas as detailed in the effective, responsive and well-led sections of this report.

- Accidents and incidents were well recorded and clearly showed actions taken to reduce the risk of re-occurrence.
- The registered manager carried out a monthly analysis which considered themes and trends and looked at lessons learned. Lessons learned were shared with staff and acted on. For example, the analysis had shown several accidents at peak times on one floor. In response, the registered manager had increased staffing levels during this time.

### Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) 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 12. Further improvements were needed to ensure the medicines management systems were in line with National Institute for Health and Care Excellence (NICE) guidance.

- People's medicines were not always checked and recorded on admission which put people at risk of not receiving their medicines as prescribed. By the second day of the inspection this had been addressed by the registered manager.
- The provider had not implemented their policy for the use of non-prescribed medicines to support the prompt treatment of minor ailments.
- Written individual guidance was in place for the use of 'when required' medicine but was not always linked to people's care plans. For example, where medicines were prescribed for agitation, or to support sleep.

We recommend the provider consider current guidance on giving 'homely remedies' and 'as and when

required' medicines to people alongside their prescribed medicine and take action to update their practice.

- The provider had arrangements in place for assessing capacity and supporting the safe covert administration of medicines when it was in an individual's best interest.
- Records of medicines administration were clearly completed to demonstrate the treatment people had received.
- Medicines including prescribed creams and thickeners were stored securely.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people's safety and welfare were properly managed. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- Care records contained assessments of risks associated with people's care and support, including those for skin integrity, nutrition, falls and mobility. Most of the risk assessments we looked at were up to date.
- There was personalised guidance for staff to follow to show how these risks could be minimised. In most cases care was delivered in line with this guidance. However, one person's mobility risk assessment stated they should wear outdoor shoes in the home as this helped reduce the risk of falling. We saw staff supported the person well when they mobilised, however they were wearing slippers.
- When people had special mattresses in place to reduce the risk of developing pressure ulcers information about the mattress setting was included in their care records. Daily checks were carried out and recorded to ensure the mattresses were set correctly. We checked a selection of mattresses and found they were at the correct setting.
- Care plans contained detailed, personalised evacuation plans (PEEPs) which showed what support the person would need to remain safe in an emergency such as a fire in the home.
- The premises were well maintained. Checks of the building and equipment safety were completed and recorded.

#### Staffing

At our last inspection the provider had failed to ensure there were enough suitably trained and competent staff deployed to keep people safe. This was a breach of regulation 18 (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 18.

- Following our last inspection, the provider took the decision to stop providing nursing care and therefore no longer employed registered nurses. The registered manager told us this had enabled them to increase the number of care staff on duty and meant the service no longer relied on agency staff.
- People's dependency needs were assessed, and staffing levels were kept under review. We saw staff were able to respond promptly to people's needs and had time to chat with people. People got the support they needed at meal times, including those people who chose to remain in their rooms. We did not hear call bells ringing and no one in their rooms was calling out for assistance.
- People told us there were generally enough staff. One relative said, "There are usually enough staff on, and I know how to complain as I would just speak to [name of registered manager]." Most staff said there were



enough of them on duty to keep people safe and meet their needs. They said teamwork had improved and told us they felt confident the registered manager would listen to them if they had any concerns about staffing.

#### Recruitment

At our last inspection the provider had failed to ensure robust recruitment procedures were followed. This was a breach of regulation 19 (Fit and proper persons employed) 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.

- Records showed the required checks had been completed before new staff started work.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse.
- People told us they felt safe. One person said, "I do feel safe here and I like the staff." A relative said, "They have very good staff at present. It finally seems settled. I do think that [family member] is safe."
- Staff had received safeguarding training and knew how to identify, and report concerns about people's safety and welfare.
- Safeguarding concerns were dealt with appropriately and reported to the relevant agencies.

#### Preventing and controlling infection

- The home was clean and free of unpleasant odours.
- Staff had access to and used disposable gloves and aprons, for example when handling food and providing personal care. Checks were carried out to make sure staff were following the correct procedures to reduce the risk of cross infection.

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

At our last inspection the provider had failed to make sure they had effective systems in place to obtain people's consent and to ensure compliance with the principles of the MCA. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made at this inspection and the provider remained in breach of regulation 17.

- The service had a matrix in place to track when DoLS had been made, when they had been authorised and to provide details on any conditions on authorisations. However, this information was not up to date and people's care plans did not always include information about DoLS. Information about DoLS authorisations was also recorded in the management files on each unit but again this did not always correspond with the information on the matrix.
- For example, in the case of one person the matrix stated they had DoLS in place with conditions. However, this had expired and there was a new DoLS authorisation in place which did not have any conditions. In another case the matrix included information about a person who was no longer using the service.

We found no evidence that people had been harmed however the management oversight systems were not robust enough to ensure compliance with the principles of the MCA. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed the DoLS matrix and people's care plans had been updated.

- Care plans contained assessments of people's capacity to make specific decisions, such as to reside at Calderdale Retreat and to have restrictions such as bedrails in place. In most cases, where people could not make these decisions independently, an appropriate process was followed to decide in their best interests. However, one person's records contained contradictory information about their capacity to make decisions about their care and treatment.
- Care records contained prompts for staff to gain consent from people before, for example, providing personal care or other assistance. Formal records of consent were made for aspects of care such as taking photographs for medical or care planning use.
- We observed staff asking for consent before they delivered care and support.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were properly trained and supported to carry out their roles competently. This was a breach of Regulation 18 (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 18.

- Staff were trained and supported to carry out their roles competently.
- Training was provided in face to face sessions and by e-learning. Training covered safe working practices and topics related to the needs of people who used the service. Topics included moving and handling, infection control, fire safety, equality and diversity, nutrition, dementia, diabetes and MCA and DoLS.
- Staff told us they were happy with the training they received and said they felt supported in their roles. They told us they had regular supervision meetings where they could talk about their training and support needs. Records confirmed this and showed group supervisions were also held to reinforce training and promote good practice.
- People told us they had confidence in the staff team. For example, one relative said, "We have few agency staff now and there is continuity of staff. I know all the carers, they know me, and they know my [family member's] needs. The carers are great and are now clear about their routines."

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

- People's needs were assessed before they moved in to make sure the service was suitable for them.
- The registered manager was putting systems in place to ensure care was delivered in line with good practice guidance. For example, people's oral health care needs were assessed, and care plans were in place. Staff had received training on supporting people to maintain good oral health.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People's dietary needs were assessed. Some people were having their food and fluid intake monitored to make sure they were receiving enough to eat and drink. Most food and fluid records we reviewed were well completed and showed people had a good intake. However, we had concerns about the poor diet and fluid

intake recorded for one person. When we raised this with staff it was addressed immediately. We reviewed food and fluid intake charts again on the second day and found they were well recorded.

- People were offered a choice of food and drinks throughout the day. Snacks and milkshakes were also available. People said they enjoyed the food. Comments included, "Oh yes, the food has always been good." And "I have always found the food to be quite good."
- Where people required support with eating and drinking this was provided on an individual basis sensitively and patiently by staff.

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

- The service worked well with other agencies to ensure people experienced consistent and effective care.
- Care records showed involvement of other health and social care professionals such as GPs, community nurses, district nurses, speech and language therapists and opticians.
- Feedback from health care professionals was positive. One commented, "I have no concerns about the home. Staff are approachable. If there have been any issues staff have followed advice and taken it on board."

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

- The home had wide corridors which made it easy for people to move around. There were adaptations to help people living with mobility needs and people living with dementia such as handrails, walls in contrasting colours, plain non-reflective flooring and good lighting.
- The doors to people's rooms were painted in a variety of colours and had numbers prominently displayed on them. Memory boxes had been placed on the walls beside people's bedroom doors, but some didn't have much in them. When used to their full potential memory boxes support the delivery of person-centred care.

# 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

At our last inspection the provider had failed to ensure people were treated with compassion and respect. This was a breach of Regulation 10 (Dignity and respect) 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 10.

- People were treated with compassion, dignity and respect.
- Staff were kind and considerate towards people. Staff adapted their approach to meet people's individual needs and preferences. For example, we saw staff having a laugh and sing along with people in the dining room who were joining in and laughing too. On other occasions, we saw staff adopted a quieter, soft and gentle approach with people who were frail or unwell.
- Staff helped people to follow their religious and spiritual beliefs. For example, a spiritual room had been created for people and relatives, providing a place where people could pray, meditate or spend quiet time in contemplation. Staff told us how important this had been for one person who was unable to go to their place of worship and now visited the spiritual room to pray.
- People told us they were happy with the staff. For example, one person said, "The staff have all been nice." A relative said, "The cleaning staff speak to people and show the utmost respect."

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's privacy and dignity was respected. This was a breach of Regulation 10 (Dignity and respect) 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 10.

- People were treated with respect and their privacy and dignity was maintained.
- People looked well-groomed and those who chose to stay in bed looked comfortable. Personal care was carried out in private and staff were discreet when asking people if they needed assistance. Staff knocked on doors and announced themselves asking if they could come in before entering people's rooms.
- People were supported to maintain their independence. For example, one person's care plan included

information about helping them to make some snack meals for themselves as this encouraged them to eat more.

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

- Care records showed people, and/or their relatives were involved in making decisions about their care and treatment. Most relatives told us they felt involved and were kept well informed. One relative commented, "I really feel part of what's going on, it's like family to me."
- Relatives told us the policy about visiting had changed and they were now welcome to visit at mealtimes if they wanted to help their family members to eat and drink. We observed some relatives supporting people at meal times.
- Residents/relatives meetings took place to give people the opportunity to have a say in how the service was delivered. For example, a meeting to talk about menu planning and food choices had taken place in January 2020.

# 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 inadequate. At this inspection this key question has now improved 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

At our last inspection we found the provider had failed to ensure people's needs were identified and met. This was a breach of regulation 9 (Person centred care) 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 9. However, we judged the provider remained in breach of regulation 17 because of shortfalls in record keeping.

- People received personalised care. However, some of the care records reviewed did not always reflect people's current needs.
- For example, handover notes showed one person had some pressure damage to their skin and daily records showed a dressing had been applied. Although there were no concerns about the care being delivered to this person, the care plan and risk assessments made no reference to the pressure damage or the treatment being given.
- Another person's care plans did not fully reflect the outcome of discussions that had taken place with health care professionals. These related to the person's refusal to accept support with some of their identified needs and the consequences this may have on their health and welfare.
- Some of the information recorded in care plans was incorrect. For example, one person's care plan gave the wrong information about their religion and did not include details of the memory aids they relied on to communicate.
- The service used both electronic and paper records to document people's care needs and these records were kept in different places. This made it difficult to gain an overview of people's needs. For example, DNACPR (Do not attempt cardio pulmonary resuscitation) forms were kept in a separate file and were not always referenced in people's end of life care plans.
- Information about people's hobbies and interests was included in their care plans. However, there was nothing to show how this information had been used to ensure people were supported to participate in activities tailored to their interests. Daily diaries were in place to record how people had spent their time, but these were not well completed.

We found no evidence people had been harmed however, the examples cited above demonstrate a failure to maintain accurate and complete records. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Improving care quality in response to complaints or concerns

At our last inspection we found the provider did not have effective systems in place to deal with complaints. This was a breach of regulation 16 (Receiving and acting on complaints) 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 16.

- Complaints were taken seriously and information from complaints and concerns was used to improve the service.
- People told us they knew how to complain. One person said, "They went over everything with me, told me how to complain if I needed to." Most people felt confident they were listened to and their concerns were dealt with. A relative said, "I haven't had to officially complain but they do take notice if I have something to suggest."
- Records showed all complaints were responded to quickly and the responses demonstrated openness and a willingness to learn and improve.
- Information from complaints was discussed with staff and where appropriate, changes were made to practice. For example, following one complaint, information about people's food choices was put on the trolley where it was more accessible to staff and therefore less likely to be overlooked.

## 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.

- People's communication needs were assessed to check if they needed support with this aspect of their care. Most of the care plans we looked at provided staff with guidance on how best to support people with their communication needs.
- Information was displayed in picture format to help people make choices and find their way around. For example, pictures of food were displayed beside the written menus and photographs were displayed on the outside doors of communal rooms showing people what was inside.
- The registered manager told us information about the service could be provided in alternative formats such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered the opportunity to take part in a range of social activities.
- On both days of our inspection we saw people enjoying activities in the communal rooms. Feedback from people and relatives about activities was positive. For example, one relative said, "I think everything has clicked into place and carers now have time to sit with people and they join in with activities. We've had trips out and I've gone on some and [family member] has really enjoyed them." Another relative said, "The activities lady is very good. She tries lots of different things around the place."

## End of life care and support

- People received end of life care which took account of their wishes and preferences. However, this was not always reflected in people's records.
- Some people's records were well completed with details about their preferences and advanced care decisions. However, other people's records contained little or no information about their wishes. The



registered manager told us they believed the home delivered good end of life care and talked about their plans to further enhance this aspect of the service.

- Feedback from relatives about end of life care was positive. A relative told us, "When [family member] came in here we didn't expect them to survive very long as they were very low weight and had given up, but they flourished. The whole staff team are wonderful, so caring. [Family member] couldn't be anywhere better, they are all so dedicated." Another relative had recently written to the home stating, "Thank you so much for the kindness and excellent care you gave to my [family member] during their time with you. Whilst I am heartbroken to lose my [family member] I know they were looked after well during the time they spent with you. I cannot thank you enough for all the care you gave [family member]."

# 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 now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found a lack of consistent and effective leadership and robust quality assurance meant people were at risk of receiving poor care. This was 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 remained in breach of regulation 17.

- Since registration in April 2017 the service has failed to achieve a good rating and has a history of breaching regulations. When improvements have been achieved in the past they have not been sustained. Improvements were noted at this inspection; however, the provider must demonstrate they can now sustain and build on these improvements to ensure people consistently experience safe and effective care.
- People's care records did not always contain accurate and up to date information about their care and support needs. We found no evidence people had been harmed but shortfalls in record keeping created a risk people would not always receive care and support which took account of their needs and preferences.
- The provider had not established effective systems to ensure compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards. We found no evidence of people being harmed but the systems in place made it difficult to find information about applications for DoLS authorisations, approvals and conditions.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection confirming actions were being taken to address these issues.

- There was a registered manager in post, they were registered with the Commission in August 2019. They had previously held the post of registered manager in 2018, left this post in January 2019 and returned following our last inspection. The lack of consistent leadership has been an issue at this service since registration. To ensure the continued improvement of the service the provider needs to demonstrate they

can maintain consistent and effective leadership.

- We received positive feedback from people and staff about the registered manager. Staff told us the registered manager was approachable, listened and encouraged them to put forward suggestions about who they could make life better for people. A relative told us, "Because I'm here every day, we talk about things a lot with the manager. She certainly comes around and visits the residents, she is good that way."
- A full range of audits were carried out looking at areas such as care plans, weights, medicines, infection control, equipment and health and safety. Action plans were put in place to address shortfalls and were followed up to make the required actions were completed.

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 registered manager understood their responsibilities to be open and honest with people when things went wrong. This was evident from our conversations with them and in the records relating to complaints.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted engagement and a culture of continuous learning and improvement.
- Regular staff meetings had taken place since the registered manager returned to the service. Records showed a wide range of topics were discussed focusing on improving the experiences of people who used the service.
- Resident/relative meetings were held. Records showed a wide range of topics were discussed with the focus being on openness and improvements to the service.
- Surveys had been sent to people who used the service and overall the responses had been positive. Feedback on the actions in response to the survey was displayed in the home. Surveys had also been sent to staff, but no responses had been received at the time of inspection.
- The service kept a record of compliments. This information was shared with staff to encourage and promote good practice.

Working in partnership with others

- The service worked in partnership with other agencies including the local authority and CCG for the benefit of people who used the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes to ensure compliance with the relevant regulations were not always operated effectively. (1) Accurate, up to date and complete records were not always maintained in respect of each service user. (2)(c)