

Sweet Homes Limited (A Joshi)

Sweet Homes Limited t/a Carshalton Nursing Home

Inspection report

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Date of inspection visit:
22 June 2022
24 June 2022

Date of publication:
25 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sweet Homes Limited t/a Carshalton Nursing Home is a care home providing accommodation, personal care and nursing to people over 65. The care home is registered to accommodate up to 33 people. At the time of our inspection eight people were living there. The service is provided in one adapted, three-floor building on a residential road.

People's safety had improved. People's risks were assessed and mitigated. The care home environment was safe, with some safety features improved after we identified them during our inspection. Staff were trained to safeguard people and meet their needs. There were enough staff available at all times to deliver care and support safely. Medicines were managed and administered appropriately, and staff practices reduced the risk and spread of infection.

The décor of the care home had improved. People's bedrooms had been redecorated and refurbished. People's needs were assessed, and they were supported to participate in the assessment process. Staff supported people's oral hygiene and to eat and drink enough. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received training, supervision and appraisal to enable them to deliver effective care.

We found the care people received had improved compared to the findings of our previous inspection. However, staff interaction and communication was inconsistent. We have made a recommendation about staff receive training to improve their communication with people who may be living with dementia. Staff supported people to celebrate cultural events and their spiritual needs were met. People were supported to make decisions about how they received their care and support.

The level of activity available to people in the service had increased and people had the opportunity to use other areas within the service and its garden if they wanted to. People were supported to maintain contact with their families, friends and faith groups and the provider hosted events to which they were invited. People receiving end of life care were treated with dignity while nursing staff ensured people were not in pain or distressed.

The provider had hired a consultant to improve the service's quality assurance processes and action planning. Further improvements in quality checks were required as the provider's audits did not identify the shortfalls we found. The service was also assisted by the local authority's monitoring and support measures. The views of people were gathered in residents' meetings and those of staff in team meetings. The service was in the process of transitioning to electronic care records to improve assessments, care plans and quality assurance. These will replace the provider's paper-based care records.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 03 February 2022). 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 improvements had been made and the provider was no longer in breach of four regulations. However, not enough improvement had been made in relation to quality assurance and the provider remained in breach of regulation 17 Good Governance.

This service has been in Special Measures since 03 February 2022. 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.

Why we inspected

This inspection was carried out in line with enforcement action we had begun against the provider following our last inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have found evidence that the provider needs to make improvements. Please see the Safe, Caring and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sweet Homes Limited t/a Carshalton Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to Good 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 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Sweet Homes Limited t/a Carshalton Nursing 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

The inspection was carried out by two inspectors and a specialist nursing advisor.

Service and service type

Sweet Homes Limited t/a Carshalton Nursing Home 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. Sweet Homes Limited t/a Carshalton Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 22 June 2022 and ended on 24 June 2022.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people, five staff, one visitor, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We checked four people's care records and case tracked two of them.

We looked at three staff recruitment files and the supervision and appraisal records of four staff. We checked medicines records and medicines storage. We carried out observations of interactions in the communal lounge. We also checked water temperatures and window restrictors throughout the care home.

After the inspection

We contacted additional health and social care professionals and continued to request and clarify additional information with the provider.

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 Inadequate. At this inspection the rating has changed 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. We have not improved the rating to Good as we want to see improvements sustained over time.

At our last inspection we found the provider failed to adequately assess and mitigate people's risks and manage medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

At this inspection we found the provider had made improvements and was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management

- At our last inspection we found cables from wall mounted lights in people's bedrooms dangling above their pillows. There was a risk that people could become entangled in these cables and be harmed. At this inspection we found all the cables had been removed. This meant people were no longer at risk of accidental strangulation.
- At our last inspection we found people were at risk of falling from height because their bedroom windows could open wide enough for a person to fit through. At this inspection we found that all windows had been fitted with lockable restrictors. This meant people were prevented from accidentally falling out of bedroom and bathroom windows.
- At our last inspection we found people were at risk of scalding because the water temperature at their bedroom sinks was too hot. At this inspection we checked the temperature of the water at people's sinks and the water temperature regulatory system for the service. We found a new regulator had been installed which restricted the temperature up to which hot water could rise. This meant people were no longer at risk of scalding. The care staff and the maintenance team carried out regular checks of water temperatures throughout the care home. These were regularly reviewed by the manager to confirm on-going safety.
- At our last inspection we found that emergency cords had been tied up or were missing in communal bathrooms and toilets. This meant there was a risk of people being unable to summon help if they needed to. At this inspection we found there were emergency cords in all communal toilets and bathrooms. However, on the first day of our inspection we noted that whilst in place, the emergency cords did not reach the floor in line with best practice. We explained to the provider where emergency cords did not reach the floor, there was a risk that a person who had fallen might not be able to reach it. By the second day of our inspection all the emergency cords had been lengthened to the ground in line with guidance.

- At our last inspection we found people's risk of falling were not adequately managed because care plans did not provide staff with the information they required to keep people safe. At this inspection we found people's risk of falling had been assessed and risk assessments made clear the measures necessary to protect people from avoidable harm.
- Where people presented with risks to their skin integrity this was managed appropriately. The registered manager made referrals to involve Tissue Viability Nurses (TVNs) and staff followed good practice in managing pressure area care. This included using of pressure relieving mattresses and redressing wounds as directed.
- Staff maintained accurate records of pressure area care. This included turning and fluid balance records as well as photographs of pressure sores. This information was used to measure improvement. Care records related to pressure areas were regularly reviewed.
- Staff carried out a range of health and safety checks. These included fire alarm call point checks. We checked the service's fire safety arrangements. Emergency lighting and fire doors were in place throughout. However, on the first day of our inspection we found a recently installed fire exit was not alarmed. This meant staff would not be aware if a person left the building via the fire door. We informed the nominated individual who ensured the door was alarmed by the second day of our inspection.

Using medicines safely

- At our last inspection we found failings in the storage and recording of people's medicines. At this inspection we found effective medicines management arrangements in place.
- People's medicines were stored in a locked medicines room which was orderly, cool and not overstocked.
- Staff recorded the administration of people's medicines onto medicines administration record (MAR) sheets. We checked people's MAR sheets and found they were up to date with no gaps in recording. This meant people received their medicines in line with the prescriber's instructions.

Preventing and controlling infection

- At our last inspection we found failings in the management of clinical waste. At this inspection we found clinical waste was disposed of appropriately. For example, clinical waste bins throughout the service were foot pedal operated and lined with correctly fitting and colour coded clinical waste bags. These were removed appropriately to locked and secured clinical waste bins for collection outside the care home.
- At our last inspection we found good hand hygiene was not supported. At this inspection we found hand wash in all toilets, hand sanitiser throughout the service and hand washing was encouraged.
- An enhanced cleaning programme had been introduced at the service in response to COVID-19. There had been no incidents of COVID-19 at the service since the pandemic started.
- We observed good ventilation throughout the service in line with guidance.
- People and staff followed a vaccination and testing programme. Visitors to the service were also tested.
- As part of its social distancing measures and support for staff, the provider arranged for all staff to be collected from their homes and driven to the service to work and driven home afterwards. This measure was introduced to minimise potential staff exposure on public transport.

- Staff wore personal protective equipment appropriately. This included masks, gloves and aprons.
- The provider's infection prevention and control policy had been reviewed and was up to date. Plans were in place to keep people safe in the event of an outbreak.

Learning lessons when things go wrong

- At our last inspection we found the provider did not learn lessons when shortfalls were brought to their attention. At this inspection we found that 'lessons learnt' had become an agenda item for the audits undertaken by the registered manager and nominated individual. These reviewed incidents, how they could be avoided again and communicating learning within the staff team.
- To support learning from lessons the provider contracted a consultant to review things that had gone wrong and to develop an action plan to drive improvements at the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by the provider's safeguarding procedures which the staff were familiar with.
- Staff received training in safeguarding people and knew what actions to take if their suspected abuse.
- Staff told us they would whistle blow if their concerns about people's safety were not acted upon. One member of staff told us, "If they [the registered manager] didn't act upon the concerns then I would follow whistleblowing... But it's never happened."

Staffing and recruitment

- The provider followed appropriate recruitment processes to ensure staff were safe and suitable to provide care and support. This included interviewing candidates and checking their identity, criminal record status and employment history.
- The registered manager ensured there were enough staff available throughout the day and night to meet people's needs safely.

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. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found the provider failed to properly maintain clean and secure premises. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 15.

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

- At our last inspection we found the décor in a number of people's bedrooms was poor. At this inspection we found that bedrooms had been repainted and personalised with framed pictures. Bedrooms were clean and tidy.
- At our last inspection we found a number of bedroom doors were heavily chipped and scuffed. At this inspection we found that some doors had been replaced. At the foot of other bedroom doors clean metal panels had been attached to prevent accidental damage and scratching from wheelchairs.
- During this inspection we found the flooring in one shower room had been temporarily repaired with fibreglass. This had resulted from damage caused by a leak and the necessity to repair a pipe. This area was unsightly and not even and could make effective cleaning difficult. However, the provider had plans to lay new linoleum flooring and make good the whole area. We will be checking to confirm this has happened.

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

- At our last inspection we found people's needs were not always appropriately assessed and recorded. At this inspection we found people's care records contained detailed assessments. These included assessments of people's mobility, continence, culture, risks and nutrition.
- People and their relatives participated in assessments to ensure they reflected people's preferences for care and support.
- People's care records included assessments by healthcare professionals. People's care records were regularly reviewed.

Staff support: induction, training, skills and experience

- People were supported by trained staff. The registered manager ensured staff received regular training in areas identified by the provider to be mandatory. This included training in safeguarding, moving and handling, report writing and first aid. One member of staff told us, "We do a lot of training. All the training helps us do our job."

- Staff training was delivered in a number of ways including by trainers who attended the service, during sessions provided by and at the local authority and via e-learning. The registered manager monitored staff training to ensure it was up-to-date.
- Staff received training and appraisal. These meetings were used to discuss how care and support was delivered and how staff could be supported to improve. Staff and the registered manager signed records of these meetings to confirm their accuracy and to agree identified actions.

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

- At our last inspection we found that people's oral hygiene needs were not always met. At this inspection we found people were supported to brush their teeth and clean their dentures.
- Staff worked in partnership with visiting health and social care professionals. For example, staff worked with dietitians and mental health specialists to meet people's needs.
- Timely referrals were made to healthcare professionals when required. Staff supported people to attend and participate in healthcare appointments.
- Where people were required to go to hospital, staff ensured that important information about people's needs and preferences accompanied them.

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

- People were supported to eat enough. One person told us, "There's different food everyday. If you ask then they will make you something different."
- Staff ensured people drank enough each day. We observed that people had drinks within reach throughout both days of our inspection. We saw that staff verbally prompted some people to drink and physically assisted others. This meant people remained hydrated on what were very warm days.

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. We checked whether the service was working within the principles of the MCA and 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.

- People were treated in line with legislation. When required, people were supported with mental capacity assessments.
- Where people required a deprivation of their liberty to keep them safe, the details of the restriction were stated in care records.
- Care records noted the healthcare professionals involved in people's mental capacity assessments and the expiry dates of any authorised DoLS.

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 Inadequate. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection we found people did not always feel well-supported, cared for or treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 10.

Ensuring people are well treated and supported

- At our last inspection we observed that staff did not always treat people in a respectful way. This was because we heard staff tell a person to "be quiet" and support other people without speaking to them. At this inspection we saw an inconsistency in how staff communicated with people. For example, when one person told a member of staff they wanted to go to the toilet, we saw the member of staff walk away from the person without speaking. The person looked confused and asked where the member of staff had gone and said, "I don't want to wet myself". The member of staff returned with a wheelchair to support the person to use the toilet. Had they told the person they were going to get a wheelchair before doing so the person may not have been anxious.
- In a similar situation, we saw staff say to a person who asked to use the toilet, "No problem. I will get you a wheelchair." The person appeared reassured.
- At our last inspection we observed staff supporting people around specific tasks without speaking to them. At this inspection we saw the quality of interaction remained inconsistent. For example, in some instances we saw staff talking with people whilst supporting people to eat and drink and in other instances we saw staff provide this support in silence. This meant people were not supported to be valued during what should have been a social experience.
- Similarly, whilst we saw some staff sitting and chatting with people we saw other staff watching television and not interacting people. This did not convey care and respect.

We recommend the provider finds out more about training for staff, based on current best practice, around the communication needs of people living with dementia and develops processes for monitoring and improving interactions.

- Many staff had worked in the service for many years. In some cases, staff could count this period of time in decades. The registered manager told us, this meant staff knew people well and cared about their well-

being. One member of staff told us, "If the residents are happy, I am happy". Another staff said, "I enjoy doing my job... It's interesting."

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

- People made decisions about how they wanted to receive care and support. For example, we saw a person choose to have an omelette for lunch rather than an option from the lunch time menu. In another example, we saw a person choose to watch television in a quiet room rather than socialise in the lounge.
- Care records noted people's care preferences. For example, people's sleep assessments noted people's usual sleep pattern and the support they required to sleep comfortably.

Respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- At our last inspection we found that people's oral hygiene needs were not being met. People's teeth were visibly in poor condition and their toothbrushes had not been used. At this inspection there was evidence that people's teeth had been brushed at their bedroom sinks on the morning of our inspection and the people we spoke with did not appear to have poor oral hygiene.
- At our last inspection people did not always look well kempt or in their own clothes. At this inspection people appeared to be well groomed and well dressed. People who wanted to, had their fingernails painted.
- Staff received training in equality and diversity to give them the knowledge they required to support people's cultural, spiritual and relationship needs.
- People were supported to celebrate events of cultural significance to them. For example, people celebrated Christmas, Easter, Chinese New Year, the Queen's jubilee and each other's birthdays.
- Staff supported people's spiritual needs. People were supported to attend online church services and to watch Songs of Praise. People were visited by members of the local church congregation and a priest held a monthly service for people.

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. At this inspection the rating has improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found a failure to provide care and support to meet people's needs with a view to people's preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

At this inspection we found enough improvements had been made for the service to no longer be in breach of regulation 9.

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 found people were bored and unstimulated with little activity provided. At this inspection we found people were supported to choose from a range of activities such as arts and crafts, exercise and board games. We observed people smiling during a group game of ball and staff supporting a person completing a word search.
- At our last inspection people told us they never left the care home. At this inspection we found people were supported to engage in a number of activities in the community including trips to cafes, a local park and river and shopping for toiletries. Staff took photographs of these activities to support people's recall of them and to help people make choices. Day trips were also planned with an outing to Richmond Park scheduled shortly after our inspection.
- At our last inspection we found that people had access to only one communal area. This was the lounge/day room. At this inspection we found that quiet rooms had been created on two floors for people to use. In addition, people used the refurbished conservatory and a new gazebo in the garden This meant people had choice about where and how they spent their time.
- The provider organised social events for people, their relatives, friends and neighbours. For example, for the recent jubilee celebrations the service was festooned with bunting, balloons and flags and parties took place. These were well attended including by local politicians. In another example, during the afternoon of the first day of our inspection we saw relatives and friends attend the service to join people's 'Seated senior dance.' This was a singalong event led by a visiting entertainer. People told us they enjoyed it.

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

- At our last inspection we found that some people did not have person centred plans in place. At this

inspection we found that people's plans were person centred, reflected people's preferences and provided information about people's lives.

- At our last inspection we found that whilst some people had personalised bedrooms, other people's bedrooms were bleak without any personal effects on display and bare walls. At this inspection we found all of the bedrooms had been repainted and refurbished. People had new bedding and new curtains. Rooms had flower vases, people's mementos were on display and framed pictures on their walls.

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.

- People had access to large font and pictorial information to assist their understanding of printed information.
- The provider produced a newsletter for people each month. The newsletter contained colour photographs of people engaged in activities the previous month along with a short description of the event. For example, there were photos of people dining outside during an event. Staff discussed the contents of the newsletter with people to promote memory and to help people make choices about future events.

Improving care quality in response to complaints or concerns

- The provider responded to the concerns raised in our last report and being placed into special measures by improving care quality in a number of areas including people's safety, care planning, the provision of activities and the care home environment.
- People knew how to make a complaint if they were dissatisfied with their care and support.
- The providers complaints process was made available to people and their relatives.

End of life care and support

- People were supported with care and compassion during end of life care.
- People receiving end of life care had personalised end of life care plans which reflected their wishes as to how they wanted their needs met.
- The registered manager and nursing staff ensured that 'just in case' medicines were available for people approaching end of life to ensure they remained free of pain and anxiety.

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 Inadequate. At this inspection the rating has changed 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. We have not improved the rating to Good as we want to see improvements continue and be sustained over time.

At our last comprehensive inspection, we found the provider failed to assess, monitor and improve the quality of the service; to maintain accurate and complete care records and rectify shortfalls. This was a breach of Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. At this inspection we found the provider had not improved enough and remained in breach of regulation 17.

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

- At our last inspection we were concerned about the way we saw people spoken to. At this inspection we saw that some improvements had been made. Whilst we did not see people spoken to in unpleasant ways, we did see examples (described in the caring section of this report) where staff could improve their communication with people. The registered manager and nominated individual acknowledged that a consistency in improved communication was required.
- The providers quality assurance processes had improved since our last inspection. However, we still found shortfalls at this inspection which the providers audits failed to identify and address. For example, on the first day of our inspection we found that emergency cords in bathrooms and toilets were not long enough and a fire exit which was not alarmed. Both issues were rectified before the second day of our inspection but illustrate the necessity to improve the robustness of the provider's quality assurance checks.

The failure to improve the quality and safety of the service is a breach of Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance

- In the report of our last inspection we wrote "The impact of inadequate management was most acutely felt by people receiving respite care. We found people living temporarily at the service without proper assessments or care plans in place to cover important areas such as falls prevention, malnutrition and catheter care." At this inspection we found there were no people receiving respite care and the number of people living at the service had reduced. This meant the provider was able to focus on improving the quality of care for a smaller number of people permanently resident in the care home.
- At our last inspection we found the provider's quality assurance processes failed to identify people's risk of

avoidable harm. That was because checks did not find and mitigate ligature or scalding risks or the risk of people falling through unrestricted windows. At this inspection we found action had been taken to eliminate these risks and the registered manager undertook regular checks to confirm people's safety.

- At our last inspection we found the provider's quality assurance processes failed to identify the unsanitary use of clinical waste bins. At this inspection we found the provider had taken action to establish appropriate practices around clinical waste management. The registered manager recorded the outcome of regular environmental hygiene audits.

- At our last inspection we found the provider's quality monitoring process did not reveal and address shortfalls in the activities provided for people. At the inspection we found activities within the care home and community had expanded considerably and a social network was developing which involved relatives, neighbours and members of the community.

- Following our last inspection, the provider contracted an external consultant to review quality and develop an action plan that helped drive improvement at the service.

Continuous learning and improving care; Working in partnership with others

- The Local Authority had placed the service into its 'Provider Concerns' framework. The Provider Concerns process involved close monitoring and increased scrutiny of the service by the Local Authority and an increase in support to the service from healthcare professionals. The service benefited from the support offered by the Local Authority which included quality monitoring and guidance around care practice. In addition, the local authority and its partners offered training to the registered manager and staff.

- The registered manager attended regular provider forums where best practice was shared by health and social care professionals.

- The provider planned a number of improvements to the service. These included improvements to the care home environment and the introduction of electronic care records. At the time of our inspection paper-based care records had been uploaded to new software. Training was scheduled for staff in the new system and on the laptops and palm pads required to use it. The nominated individual explained this would mean improved care planning, information sharing and quality monitoring.

- The service worked with others to meet people's needs. This included working with healthcare professionals, social workers and external quality auditors.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to meet together in residents meetings. These were used to gather people's views about their care and support. We reviewed the minutes of the most recent residents meeting. It showed discussions taking place about activities; the results of a survey, destinations for planned day trips and food. The registered manager prepared a plan to achieve the actions agreed at the meeting.

- Staff attended quarterly team meetings where people's changing needs and areas for improvement were discussed. Records were kept of these meetings to confirm actions planned had been carried out.

- The registered manager ensured that people for whom English was their second language had support from staff who could speak with them in their first language.

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 and nominated individual understood their duty of candour and the need to keep

people, relatives, healthcare commissioners and the regulator informed when things went wrong.

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	<p>The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of regulated activity.</p> <p>17 (1) (2) (a)</p>