

Mrs Barbara Marlow

Holwell Villa Residential Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Holwell Villa is registered to provide accommodation and personal care for up to 17 older people. At the time of our inspection, 13 people were living at the service.

People's experience of using this service

People told us they were happy and felt safe living at Holwell Villa; One person said, "I'm happy living here." We found the service was not operating in accordance with the regulations and best practice guidance. This meant people were at risk of not receiving the care and support that promoted their wellbeing and protected them from harm.

Although the registered manager demonstrated a strong commitment to the people living in the service and spoke passionately about providing good quality care. They did not have sufficient oversight of the service to ensure people received the care and support they needed.

Systems and processes to monitor the service were not effective and did not drive improvement. These included concerns with care records, risk management, medicines, The Mental Capacity Act 2005 (MCA), recruitment, training as well as the overall leadership and management of the service.

People were not protected by safe recruitment procedures. We looked at the recruitment files for four staff members. Whilst some recruitment checks had been carried out, others had not.

Staff told us they felt supported and appreciated by the service's management team. However, we found staff had not been provided with the appropriate training necessary for them to undertake their role.

People were not supported to have maximum choice and control of their lives. Staff did not always act in accordance with the Mental Capacity Act 2005 (MCA). Where people's capacity was in question MCA assessments were not always taking place and best interests decision processes had not always been followed.

People's medicines were not managed safely. We looked at the Medication Administration Records (MARs) for 13 people. We found people's MARs were not accurate and therefore staff were unable to assure themselves that people had received their medicines as prescribed by their doctor.

People were not always protected from the risk of avoidable harm. We found where some risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe.

Other risks were well managed, for example, risks had been identified in relation to people's care needs such as mobility, falls and skin care. Records demonstrated that action had been taken to minimise these.

Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment, and fire safety systems were serviced and audited regularly.

Holwell Villa was clean, and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

People's privacy and dignity was respected, and their independence promoted. People had access to healthcare professionals when required and were supported to maintain a balanced healthy diet.

People and staff were positive about the leadership of the service and told us the home was well managed. Relatives did not raise any concerns about people's safety and told us people were well cared for. One relative said, "The home is very well run, the registered manager has always gone above and beyond, we have always been very happy with the care they provide."

People, along with family members were encouraged to share their views through regular reviews and felt comfortable raising complaints and were confident these would be acted on.

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 on 25 August 2018) 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 we found not enough improvement had been made and the provider was still in breach of regulations.

Following this inspection, we issued a 'notice of decision' to impose a condition on the providers registration. This required the provider to undertake a review of the quality assurance systems in place and carry out monthly audits in respect of pressure area care, risk assessment, care planning and recruitment. The provider was required to send to the Care Quality Commission a monthly report confirming the dates on which these audits had taken place, and include the actions taken or to be taken as a result of these audits to demonstrate any areas of risk were being properly identified, assessed and mitigated.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding people from abuse, the need for consent, recruitment, training, notifications, governance and requirements relating to the registered manager at this inspection. We have also made recommendations in relation to the environment, staffing levels, care planning and meeting the Accessible Information Standard (AIS).

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

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress and continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

Holwell Villa Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector and an evidential review officer on the first day of inspection. An evidential review officer is a member of our regulatory support team. On the second and third day, one inspector visited the service.

Service and service type

Holwell Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the previous

inspection report and other information we had received about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager. To help us assess and understand how people's care needs were being met we reviewed five people's care records. We also reviewed records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. 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.

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 deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse or avoidable harm.
- Systems were not in place to ensure the registered manager or senior staff were made aware of all incidents. This meant appropriate action may not have been taken to safeguard people or reduce the risk of reoccurrence. For example, staff recorded one person had alleged they had been physically assaulted by another person living at the service. This had not been reported to the local authority's safeguarding team or the Care Quality Commission as required, and action had not been taken to prevent reoccurrence. Following the inspection, we received confirmation an appropriate referral had been made.
- Staff we spoke with, confirmed they had attended safeguarding adults training and demonstrated a good understanding of how to keep people safe. However, we found not all staff had received training in how to safeguard people from abuse.

The systems to investigate and report allegations of abuse were not effective and put people at risk of harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other referrals had been made to the local authority's safeguarding team when appropriate and action had been taken to safeguard people.

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

At our last inspection we found the provider was failing to ensure they were doing all that is reasonably practicable to manage and mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been made and the provider was still in breach of regulation 12.

- People were not always protected from risks associated with their health needs. For instance, staff had been asked by the registered manager to record one person's blood sugars twice a day following a change in this person's medicines. Care records did not contain information about how to take a blood sugar test or how to use the machine correctly. There was no guidance for staff on how to identify high or low blood sugars or what action staff should take.
- We found in the two days prior to our inspection staff were not recording the information correctly as they did not know how to use the machine. We raised our concerns with the registered manager who contacted

the doctor for additional guidance and arranged for staff to have training.

- Where risks had been identified by staff, action had not always been taken to minimise the risks of reoccurrence or protect people from harm. For example, one person's daily records and incident reports showed they had displayed physically aggressive behaviour towards other people living at the service and staff. Care records did not identify the risk of physical aggression or contain guidance for staff on how to manage these risks. This potentially placed people at the risk of harm.
- People's medicines were not always managed safely.
- Medicine administration records (MAR) were not accurate. We checked the quantities of a sample of medicines against the records and found them to be incorrect. For example, out of 65 medicines that were checked, we found discrepancies with 46. This meant staff were unable to assure themselves that people were receiving their medicines as prescribed.
- Records did not contain clear guidance for staff as to when variable dose medicines should be used.
- Staff had received training in the safe administration of medicines, however they were not having their competency regularly assessed.
- There were systems in place to audit medication practices. However, we found these records could not be relied upon.
- Records showed accidents and incidents were recorded, but it was unclear how this information was being reviewed or what action the provider had taken to reduce the risk of reoccurrence.

Whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate people's safety was effectively managed or that people received their medicines as prescribed. This placed people at risk of harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- Other risks were well managed.
- Medicines were stored securely at the correct temperatures.
- People were protected from risks associated with their mobility, nutrition, falls and skin damage. Management plans guided staff to support people in a way that mitigated those risks.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. For example, people who were at risk of developing pressure ulcers had equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses and cushions.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Staffing and recruitment

At our last inspection the registered manager had failed to complete the necessary pre-employment checks before allowing staff to provide care. This was a breach of regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvement had not been made and the provider was still in breach of regulation 19

- People were not protected by safe recruitment procedures. We looked at the recruitment files for four staff members. Whilst some recruitment checks had been carried out, others had not. For example, we found disclosure and barring (police) checks had not been completed on all staff.
- We raised our concerns with the registered manager and asked them to provide the Commission with evidence the provider was in receipt of a valid DBS certificates or put in place suitable management arrangements until they had obtained one. Following the inspection, the administration manager confirmed this person would not work until a valid DBS had been obtained.

We found no evidence that people had been harmed. People were not protected from receiving care from staff that may not be suitable to work in the care profession. This was a continued breach of regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People and staff told us there were enough staff to support people and keep them safe.
- Throughout the inspection we saw call bells were answered promptly, and people did not have to wait for assistance. However, we noted the provider did not have a system for deciding how many care staff were needed in relation to the number of people who lived in the service and their level of dependency.

We recommend the provider consider current guidance on suitable tools to determine people's level of dependency to ensure that staffing levels are sufficient to meet people's assessed needs.

Preventing and controlling infection

- Holwell Villa was clean, tidy and fresh smelling.
- Systems were in place to prevent and control the risk of infection. Staff had confirmed they had received infection control training and were observed wearing appropriate personal protective equipment (PPE).

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

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

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

- Whilst we saw staff obtaining people's consent, people's care records did not always show their consent and/or views had been sought in relation to decisions being made on their behalf. This indicated the service was not working in line with the principles of the MCA. For instance, the registered manager told us they had made the decision for one person to be moved from a single room on the second floor, to a double room on the first floor as they were disturbing people at night and keeping them awake.
- There were no records to show the rationale for this decision. Mental capacity assessments had not been completed for either person to show that they did not have capacity to consent to these arrangements or whether this was being carried out in their best interests. This meant that both people were now having to share a room with someone they did not know and did not have an existing relationship with.
- We raised our concerns with the registered manager, who told us they had discussed the move with the relative of the person who had moved rooms, but not the person who was being asked to share. They were unable to tell us why this would be in either person's best interests and assured us they would take immediate action to address this.

We found no evidence that people had been harmed however, the failure to assess people's capacity and record best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home 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 where restrictions had been placed on people's liberty to keep them safe, the registered manager had worked with the local authority to seek authorisation to ensure this was lawful.

Staff support: induction, training, skills and experience

- Staff were not provided with appropriate training, necessary for them to undertake their role.
- The provider monitored staff training on a training matrix. The training matrix provided to us identified significant gaps in the training staff had received. For example, not all staff had received training in areas including safeguarding, mental capacity and deprivation of liberty safeguards, basic first aid and dementia. This meant the registered manager could not be assured that staff had the necessary skills to carry out their duties.

We found no evidence that people had been harmed however, the failure to ensure staff had been provided with appropriate training, potentially placed people and staff at risk. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that all staff completed an induction and did not work unsupervised until they had been assessed as competent to do so.
- Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- Staff had opportunities for regular supervision and appraisal of their work performance. Staff told us they felt supported and appreciated by the home's management team. One staff member said, "I have always felt I could speak to the registered manager about anything." Another said, "The manager is really approachable."

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

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met.
- Care was planned and delivered in line with people's individual assessments.
- People were encouraged and supported to use a range of healthcare services and staff supported people to attend appointments. Referrals were made to the GP's, community nursing services and older persons' mental health team when needed and people had opportunities to see a dentist, or optician regularly

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

- People continued to be supported to maintain a balanced healthy diet and made choices about the kind of foods they enjoyed. One person said, "The food is always very nice, if I'm not happy with the meal I can always choose something else." A relative said, "There's always plenty for my father to eat and the food I've seen has always been of a good quality."
- People's care records highlighted where risks with eating and drinking had been identified. For instance, where people needed a soft or pureed diet, this was provided in line with their assessed need.
- Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely and professionals were involved when required to support people and staff.

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

- Holwell Villa is a period property set over three floors, which meant in many ways it was not an ideal environment for the needs of the older people living there, although there was a lift to the upper floors.
- People's rooms were personalised and contained pictures and possessions that were important to them.
- There was some signage throughout the service to assist people who were living with dementia to orientate themselves. However, more was needed to make the environment dementia friendly and increase people's independence.

We recommend the provider seek advice based on current best practice, on how to ensure the environment meets the needs of people living with dementia and memory loss.

- There was a communal lounge, and a large dining room, which were used for a range of activities. We noted since the last inspection the provider had updated the dining room and a bathroom on the first floor had been upgraded to a walk-in wet room. The registered manager told us of their plans to develop and create a safe space outside where people could spend time with friends and family.
- Technology and equipment were used effectively to meet people's care and support needs. For example, sensor mats were in place for people who were at high risk of falls.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Most people were supported to express their views and to be involved, as far as possible, in making decisions about the care and support provided. However, we found some people were not always involved as partners in their care and did not always have a choice or were involved in decisions made on their behalf. For example, in relation to who they shared their bedroom with. This has been discussed within the effective and well led section of this report.
- People were encouraged to make decisions about day to day matters such as food, clothing and routines. Staff offered people opportunities to spend time, where and how they wished.
- People and their relatives were given the opportunity to provide feedback about the service through regular reviews.

Ensuring people are well treated and supported; respecting equality and diversity

- People who were able, told us they were happy living at Holwell Villa. Comments included; "I'm happy living here", "The staff are very kind" and "I have no complaints." A relative said "I can't speak highly enough about the care they have shown [person name]. They really have been very good and that has always given me peace of mind." Another said, "Nothing is ever too much trouble, all the staff are amazing."
- People who were not able to communicate with us verbally, looked comfortable with staff and showed in their expressions and behaviours they enjoyed the company of the staff supporting them.
- People were supported by staff who had a good understanding of their individual needs. Staff were seen to be friendly, respectful and attentive to people's needs.
- Care plans contained information about people's past, cultural and religious beliefs as well as their future wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to respect people's privacy, conversations of a private nature about people were held in private and staff were careful not to be overheard. However, we found people's personal records were kept in a cabinet within the main hallway. The lock to this cabinet had broken. This meant people's confidential information was not being stored in accordance with the General Data Protection Regulation 2018, (GDPR). We brought this to the registered managers attention who arranged for a new lock to be fitted.
- Staff respected people's privacy and were seen to treat people with kindness and compassion.
- Care plans contained clear information about what each person could do for themselves. Staff described how they encouraged people to be as independent as possible. For example, by encouraging and supporting people to brush their hair or wash their face.

- People continued to be supported to maintain relationships with those close to them.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were at risk of receiving care that did not meet their needs.
- We found some people's care records contained insufficient or misleading information. For example, care records for one person who had a history of physical aggression and displayed behaviours that placed themselves or others at risk of harm, did not contain sufficient information for staff on recognising the early signs of distress; how to support this person's well-being, or how to minimise the impact this might have on themselves and others during this time.
- Another person's records contained conflicting information with regards to their dietary needs (modified diet), this potentially placed this person at risk of choking. Following the inspection, the deputy manager confirmed they had sought advice from a Speech and Language Therapist (SALT) and updated this person's care plan.

We recommend the provider reviews care records to ensure all risks related to people's health and complex care needs have been assessed and plans are in place to mitigate and manage those risks.

- Other care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported.
- People continued to receive individualised care and support from staff who knew them well.
- Staff were skilled in delivering care and support and relatives told us staff had a good understanding of people's individual needs. One relative said, "They [meaning staff] know [person's name], inside and out and only want what's best for him, I can't fault the care at all."
- People had opportunities to take part in activities of their choice. Regular in-house activities, such as music and arts and crafts, occurred spontaneously daily and people were supported to go out if they wished.
- Each person's care plan included a list of their known interests and staff told us how they supported people daily to take part in things they liked to do.
- Technology and equipment (table top activity tablets) were being effectively used by staff to prevent people becoming isolated.
- Staff described how they were able to better engage with people with complex needs and communication difficulties through the use of sensory, learning and memory apps. This also provided people with another means of communicating with friends and family, via video calling and Skype. Although it was early days the registered manager explained how exciting this could be in improving people's health and wellbeing.
- People's religious needs were met, and they were supported to attend services of their faith and receive holy communion.

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 identified, recorded and highlighted in care plans.
- Staff used a variety of methods to support people to make decisions about their care, including pictures, symbols and objects of reference.
- The administration manager told us that information such as people's care plans and the providers complaints procedure, could be made available in an accessible format depending on people's needs. However, none of the care plans we saw had been produced / provided in an accessible format.

We recommend the provider seeks information from a reputable source on how to meet the Accessible Information Standard.

End of life care and support

- Holwell Villa was not supporting anyone at the end of their life at the time of the inspection. Where discussions had taken place with people regarding their end of life wishes, these were recorded.
- The registered manager told us that when required, people were supported to make decisions about their preferences for end of life care and professionals would be involved as appropriate to ensure people were comfortable and pain free.
- Care plans recorded if a person had a 'do not resuscitate' document in place. These were kept in the files, so they were accessible to emergency services.

Improving care quality in response to complaints or concerns

- People who were able, told us if something was not right they would let someone know.
- Relatives knew how to make complaints, felt confident they would be listened to and the registered manager would take appropriate action.
- provider's complaints procedure was freely accessible for people in the main entrance.
- The service had not received any formal complaints since the last inspection.
- The registered manager told us they would always act upon concerns in an open and transparent way and would use them as an opportunity to improve the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The registered manager did not demonstrate the competency required to manage the regulated activity or have sufficient oversight of the service to ensure people received the care and support they needed that promoted their wellbeing and protected them from harm. For example, quality assurance systems were not undertaken robustly or always completed.
- Holwell Villa was previously inspected in June 2016, June 2017 and August 2018. At all of these inspections, we found breaches of regulation and the service was rated 'Requires Improvement.'
- Although the provider had in place a set of policies and procedures, these were not always being followed by the registered manager. For example, in relation to recruitment, safeguarding people from abuse and the Mental Capacity Act 2005 (MCA).
- Poor judgements/decision making potentially placed people at risk of harm. For example, in relation to risk management and the management of people's medicines.
- The registered manager was aware of their regulatory responsibilities but failed to carry them out.

The failure to manage the service in accordance with the regulations was a breach of regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our last inspection we found the registered manager and provider had failed to ensure systems were effective in assessing, monitoring and improving the quality and safety of the services provided. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been made and the provider was still in breach of regulation 17.

- Following the inspection in May 2018, we issued a 'notice of decision' to impose a condition on the providers registration. This required the provider to undertake a review of the quality assurance systems in place and carry out monthly audits in respect of pressure area care, risk assessment, care planning and recruitment.
- The provider was required to send to the Care Quality Commission a monthly report confirming the dates on which these audits had taken place, and include the actions taken or to be taken as a result, to demonstrate any areas of risk were being properly identified, assessed and mitigated. However, we found

the information contained within these reports had not either not identified or was not reflective of what we found at this inspection.

- Although the management team had made a number of improvements these had not been effective in addressing concerns identified by CQC during this and previous inspections.
- At this inspection we found the systems and processes to monitor the service were not undertaken robustly or always completed. This meant they were ineffective, did not drive improvement and did not identify the issues we found at this inspection
- These included concerns with care records, risk management, medicines, MCA, and training. For example, care plan audits were ineffective in identifying that some care plans did not hold accurate or complete information or guide staff as to the action they should take to mitigate/ manage known risks.
- Medicine audits did not identify unsafe practice.
- Recruitment audits did not identify where employment checks had not been completed.
- Systems were not in place to ensure the registered manager was made aware of all incidents. This meant appropriate action may not be taken to safeguard people or reduce the risk of reoccurrence.

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

- Following the previous inspection of the service in August 2018, we advised the registered manager to formally notify the Commission of the change to the membership of the partnership (legal entity) in line with their legal responsibilities. At this inspection they told us this had not been submitted.

The failure to notify CQC of changes was a breach of regulation 15 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

- The registered manager was open and honest with us during the inspection and described the circumstances that had led to them not providing sufficient oversight. However, although the registered manager demonstrated a strong commitment to the people living in the service and spoke passionately about providing good quality care, they had not recognised how their actions had impacted on people living in the service.
- People had confidence in the registered manager and told us the home was well managed. One person said, "I think it's well run, [registered managers name] is lovely and we are looked after." A relative said, "The home is very well run, the registered manager has always gone above and beyond to make my father comfortable and we have always been very happy with the care they provide." A health care professional said, "I was very impressed by the deputy manager, she quickly recognised when one person had become very unwell and wanted a plan. Her gut instincts were correct, and I remember thinking she showed good experience here."
- The registered manager was supported by a deputy manager, an administration manager and a team of care staff. Each had recognised responsibilities and there were clear lines of accountability.
- Concerns and complaints were listened to and acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others: Continuous learning and improving care

- The registered manager and staff had good working relationships with partner agencies. This included working with commissioners, safeguarding teams and other health and social care professionals.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to and were supported by the registered manager.

- The registered manager was in the process of developing a new system for capturing people's feedback on all aspects of the service.
- The service was working in partnership with other organisations to support care provision and service development. Following the previous inspection, the service continued to be supported by South Devon and Torbay NHS Foundation Trust's quality assurance and improvement team (QAIT). The registered manager told us they found the support helpful, although the improvements identified as necessary in the services improvement plan had not been achieved.