Runwood Homes Limited

# Braywood Gardens

## 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
Braywood Gardens is a residential care home providing personal and nursing care for people at the time of the inspection 81 people were using the service. The service can support up to 99 people.

People's experience of using this service and what we found
There was not always enough staff to provide care and support for people. There was a variation in the levels of support people received on each unit. In the upstairs units where people's needs were higher there were not always enough staff to meet their needs. This resulted in people not always being protected from the risks of abuse, as people living with dementia were not always monitored, and this impacted on their behaviours towards other people at the service.

The risk assessments associated with people's care needs did not always contain enough information to provide staff with guidance to manage people's care. People received medicines from staff who had been trained in the safe handling of medicines. However there was a lack of information on some protocols for as required medicines, to give sufficient guidance for staff to ensure these medicines were given appropriately. People were protected from the risks of infection through safe staff practices.

People's nutritional were not always well managed. The meal time experience we monitored on the first day of our visit in some of the areas was not well managed and people were not supported appropriately. People's health needs were well managed but the records supporting the actions taken by staff and external health professionals were not always up to date and did not always contain clear information on actions.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.
Staff were provided with training and supervision to support them in their roles and people lived in an environment which met their needs.

People's records did not always support personalised care. For some people there was a lack of pertinent information around their cultural needs and relationships. Some people's communication needs had not been fully met. There was a lack of information on some people's end of life care wishes.

Systems to ensure the safety and quality of the service were not fully effective and had not highlighted some of the concerns we found during our inspection. There was a lack of robust analysis of incidents and accidents to ensure learning from events.

People were supported by staff in a kind and caring way and felt their privacy and dignity was well managed by staff. They were protected from the risks of infection through safe staff practices.

Staff were provided with training and supervision to support them in their roles and people lived in an environment which met their needs. There was a clear complaints policy in place and complaints were responded to in line with this policy. People told us they would know who to complain to should they need to.

The management team were responsive to feedback and took action to address issues identified in this inspection. There was positive partnership working with health professionals who visited the service.

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 Requires Improvement (published 2 January 2019) and there were multiple breaches of 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 enough improvement had not been made and the provider was still in breach of some regulations.

The last rating for this service was requires improvement (published 2 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <location name> on our website at www.cqc.org.uk.

We have identified breaches in relation to adequate staffing, person centred care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?**<br>The service was not always safe<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was not always effective.<br>Details are in our effective findings below. | **Requires Improvement** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was not always responsive.<br>Details are in our responsive findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-Led findings below. | **Requires Improvement** |

# Braywood Gardens

**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
There was one inspector, a specialist adviser and an assistant inspector who undertook this inspection over a period of one day. We were accompanied 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. One inspector returned to the service for a second day.

Service and service type
Braywood Gardens 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.

At the time of our inspection the service did not have a manager registered with the CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service did have a manager in post who was in the process of registering with the CQC. We will continue to monitor this application.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had about the service prior to our inspection. This included previous inspection reports, details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team who work with the service.

The provider was not asked to send us a provider information return form prior to the inspection. This is information providers are required to send us yearly with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We spoke with 10 people at the service and four relatives to ask about their experience of the care provided. 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 spoke with four members of care staff, the cook, a housekeeper and laundry assistant. We also spoke with the well-being manager for the company, and a well-being co-ordinator, two care team leaders and the deputy manager. The manager, the regional manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two visiting health professionals.

We reviewed a range of records. This included nine care records, medication records and six staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

After the inspection
We reviewed further information sent by the service for the report.

Requires Improvement

# 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 remained the same.

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.

Staffing and recruitment
When we last visited the service there were not enough staff to meet people's needs and ensure their safety. This resulted in a breach of Regulation 18 of the Health and Social care act 2008 |(Regulated Activities) Regulation 2014. Following that inspection, the management team took immediate action to increase staffing whilst they reviewed staffing levels. However, the improvements had not been sustained and during this inspection, there were still times when a lack of staff impacted on the level of care people received.

●There was a variation in the levels of support people received on each unit. In the upstairs units where their needs were higher people were left unattended in the dining room for up to an hour. At one point in the day a person wished to go to their bedroom, the person required two members of staff to support them but there was only one member of staff available. It took twenty minutes to find another member of staff to provide the level of support the person needed.
● Our observations of lunches showed the lack of staffing on some of the units showed people did not receive timely and appropriate care. People were sat for long periods of time before and after their meal. On one unit the meal took an hour and a half. On another unit one member of staff was trying to support a person with their meal. However as there were no other staff in the immediate area they were required to also support people at other tables who were either trying to get up or needing help.

● We discussed our observations with the manager and regional manager. They told us they had been discussing staffing levels and people's dependency levels just prior to our arrival and had plans in place to address this. On the second day of our visit the staffing levels had been increased on the upstairs units and we saw the dining experience was more organised with people receiving the support they needed. The regional manager told us the staffing levels on the upstairs units had been increased. We will continue to monitor the service to ensure this level of support is sustained.
● The recruitment practices in place ensured staff who supported people were safe to do so. The disclosure and barring service (DBS) was used to check if staff had any criminal convictions, references were sought from previous employer and any gaps in employment were accounted for.

The above concerns show the provider is still in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management
During our last inspection there was evidence which showed people were not always protected from risks

associated with their care and support. Risks were not always identified or addressed. This resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
● Although the provider was no longer in breach of this regulation improvements needed to be made. For example. The information on two people's pain needs were not clear and did not contain up to date information.
● One person with a chronic painful health condition, had monthly entries in their risk assessment stating that they were still in pain. The deputy manager and an external health professional told us the person's GP was working with staff to address this. However, the lack of information in the person's records put them at risk of not receiving the most appropriate treatment for their pain. The second record was incomplete and lacked a description and cause of the person's pain, the risk assessment was reviewed monthly but this had not been identified.
● We discussed the issues with the home manager and deputy manager who told us they were working to improve the information in people's care records and would address the issues we raised with them.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● During our last inspection we found people were not always protected from the risk of abuse and improper treatment. Staff were not always present, or did not always act to diffuse altercations between people. At this inspection we found continuing concerns on some of the units with the way people living with dementia were monitored and the effects their behaviour had on people at the service.
● Guidance from external health professionals was not always followed. One person whose behaviour had impacted on other people in the past had been assessed as requiring a sensor mat to alert staff to their movements. This was not in place during the inspection, staff told us this was because the person had moved units and the ratio of staff meant the person was monitored more frequently. However, this had not been recorded in their care plan and we saw there were times when the person was not monitored in the communal areas.
● We also saw one person who walked around the unit going into people's bedrooms unchecked by staff. We highlighted this to a member of staff who told us the person usually just tried the doors and did not enter people's rooms. We observed the person coming out of another person's room. We reported this to the staff member who told us they would monitor the person's movements and discuss ways this could be addressed with the manager.
● Although the service recorded safeguarding incidents which occurred between people at the service. This information was not sufficiently analysed to show trends which could be used to learn from incidents and reduce reoccurrence of these types of incidents.

Using medicines safely.
● People received medicines from staff who had been trained in the safe handling of medicines. There were safe ordering and storage processes in place. The manager told us they were aware that some people lacked protocols for the use of as required medicines. They were working to address this.
● However, we also found some protocols for as required medicines which were in place did not have sufficient information or guidance for staff to ensure these medicines were given appropriately. One person was prescribed a medicine to help with their anxiety. There was a lack of clear instructions of what other strategies may be used prior to administering the medication, and no indication of why staff had given medicine when it had been administered. We raised this with the manager who told us they would address this as part of their ongoing review of the as required protocols.

Preventing and controlling infection
● During out last inspection there were concerns regarding the cleanliness of some areas of the service. At this inspection these issues had been addressed. Staff were aware of their roles in maintaining a clean

environment. Areas such as the kitchenette areas on the different units were clean and staff were seen to use personal protective equipment (PPE) appropriately when providing personal care or preparing and serving meals to people.

Requires Improvement

# 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.

Supporting people to eat and drink enough to maintain a balanced diet
During our last inspection we found the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people's nutritional and hydration needs were not always met. This included management of people's unplanned weight loss, and support to keep hydrated.

- Although the provider was no longer in breach of this regulation there were still further improvements to be made.
- Our observations of the mealtime experience on the upstairs units on the first day of the inspection showed people were not supported appropriately. They were sitting for long periods of time waiting for their meal and support to eat it.
- On one unit one member of staff was supporting a person to eat, but due to the lack of staff in the dining area was forced to support three other people who required help. On another unit the mealtime took an hour and a half as people waited for the support they needed from staff. We fed this back to the home manager, and on the second day of our inspection we saw they had addressed the concerns and the mealtime was better supported and more organised for people.
- There had been improvement in the monitoring of people's weight and the support people needed to maintain a healthy weight. People were supported with drinks throughout the day and the records we viewed of those people who required their fluid and food intake monitoring showed this was being undertaken.
- When people required specialist diets they had been referred to external health professionals such as the Speech and Language Therapy team (SALT). We saw when people were given soft diets. Efforts had been made to make the meal as appetising as possible and foods were presented in moulds representing the type of food people were eating.

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

When we last visited the service we found people's rights under the Mental Capacity Act (MCA) were not always protected. Conditions on Deprivation of Liberty authorisations were not always met. This meant the provider was in breach of Regulation 11 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 although further detail was required on some of the mental capacity assessments we viewed.

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. We found the conditions on the authorisations we checked were in place.
● The quality of information in the mental capacity assessments we viewed varied, although some assessments provided clear information on how the assessment had been carried out, others lacked detail on the process. One person had a mental capacity assessment in place for nutrition which showed the person could not make choices about the foods they ate. The person's care plan contradicted this information and gave staff guidance on how to support the person to make choices in relation to what they ate. This meant there was a risk the person would not be supported appropriately.
● We raised this with the manager who told us they were working with the deputy manager and care team leaders to review the mental capacity assessments in people's records to ensure they followed the principles of the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● When we last visited the service we found although nationally recognised assessment tools were in place, the information they provided was not used to provide appropriate care for people. At this inspection we found there had been improvements to the way the information was used to assist staff. For example, information from malnutrition universal scoring tools (MUST) was used to monitor people's weights. One person in previous months had lost weight and the information from the MUST had been used to put effective systems in place that had resulted in a healthy weight gain for the person.

Staff support: induction, training, skills and experience
● During our last inspection staff demonstrated a lack of insight into the impact of dementia or an understanding of how to communicate with people. At this inspection we saw staff had received further training and guidance to support them in this area of care.
● The feedback from people and their relatives about how staff supported people was positive. One relative said, "I think the staff are really good. They are all doing their best and it's clear that they care about the people here."
● Staff we spoke with also told us the training and support they had received over the previous months gave them a better understanding of how to support people living with dementia. All the staff we spoke with were able to give examples of how they managed people's behaviours. One staff member told us how they support someone to reduce their anxiety by singing and dancing with them
● Staff also told us they had received other training to support their knowledge of people's underlying health conditions, such as diabetes and recognising sepsis. One staff member told us they felt this had improved the care people at the service received.

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

● The staff worked with health professionals to ensure people's needs were regularly monitored to support them lead healthy lives. However, information in people's care plans did not always provide up to date guidance on people's health needs.
● One person who had diabetes had contradictory information in their care plan about the treatment they received, and there was a lack of guidance for staff on how to manage acute episodes relating to the person's illness.
● Some of the documentation around the management of people's health needs was inconsistent and incomplete. One person was being supported by their GP to manage their chronic pain. The lack of information in the person's records meant we could not see how the person's pain was managed. After speaking with the deputy manager and a member of the local care homes team, we established the person was being supported appropriately. However, the person's care records did not contain the most up to date and clear information. Following our discussion, the deputy manager addressed this.
● The service was supported by the local Care Homes team (a team of registered nurses who support care homes in the area) who visited regularly to monitor and respond to people's health needs and to support the staff team. We spoke with a member of the team who told us the staff were responsive to guidance and worked with the team well.
● Relatives told us they were informed straightaway if there were any concerns around their relations health. They told us their family members had regular access to their GP and any other health professionals they required.

Adapting service, design, decoration to meet people's needs
● The home was adapted to meet people's needs. The home was well maintained, aids and equipment had been installed throughout the home to enable people with mobility needs to move around the building and there was a call bell system to ensure people could request staff as required.

Good

# 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 inadequate. 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

During the last inspection we found people were not supported in a dignified way. Their privacy and independence was not always supported and staff were not always kind and caring towards them. Staff lacked the knowledge to support people when they were anxious and confused. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw the provider had worked with staff to affect significant improvements in this area.

- People we spoke with told us the staff were kind and caring towards them. One person said, "They (staff) are lovely, all of them. They help me to get dressed and they are gentle." A relative told us, "The staff here are good. I think they try their best and visitors are made welcome."
- Staff we spoke with told us they felt things had improved at the service. One member of staff said, "I understood the points from the last report and things have improved. Senior staff have picked up on things making sure we do things properly." The member of staff felt the new initiative's put in place by the senior management team were having a positive effect on the care people received. Such as the resident of the day, an initiative which meant people's needs were reviewed in a regular and systematic way.
- The manager told us the senior management team had responded to the concerns in the last report by making improvements to staff training to give them skills and guidance to respond to people living with dementia. This training was provided by the provider's wellbeing manager, giving staff guidance on managing challenging behaviours, looking at triggers and how distraction techniques can be used to reduce these behaviours. We saw examples of how this support had a positive effect on people's care. Staff engaged with people when supporting them with tasks, chatting with them and checking people were alright when they walked into a room.
- People told us their views on their care were listened to by staff and they made choices about their everyday care needs. Some people we spoke with told us they had not been involved in reviewing their care plans. However, the home manager was in the process of reviewing care plans and had started engaging with people and their relatives to ensure their views were incorporated in their care plans.
- We saw examples of how staff listened to people and made sure their views and preferences were supported. One person, who was not eating their lunch asked for toast instead, after ensuring the person

was aware of the other choices on offer to them, the care worker supporting the person provided them with their choice of toast.

● People told us staff supported them to be as independent as possible. One person told us they preferred to manage their own personal care. They said, "I like to be clean. I can manage to wash on my own but it's good to know they're around if I do need them."

● Staff we spoke with, and observed, showed a good knowledge of their role in maintaining people's privacy, dignity and encouraging their independence. We saw staff supporting people to walk, allowing them to do as much for themselves as possible. When discussing personal care with people this was undertaken in a quiet and dignified way. Staff spoke with people and their relatives in a caring and respectful way.

Requires Improvement

# 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; End of life care and support.

During our last inspection we found people did not always receive personalised care, staff did not always follow the information in people's care plans and as a result people's care was inconsistent. This was a breach Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider remained in breach of this regulation.

- One person had previously displayed some self-harm tendencies using equipment in their room. Although there was some reference to the self-harm tendencies there was a lack of clear information for staff on the specific history of incidents. This meant staff may not be aware of the risk to the person.
- The person also had a urinary catheter, there was no care plan in place to provide staff with guidance on what support they needed to provide for this aspect of the person's care. The person's medicines records showed they had required repeated antibiotics, when we discussed this with staff, they told us this was due to recurrent urinary tract infections. The lack of information on this, and the care that staff needed to provide, put the person at risk of further inappropriate care.
- A further person's religious beliefs were recorded in their care plan but the was no information on the person's religion to give staff guidance on how to support the person. The person had also been in a long-term relationship with another person who visited them two or three times a week. There was no information in the person's care plan on this relationship or what this relationship meant to the person.
- The information in people's end of life care plans was variable. For example, the two people mentioned above did not have any information regarding their end of life wishes. One person was at a stage where the staff at the service had requested anticipatory medicines from the GP to manage the person's end of life care. For the other person there had been no consultation with them or their relatives about how their religious beliefs would impact on their end of life wishes.

These issues show the service continues to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home manager who was new in post told us they were aware of some inconsistences in the care plans and was working to improve the information to provide a more personalised approach to people's care.

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 not always supported. There was some information on people's communication needs in care plans, and staff showed a good awareness of people's needs. However, we also saw some people were not supported to communicate effectively.

●Two people living at the service were not able to speak English. Staff we spoke with told us they did not know where the two people originated from and could give us very little information about the couple's personal history. Staff relied on family members when they visited to interpret these people's needs. There was no clear strategy in place to manage these people's needs when family members were not present.

Supporting people to develop and maintain relationships to avoid social isolation

● Since our last inspection the service had worked to improve the social activities available for people at the service. The well-being manager worked with two well-being leads who were based at the service on a permanent basis. As well as a regular social activity programme in place the well-being leads worked to create small and meaningful activities for people based on their individual interests. The well-being leads were currently working with people to gain a better understanding of this.

● Although we saw evidence of activities taking place on the days of our inspection we still saw people were sitting for long periods of time with little stimulation and on some units staff did not have the time engage with them unless they were providing an aspect of care.

Improving care quality in response to complaints or concerns

● People we spoke with told us they had not needed to make a complaint, but were aware of who they would speak with if they had a complaint. Staff we spoke with told us if they received any complaints or concerns they would raise these with the care team leaders or managers at the service.

● There was a complaint policy displayed in the entrance of the service and the complaints we viewed showed the management team had addressed people's concerns in line with their complaints procedures.

Requires Improvement

# 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 remained the same.

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; Continuous learning and improving care

The concerns found at our last inspections showed quality assurance and audit processes had not always been effective in identifying and addressing areas for improvement at the service. The provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider continued to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Quality monitoring processes had not identified the continued issues we found in some areas of care. This placed people at continued risk of receiving care that did not meet their needs.
- Some improvements had been made with the quality monitoring process at the service since our last inspection. For example improvements to environmental audits had a positive effect on areas such as infection control. Audits monitoring other areas of care still required improvement.
- Audits of care plans were not robust and did not assess the quality of information recorded and as a result people's needs were not fully reflected in their care plans. The monthly analysis of falls at the service highlighted people's individual needs but did not show on which units the falls took place, this information would assist the management team identify trends on each unit. There was still a lack of analysis of safeguarding incidents which could be used to learn from incidents and reduce reoccurrence.

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

- However, as mentioned earlier in our report there was a new manager in place who was in the process of registering with the CQC. People and staff told us the manager was a visible presence at the service. The new manager had begun to make an impact on the quality of the service. However, this required time to embed and at the point of our inspection the benefits of the new ways of working had not significantly impacted on some aspects of people's care.
- The provider had also worked to address some of the concerns from our last report through the support they gave to staff with training, supervision and support of practices. This has had a positive impact on people's care at the service.

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

● Relatives told us if any incidents or accidents had occurred staff were quick to inform them of events. There were policies in place to guide staff on how to respond should there be incidents or accidents at the service. The service manager was aware of their responsibilities to ensure open and honest discussions were undertaken with people and their relatives following any adverse events.

● It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their most recent rating in the home and on their website.

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

● Staff we spoke with were aware of the whistle blowing policy at the service and felt they could use this to report any concerns they had. They told us there were regular meetings, but sometimes these were not well advertised and as a result they had missed some of them.

● People and relatives told us there had previously been meetings to discuss the running of the service. We saw evidence of these meetings.

● The manager was aware there had been a lack of recent meetings in the last few months. They planned to address this and reintroduce the meetings, so people relatives and staff could give their views on how the service was being run.

Working in partnership with others

● The service had good links with health and social care professionals. we received positive feedback form the health professionals we spoke with. One of the home care team who regularly visited the service told us staff were responsive and worked to improve people's care at 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 9 HSCA RA Regulations 2014 Person-centred care<br><br>The information in people's care plans was inconsistent and did not always provide staff with the guidance they needed. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>During this inspection we had continued concerns that quality monitoring processes had not identified the continued issues we found in some areas of care. This placed people at continued risk of receiving care that did not meet their needs. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Improvements made following the last inspection had not been sustained and during this inspection, there were still times when a lack of staff impacted on the level of care people received. |