Sevaline Care Homes Limited

Heaton House Care Home

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
Heaton House is a residential care home providing accommodation for people who require personal and nursing care to up to 21 people. The service provides support to older people some of whom had dementia. At the time of our inspection there were 18 people using the service.

People's experience of using this service and what we found
People's medicines were not always managed safely; record keeping and systems relating to the management, storage and administration of people's medicines were inconsistent. The provider had recently lost a number of staff and had carried out rolling recruitment; however, in some cases there were gaps in references and the correct service was not recorded on staffs DBS certificates; we discussed this with the provider who addressed this immediately. Risks relating to the safety of the environment had been identified but not actioned for significant periods of time. The provider was unable to evidence any actions to address risk identified in relation to the building. We identified the provider had not always responded effectively to safeguarding concerns. We have made recommendations relating to risk assessments and safeguarding procedures.

The provider and registered manager had not maintained oversight of systems and processes. There was no evidence of audits being carried out by the provider or registered manager which had led to a number of issues we identified during this inspection not being addressed. Audits which had been completed by other members of staff identified similar actions for a number of months without action being taken. The provider were not always clear on when notifications to CQC were required; however, we were assured this was due to a lack of oversight and governance as safeguarding referrals had been made and the provider had liaised with CQC. Staff reported feeling supported by the management team and felt confident changes being made would improve the service. We have made a recommendation the provider ensures systems relating to duty of candour are robust and effective.

The provider had not implemented systems which ensured staff were suitably skilled, qualified and had the relevant experience to provide care and support. Training records provided during our inspection did not provide assurances staff received robust training in all areas required. Additionally, staff feedback relating to their induction varied significantly and we found evidence within records which further corroborated this Information relating to people's mental capacity had been recorded in care records and support plans; however, occasionally this was inconsistent and capacity assessments were not always decision specific. Communication with external professionals was not always recorded. We have made a recommendation the provider ensures all correspondence and involvement with external professionals involved in people's care is recorded.

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

The provider had not implemented a meaningful and varied programme of activities. We observed little evidence of people being engaged in activities and people and relatives feedback corroborated our observations. The provider had not always worked in accordance with their complaints policy; prior to our inspection the provider was made aware of a number of complaints. During our inspection we found only one complaint had been logged which meant an audit trail to evidence what action the provider had taken and when, could not be reviewed. Additionally, lessons learnt from complaints could not be evidenced due to their being only one complaint recorded. People's care plans and support plans had been improved since our last inspection particularly oral care and communication plans. We have made recommendations in relation to activities and end of life care training.

People and their relatives felt care was provided by staff who understood how to meet their needs, promote their independence and dignity and protect their privacy. Staff demonstrated a good understanding of person centred care and how to support people as individuals. Staff told us this culture was apparent across the staff team and people confirmed this by describing staff as "kind, "hardworking" and "beautiful".

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 24 October 2022) and breaches of regulations were identified. The service remains rated requires improvement. Under the current provider this service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviewed training compliance, activities, people's communication plans and their duty of candour systems. At this inspection we found improvements had been made to people's communication plans; however, further development was needed in the other areas.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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 inspection was prompted in part due to concerns received about the overall governance of the service, people's safety and low staffing levels. A decision was made for us to inspect and examine those risks.

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

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment, premises and equipment and good governance at this inspection.

We have issued warning notice's against the breaches relating to safe care and treatment and good governance. We issued a requirement notice against the breach relating to premises and equipment.

Follow up
We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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**

Heaton House 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 Health and Social Care Act 2008.

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
This inspection was carried out by 2 inspectors, a medicines inspector and 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
Heaton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heaton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the

provider or registered manager would be in the office to support the inspection .

Inspection activity started on 21 June and ended on 4 July 2023. We visited the location's service on 21 June 2023.

What we did before the inspection
We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with 4 people and 5 relatives about their experiences of the care and support provided. We also spoke with 8 staff members, including a director, the registered manager, senior care and care workers and other members of staff who work in the home. We also made observations of people's care and support.

We reviewed a range of records. This included 4 people's care records, medicine administration records and other associated documentation. We also looked at other records relating to the management of the home and risk management. We looked at safety information and certificates, staff rotas, accident and incident records, menus and meal monitoring, meeting minutes, audits and governance information. The registered manager was also registered as the providers nominated individual. They are responsible for supervising the management of the service on behalf of the provider.

We also used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Using medicines safely

At our last inspection the provider had failed to ensure safe systems were in place for the safe management of people's medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Records showed medicines were not always given to people as prescribed and staff did not always follow the providers policy when recording the administration of medicines.
- We found staff who administered medicines were not always trained and assessed as competent.
- There was no staff available at night to administer medicines. If people needed a medicine the manager was contacted to attend the service and administer the medicine. This meant people had to wait for their medicines if they needed them in the night. People were not able to have their medicines at a time of their choosing.
- For medicines with a time interval between doses, for example paracetamol, staff did not record the time the medicine was given, therefore we were not assured there was the required time between doses, which meant people were at risk of overdose. This was impacted further by there not being staff on shift at night.
- Information plans to support staff to safely administer 'when required' medicines were not always available to guide staff to know when people needed their medicine. We also found information to support the administration of medicines when there was an option to give 1 or 2 tablets was not always available; therefore, there was a risk people might not get the correct dose.

This demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found some of the records provided were written in the same handwriting with different peoples initials against the record, therefore we were not assured the records were a true reflection of the care provided.
- Medication care plans to support staff to care for people were not always person centred and did not always include all of the necessary information; therefore, we were not assured staff could care for people safely. The issues relating to records were part of a wider issue relating to governance. Please refer to the well-led section of this report.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● We found environmental risk assessments were in place; however, we found actions identified had not always been completed. The registered manager was not sure of the most recent up to date risk assessments; for example, on our visit to the service the registered manager gave us a fire risk assessment from 2018. Following our inspection one of the directors shared a more up to date fire risk assessment with less actions identified. However, there were still issues which needed immediate attention and there was no evidence actions identified had been addressed. A subsequent up to date visit from the fire service identified several areas of improvement which needed timely attention.
● The provider and registered manager had limited oversight of accidents and incidents. This meant lessons learnt were difficult to identify as any review of accidents and incidents were limited to roles outside of the registered manager and provider.
● We found no evidence people had come to harm due to the provider and registered managers lack of oversight relating to risk. However, the lack of oversight placed people at a greater risk of harm as any issues relating to people's care, the environment and health and safety were not being noted.

The provider had failed to implement systems which ensured the premises was properly maintained. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Risks associated with the provision of people's care were not always robust. Improvement had been made since our last inspection however, further review was needed to ensure risk assessments reconciled with information recorded in people's care plans at all times.

We recommend the provider reviews people's risk assessments to ensure information reconciles with people's care plans.

Systems and processes to safeguard people from the risk of abuse
● We found there were gaps within the providers response to safeguarding incidents when things had gone wrong, or when allegations were made. However, people and relatives on the whole told us they felt safe with the care provided by staff.
● During our inspection process we were invited to a meeting involving the local authority's safeguarding team. During this meeting we identified the provider had not managed a safeguarding allegation robustly; this included, not preparing information for the meeting and not managing the allegations made appropriately. We found similar issues at our last inspection. This issue was related to a lack of oversight and governance, which we have covered in the well-led section.

We recommend the provider reviews safeguarding procedures to ensure they are compliant with local safeguarding policy, legislation and good practice.

● People told us they felt staff supported them safely. One person told us, "It's very nice, the staff are beautiful. They work so hard and are so kind."
● Relatives told us they were assured people were kept safe from harm. One relative said, "I do think [person] is safe. [Person's] mobility has reduced recently but they're kept as safe as possible by staff."

Staffing and recruitment
● Recruitment checks had been completed and staff were generally recruited safely. However, the provider had not always obtained 2 references from previous employers and Disclosure and Barring Service (DBS) checks did not have the address for Heaton House, but rather one of the providers other care services. We discussed this with the provider, who addressed this immediately. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information

helps employers make safer recruitment decisions.
● Staffing levels had been impacted by several staff leaving the service in a short period of time. We found the provider had not responded effectively to staff shortages. For example, we asked about what the provider had done to cover gaps on night shifts. The provider said, "We don't really like (using agency staff), because we're not confident they'll work in the way we want them to work in."
● Feedback from people, relatives and staff relating to staffing levels was mixed. Feedback relating to staffing levels during the day was generally positive. However, some feedback relating to staffing levels at night indicated there were occasions where 2 staff were allowed to work when the assessed need for night staff was 3 staff.
● We identified occasions where staff's last employer had not been contacted for references; the provider had obtained character references to help assess the suitability of staff to work with vulnerable adults. However, this meant they were not always working in line with their recruitment policy. We have covered staffing issues further in the effective section of this report.

Preventing and controlling infection
● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was supporting people living at the service to minimise the spread of infection.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was responding effectively to risks and signs of infection.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes
● We found no evidence visiting had been restricted and relatives reported feeling comfortable to visit the service.
● The service had areas of the service where visiting could continue safely in the event of infectious outbreaks.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we found the provider had failed to seek and act on feedback in the carrying out of their regulated activity. In addition, we found risks associated with changes to the environment were not assessed. This was a breach of regulation 17(2) of the health and social care act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection in relation to this issue and the provider was no longer in breach of regulation 17 in this area.

● At our last inspection the provider had changed a communal lounge into an office without consulting with people, relatives or completing risk assessments. At this inspection the provider had changed the office back into a communal lounge.
● There were no people who had needs which required adaptations to the environment. We found evidence within records which indicated the provider intended to develop the building further to increase capacity and space available to people. This had also been identified at our last inspection.

Staff support: induction, training, skills and experience

At our last inspection we made a recommendation the provider continued to embed their training programme and continued to monitor staff's compliance with training.

● Staff did not always receive appropriate support, supervision and training. The providers training records evidenced gaps in staffs mandatory training. We found evidence within records which highlighted monitoring processes for training were not in place several months following our last inspection.
● The providers induction process could not provide assurances staff were suitably skilled and trained prior to employment or commencement of their role. We found some newly recruited staff had only completed 'moving and handling' training and assessment of staffs need for training was based on oversight of staff practice, which was inconsistent. We discussed this with the provider who said, "If they have experience and previous training, we'll just do the moving and handling training and then just see if we feel they need any training before starting."
● The providers supervision schedule evidenced a lack of structured programme of supervision. We spoke with staff to assess how often they received supervision, whose feedback was mixed. Some staff reported

they were given supervision by the home's previous deputy manager and had not received any since. Other staff reported having supervision each month. We found evidence within other records which evidenced staff did not receive regular supervision and appraisal.
● Staff feedback on their induction period varied significantly with some staff telling us they had an induction over 2 days and other staff reporting their induction lasted 2 weeks. Information within other records highlighted the registered managers concerns relating to a robust induction. They stated within a meeting several months prior to our inspection they wanted to ensure staff received a structured induction moving forwards. At the time of our inspection this had not been completed.

The providers systems did not ensure staff providing care had the appropriate skills, experience, competence or qualifications. This was a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care
● We found the provider had not recorded concerns and changes relating to people's care consistently. Communication with external professionals such as GP's, social workers and/or safeguarding professionals was not always consistently recorded. However, we found no evidence this had impacted practice.
● We asked the provider to share any evidence they could to demonstrate working in partnership with other agencies to assess how they work with external partners to promote the health and wellbeing of people. During this inspection, no evidence was provided outside of information we found within people's care files.
● We discussed this with the provider who shared they regularly liaise with external professionals like GP's and social workers.

We recommend the provider ensures all communication with external partners and professionals is recorded.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider had improved systems relating to the MCA, DoL's and related records since our last inspection. However, further development of contemporaneous record keeping and robust understanding was needed in some areas.
● Where needed, information related to people's capacity was referenced in their support plans. However, sometimes the information related to people's capacity was not decision specific and was inconsistent.

● Where DoL's were required, there was clear evidence of applications being made. However occasionally, information recorded in one area of people's care records contradicted information in other areas. Improved oversight from the management team was needed to ensure consistency. This issue related to a lack of governance and oversight which is reported on further in the well led domain.

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

● The provider's diet and nutrition plans were robust and included people's likes and dislikes relating to meals and drinks. However, we found monitoring and recording of people's food and fluid intake was inconsistent. This meant we could not be sure what people had eaten or of their fluid intake. We also found gaps in nutrition and hydration monitoring charts.

● Observations of people having meals evidenced staff supporting people in line with their nutrition and hydration support plans. This included people on modified diets who were supported with meals appropriately.

● Kitchen staff told us the management of stock and meal preparation had improved over recent weeks and months. This was due to the registered manager allocating the ordering of supplies to the kitchen staff.

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

● The provider had implemented an electronic care planning system since our last inspection. This had improved the quality of people's care and support plans; particularly, relating to people's health and wellbeing.

● People had robust oral care plans in place which provided staff with detailed and person-centred guidance on how people wished to be supported in this area.

● When people had health conditions which impacted the way their care and support was provided it was recorded clearly in their support plans. Observations of staff practice evidenced staff working in accordance with how people's support had been assessed and planned.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider considered the impact of people's cultural and religious backgrounds on aspects of their support and care. For example, the provider assessed whether people's religion impacted how they would require support around personal care to be provided.
- Staff demonstrated a good understanding of how to support people with specific cultural or religious needs. One staff said, "We do have people who require support with their diet due to their culture and obviously we would offer support around times dedicated to prayer if needed. We've got a really good team who would respect people's culture and religion"

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

- Staff demonstrated a strong understanding of how to support people to express their views about their care. People felt staff respected them and described support they received which was person centred.
- People's privacy and dignity was promoted by staff. Staff demonstrated a good understanding of how to support people with sharing information while at the same time protecting their privacy. One staff said, "You only share information where you either have consent to do so or if someone doesn't have capacity where it is with a relevant professional or in the persons best interest to do so."
- Staff feedback on supporting people respectfully, promoting people's independence and protecting their dignity was consistently good. One staff told us, "The first thing is communication and always asking for consent. Giving people that respect and only offering support where it's needed. If you're supporting someone with personal care, making sure you knock on the door, close the curtains, cover the person and making sure you're constantly communicating what you're doing next."

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection we made a recommendation the provider continued to develop activities in line with an action plan completed before our inspection.

- People's access to meaningful and varied activities was limited. Observations on site and people and relative's feedback identified further development was needed in relation to activities.
- We identified where the provider had implemented and scheduled activities, people reported enjoying them and finding them beneficial. One person said, "I like doing the exercise (activity)."
- Relatives felt activities required development. One relative told us, "The only thing I've seen is people outside with their families. I have been notified of occasional garden parties, but I've never seen anything like anyone playing games."
- We discussed this with the provider who acknowledged activities haven't been developed as they would have liked. However, the provider and staff feedback provided assurances daily activities were improving and would be improved further. One staff said, "Now we've gone on to the new care recording system there's more time. Staff are doing things like playing domino's, crocheting with people and I think we need to document this better in people's daily records."

We recommend the provider embeds a programme of activities which gives various options to people so they can choose what to engage in.

End of life care and support

- The provider was not supporting people with end of life care at the time of our inspection.
- There was no evidence of a robust training course being provided for staff on how to support people approaching the end of their life. However, the provider shared a list of courses staff completed online which included an end of life training course.

As we could not be sure of the quality of the online course, we recommend the provider ensures they review staff have appropriate training to support people at the end of their life if needed in the future.

Improving care quality in response to complaints or concerns

- The providers systems for recording, managing and responding to complaints were not robust.
- Prior to our inspection we were made aware of a number of complaints which had been made to the local authority's safeguarding team. Additionally, we informed the provider of complaints being raised with CQC

and asked for a response. Within the provider complaints log we only found 1 complaint logged.
● The providers failure to log all complaints they received or complaints they were informed of meant they were not working in accordance with their own complaints policy. However, this issue related to a lack of governance and oversight which is reported on further in the well led domain.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection we made a recommendation the provider improve the level of detail within people's communication plans. At this inspection improvements had been made.

● People's communication plans had improved significantly since our last inspection. We found a greater amount of detail was included to identify specifically how people wished to be communicated with and what their needs were.
● Where people required aids to support them with their communication this was identified and details of when people required the support of aids including hearing aids, glasses was clearly recorded. People's preferences in relation to when they wished to use communication aids was also identified within communication plans.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Care plans included information which demonstrated a person centred approach to carrying out and recording assessments. Generally, information within people's care plans was detailed and individualised. However, sometimes information across people's care plans was not always consistent.
● The providers new care planning system had improved the overall quality of people's care plans since our last inspection. Care plans were more organised and contained specific guidance for staff on how people wished to be supported.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

At our last inspection the provider had failed to ensure audits informed improvements in the service. Inconsistencies and gaps recorded within people's records had not been addressed by the providers quality assurance systems or robust governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider remained in breach of this regulation.

● The provider had implemented new auditing systems since our last inspection. However, we found none had been completed by the registered manager or provider. This resulted in an absence of oversight where audits completed by other staff members had identified issues, or where audits had failed to identify similar issues to those we identified at this inspection.
● Quality assurance and governance systems had failed to address a number of inconsistencies in relation to daily record keeping, the management of medication and information recorded within some people's care plans and risk assessments.
● The absence of oversight from provider and registered manager had resulted in audits completed identifying similar issues for a number of months before the identified issue was addressed. Additionally, actions identified in environmental risk assessments had not been completed.

The provider had failed to ensure records were completed contemporaneously and implement systems which monitored, assessed and manage the quality of service provision. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider acknowledged the lack of oversight had impacted addressing the issues we identified at our inspection but offered assurances during their feedback they felt confident issues impacting oversight had now been addressed. This included recruiting new managers and senior staff.

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

At our last inspection we recommended the provider continued to ensure their responsibilities in relation to

duty of candour.

● We identified the provider was not always working openly and transparently. We identified a number of safeguarding referrals the provider had made or been made aware of. However, subsequent notifications to CQC had not always been submitted.
● Relatives generally felt they were kept up to date with information related to people and the care they received. However, some relatives reported a delay in information being shared when accidents and incidents had occurred. One relative said, "Communication has been a big issue in the past and they've done some work to address it but there's still work to be done. I mainly speak to [the director] or [staff member]. I spoke with [the registered manager] last year about a few issues they had but I don't hear from them."
● During our inspection we found the provider and registered manager were open and transparent about the areas where improvements to the service were needed. We also found they took on our feedback and stated they felt confident now in the changes they had made would start to allow additional time to focus on governance of the service. We felt any issues relating to duty of candour were a result of the lack of oversight and robust systems in place.

We recommend the provider ensures they are working in accordance with regulations relating to duty of candour and submitting notifications to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Evidence gathered through observations of staff practice and people and relatives feedback evidenced a person centred approach to people's care and support.
● Staff understood how to provide person centred care and demonstrated this in their practice. One staff said, "Person centred care is really important because it's knowing what someone's care needs are as an individual and knowing how they prefer to be supported."
● People and relatives told us the staffs support of people had a positive impact on people's lives. One relative said, "It's quite good now and my wife is very satisfied at the moment. She is fine there, she's happy and contented."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People and relatives' feedback on how involved they were in decisions made about the service was mixed. Some feedback indicated they had been kept up to date with changes; however, other feedback evidenced people and relatives felt additional work was needed.
● Staff told us they felt confident in the direction the service was going in and stated their confidence in the provider and registered manager to make the improvements needed. One staff said, "It's been a difficult time for the home, but I think [the director and registered manager] are doing their best. I think they've made improvements in some areas, but it takes time."

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to implement systems which ensured the premises was properly maintained. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 The provider had failed to ensure safe systems were in place for the safe management of people's medicines. This demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The providers systems did not ensure staff providing care had the appropriate skills, experience, competence or qualifications. This was a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We have decided to issue a warning notice against the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure records were completed contemporaneously and implement systems which monitored, assessed and manage the quality of service provision. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We have decided to issue a warning notice against the provider.