

Charnley House Limited

Charnley House

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Charnley House is a residential care home providing personal care to up to 40 people. The service provides support to older people and specialises in providing support to people living with dementia. At the time of our inspection there were 35 people using the service. The home provided care to people across three floors, accessible via a passenger lift and stairs. People have their own bedrooms and can access communal areas including adapted bathrooms, communal lounges and dining areas.

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

People's medicines were not always managed safely. The home was not always clean, safe and free from malodours. Individual risks were not always managed safely as documentation was not always accurate. Safe monitoring of individual risks was not always completed. We found people's body maps were not always completed or were not reflective of the person's skin status. We found concerns about the number of staff on duty during the day and night to ensure people's needs were met. People told us they felt safe, and systems were in place to monitor allegations of abuse.

Not all staff had received up to date training and supervision, nor had received relevant training to meet the specific needs of the people living at the service. The environment's layout and décor did not meet the needs of people living with dementia in line with best practice. We have made a continued recommendation about ensuring the home was dementia friendly. People received home-cooked food and the cook knew people's preferences around food. People mostly received relevant referrals to other agencies and healthcare professionals to ensure their health and well-being was maintained.

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. However, consent forms were not always completed and not all staff had completed relevant training.

We observed caring and positive interactions between people and staff; however, personal engagement was limited, and support was mostly task led. Despite providing mostly kind care, staff had limited time to support people's emotional needs. People were not always well groomed, and we found people did not receive enough support with their personal care. People's rooms were not always clean. Staff mostly knew people well, however, care plans did not always show staff what people's specific preferences were and how they wanted their care to be delivered.

People were not always supported to enable them to take part in inclusive and person-centred activities of their choice. We have made a recommendation about the provision of inclusive and meaningful activities for people. People living with dementia had limited access to communication and orientation aids and signage within the service to help them move around the home and to express their views. We have made a

recommendation about ensuring care plans contain information about people's individual choices and preferences.

People's experiences were not being captured, considered, or analysed to ensure they were receiving good quality care. Systems and processes to ensure oversight of the service were not always effective. Audits completed had not always identified and actioned the concerns we found on this inspection. We have identified multiple breaches at this inspection. The service has now been rated requires improvement or inadequate in the well-led domain for 8 consecutive inspections.

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

Rating at last inspection

The last rating for this service was good (published 10 March 2023).

Why we inspected

The inspection was prompted in part due to concerns received about safe moving and handling, individual risk management, poor personal care and poor staffing levels. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the full report.

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.

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

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

Enforcement and Recommendations

We have identified breaches in relation to safe medicines, risk management, premises, staffing levels, staff training and governance.

We have made a recommendation about ensuring the home is suitable for people with dementia. We have made a recommendation about ensuring information about people's choices and preferences are recorded. We have made a third recommendation about ensuring activities are inclusive and meaningful for all people.

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

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Charnley House

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 3 inspectors, a medicines inspector and an Expert by Experience on day 1. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day 2 was carried out by 1 inspector and day 3 by 2 inspectors.

Service and service type

Charnley 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. Charnley 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

This inspection was unannounced on day 1 and day 3.

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 the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

As the home is a specialist dementia service, many people were unable to provide their views to us; however, we spoke with 7 people who used the service. We also spoke with 3 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, deputy manager, activities co-ordinator, kitchen staff, care workers and senior care staff.

We reviewed a range of records. This included 9 people's care records and 11 medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 our last inspection we rated this key question good. 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.

Using medicines safely

- Medicines were not always managed safely.
- Thickener powder was stored safely. However, staff were not always accurately recording when thickener powder was added to drinks for people at risk of choking and aspiration. We could not be assured that people received their thickener as prescribed.
- Records were not always kept for when time specific medicines had been administered. For example, we could not be assured that the four-hour time interval between paracetamol containing products had been observed. After the inspection the service told us they had implemented a system to record this.
- There was no clear process in place for the recording of applications of topical medicines such as creams. Medication administration records (MAR) for topical preparations, such as creams, were not always completed accurately, and we could not be assured that people were having them applied correctly.
- We found staff were not always clear on who required medicines to be given covertly (medicines hidden in a person's food or drink). When a person received their medicines covertly, they did not always have instructions for each medicine from an appropriate healthcare professional about how to safely give them.
- We found in one instance staff had not signed for administration on the MAR chart for the whole of the previous month for one of their medicines so we could not be assured that they had received their medicines as prescribed.
- We found there was no provision for administering medicines during the night shift as staff were not trained. The service relied on senior staff and management being on call during the night to attend the home to administer as and when required medicines. This placed people at the risk of harm of not receiving their medicines when required. There was also a risk that the prescribed gaps for regular medicines were not always adhered to. After the inspection, the provider told us that staff stay late to administer medicines, we will review this at the next inspection.

Medicines were not managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns during the inspection and these were acknowledged by the management team. They told us they would put measures in place to minimise any future risks regarding medicines. We will review the effectiveness of these measures at our next inspection.

Assessing risk, safety monitoring and management

- The management of people's individual risks was not always managed safely.

- We found conflicting information in one person's care plans about their assessed diet and fluid needs. Advice from a speech and language therapy assessment was not detailed in care plans to guide staff. This person's hydration charts recorded they were not receiving sufficient levels of fluids.
- Records for monitoring people's safety were not always fully completed and staff did not always follow care plans. People's repositioning charts to maintain healthy skin or periodic welfare checks were not always completed. One person had left the home unaccompanied several times and required half-hourly checks; we found this was not being completed. Some people needed equipment to care for their needs and we found this was not always in place. One person required a pressure cushion and we observed this was not in use throughout the 3 days of inspection. Another person needed their legs elevated whilst sat in a chair; however, we found this was not done and there were no foot stools provided at the home. The registered manager told us footstools had been removed from the home. After the site visit, the provider has confirmed they have now purchased 4 footstools for the home.
- On the first day of inspection we found one person's continence care was not appropriate and we fed this concern back to the registered manager twice during the day. This concern was not remedied until the end of day 1. On day 3 of the inspection, we found the person was undergoing medical checks related to their continence care.
- We found several people had bruises and marks on their skin. Body Maps should be used to document and illustrate visible signs of harm and physical injuries. However, body maps were not always being completed to reflect these. We observed one person had black bruising and a skin tear to their hand and finger and there was no incident form or body map completed. We observed another person had significant bruising to their head and face and there was no completed body map.

Individual risks to people were not always managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home was not always clean and was malodorous in communal areas and some people's bedrooms. This malodour was present when we checked at different times of the day over our 3 days of visits. Some people's bedrooms and bedding were unclean. Flooring was unclean in some areas of the home and required replacement.
- Safety checks and home walkarounds had been carried out and there was a home maintenance action plan in place. However, some actions had not been completed for several months and we identified areas in the environment that required repair and renovation to ensure people were safe. We found concerns regarding the accessibility of people to an unsafe area, wardrobes were not always secured to walls and several radiators were not covered to prevent risk of injury.

The home was not always clean and safely maintained. This placed people at risk of harm. This was a breach of regulation 15 (Premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service had employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included DBS checks and references from previous employers. We found that checks had mostly been carried out; however, there were some gaps in the checks for 2 staff. These were lack of suitable references and gaps in employment. The registered manager followed up these missing checks and we signposted them to the recruitment legal requirements to ensure they were compliant with regulations.
- The registered manager told us they used a dependency tool to determine staffing levels. However, we

were not assured the staffing levels in place were safe to meet people's needs.

- We saw staff were very busy in the home and worked hard to meet people's needs. However, we observed people requiring assistance in the lounge and during mealtimes and they were not always attended to in a timely manner. We observed verbal altercations between people in communal areas where no staff were present. We found there were a high number of falls at the home at night and there are only 3 care staff on each night shift to care for up to 40 people over three floors. The registered manager told us they were able to add to the staffing levels at any time if needed. However, we found one person was having a significant number of falls and extra staff had not been deployed to provide additional monitoring to safeguard this person.
- People and their relatives told us they thought the staff were helpful and responsive, but most felt the home needed more staff. One person told us, "I wish there was more staff." One relative told us, "At times the staff are rushed and are short staffed and use agency staff, so at times they could do with more staff."

The provider had not ensured there was enough staff on duty to meet the needs of people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to monitor allegations of abuse to ensure these were reported to the local authority.
- Despite our concerns found about people's safety, feedback from people was positive and people told us they felt safe at the home. One person told us, "I feel safe, there are staff day and night they even come into the room to check if you are alright when you are in bed." One visitor told us, "[Relative] is so much safer here, they have falls but had many more at home. It's good to know they are safe and there are people around it was impossible for us to manage when they lived at home."
- Accidents and incidents were recorded and reviewed monthly. This allowed the registered manager to take action to reduce risks. We saw one person had been identified as having a number of falls and a referral had been made to the falls team.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was following current guidance in relation to visiting in care homes and there were no restrictions on people being able to receive visits from friends and family.

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

Staff support: induction, training, skills and experience

- Not all staff had received up to date training and supervision, nor had the relevant training to meet the specific needs of the people living at the service. For example, only a small number of staff had received training in catheter care and end of life care, despite people living at the home needing this type of care.
- The provider's training programme was not delivered in line with their own training policy. Staff had to complete e-learning in their own time and the training considered mandatory by the provider was not in line with Skills for Care guidance. Skills for Care is the strategic workforce development and planning body for adult social care in England.
- The home is registered as a specialist service for people with dementia and the registered manager told us that around 80% of people at Charnley House were living with dementia. However, we found the service did not consider dementia training as mandatory and only around half of staff had received up to date training in dementia care.
- The majority of staff had not received any training in how to interact appropriately with people with a learning disability and autistic people. This training is a legal requirement.

The provider had not ensured all staff received training and supervision to safely meet the needs of people using the service at all times. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At the last inspection of the effective domain, we recommended the provider review best practice guidance to ensure the programme of redecoration meets the needs of the people living at the home, including people living with dementia. The provider had not made improvements.

- The environment was not decorated to meet the needs of people living with dementia in line with best practice.
- The provider had not ensured the home's décor and layout were conducive to helping people live well with their dementia. Decoration, signage and design layout did not promote people's independence. People did not always have their name or photograph on their bedroom doors and the floors and walls of the ground floor corridors were painted a similar colour. This does not allow people to be able to differentiate the different parts of the corridor. Before and after mealtimes, the main corridor where people moved

between the main lounge and dining room became crowded with people and we observed people becoming agitated and frustrated with the congestion and each other. The provider told us they had now replaced the missing name plates on bedroom doors.

- Some people's bedrooms were very basic and were not personalised. The large main lounge was not homely and walls and flooring required refurbishment. The provider had removed all soft furnishings and therefore, people did not have cushions on chairs. Despite many people spending a large part of their day in the main lounge, the only stimulation was a television in one corner; there were no magazines, books or dementia specific items, such as fiddle blankets. We raised concerns with the registered manager about the lack of cushions on chairs in the large communal lounge. On the second day of inspection, we found 4 cushions had been placed in the lounge.
- The registered manager told us there was a refurbishment programme in place and bathrooms and toilets were being upgraded.

We make a continued recommendation that the provider consult evidence-based guidance on ensuring the home environment is dementia friendly to allow people to live well and independently with their dementia.

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

- Assessments of people's needs were mostly in place. The service completed a pre-admission assessment and developed care plans based upon these needs.
- The service used an electronic care system for assessments. People's care plans and risk assessments were reviewed monthly by senior staff. However, care plans lacked personalised information which we have reported on further in the responsive area of this report. After the inspection the provider sent us a copy of a care plan that included personalised information.

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

- Home cooked meals were prepared by the cook and people were served biscuits and hot drinks during the day.
- People had nutrition and hydration care plans. However, one person had conflicting information in their care plan about what diet was safe for them and it was not always clear in their meal charts that they were given food that aligned with their assessed need. The hydration charts for this person showed they were not always receiving enough drinks and we did not see what action had been taken as a result.
- The cook had a good knowledge of people's likes and dislikes. They had information in the kitchen about people's needs around diet and drink modifications. Decisions around what was on the menu was made by the provider and we did not see evidence where people's preferences were incorporated into the set menu.
- The cook ensured people received fortified diets and would make an alternative for people if they requested. People's feedback about the quality of the food was positive. We did not see where people were offered choice during mealtimes, there was no pictorial menus to help people choose and people were not offered condiments or napkins.

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

- People mostly received referrals to other agencies and healthcare professionals to ensure their health and well-being.
- The service had links with local healthcare providers, such as pharmacists and the falls team. The local GP surgery supplied a complex care nurse who visited the home at least weekly. Some people living at the home were visited regularly by district nurses due to their health conditions. The service made referrals to services such as speech and language therapy (SALT) if they had any concerns. One visiting professional was complimentary about the care and support provided to people at the home. They told us, "Care here is

really good have no concerns at all... If I ask staff to do something they do it in a timely way."

- We received mixed feedback from people about receiving timely care. One person told us, "If I felt poorly, I would speak to the staff, I am positive they would help me." However, another person told us they had reported a health concern and said, "I have mentioned it to the staff, but nothing is done about it." We reported this to the staff and asked for the person to be reviewed.
- During the inspection we found a person had bruising to their hand; however, staff told us there had been no medical review of this injury. We asked staff to ensure this injury was reviewed by the visiting healthcare professional.
- People had access to other health and care services; visitors to the home included podiatrist, optician and hairdresser.

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 registered manager was aware of their responsibility to ensure people were only deprived of their liberty where they had the appropriate safeguards in place. They had a DoLS tracker in place to keep a check on when authorisations needed to be reviewed and reapplied.
- We found consent to care forms had not always been signed by people or their representatives. The deputy manager told us the electronic care system does not allow them to do this.
- Staff training on consent was not considered mandatory by the provider on their matrix and only a small number of staff had received consent training. Training on MCA and DoLS was mandatory; however, we found there were several staff who did not have up to date training in place.

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. 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.

Respecting and promoting people's privacy, dignity and independence

- We saw instances where people were treated with care and kindness whilst having their independence promoted and respected. However, we also saw where people were not always treated with dignity.
- Some people did not look well kempt and had unclean clothes, footwear and fingernails. Care records did not show that some people had regular baths and showers. We received mixed feedback from people about the opportunity to have a shower or bath. One person told us, "If I ask for a shower the staff usually say yes." Another person told us, "I do not have a shower, I have wash downs." There was only 1 bath and 2 showers in operation at the home for use by up to 40 people.
- We checked people's bedrooms throughout the inspection and found bedrooms were not always clean. We found everyone, with the exception of 2 people, had been provided with thin, noisy waterproof pillows and duvets and these were covered in bedding that was in poor condition; discoloured and some covers were ripped and unclean. We spoke with the nominated individual about the rationale for waterproof bedding and they told us they had been instructed by their infection control professional they had to supply these waterproof duvets and pillows to everyone at the home. However, we found this is not local infection control policy. People had not been offered choice to have this type of bedding.
- Dignity and respect training was not considered mandatory by the provider and only a very small number of staff had received this training.
- During lunchtime observations, we found some staff were very attentive and caring when assisting people with meals. However, we did not see people were assisted to clean their hands before eating, and tables did not have tablecloths or napkins. During one lunchtime we found people were not always assisted appropriately as there were many people requiring attention and there was not enough staff to attend to everyone in a timely way. We saw some people were eating their food with their bare hands and wiping their hands on their clothes. The environment was busy and noisy which can be distressing for people living with dementia. Several people were shouting out and did not always receive timely attention from staff.

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

- We received mixed feedback from people about staff. Some people told us they felt they were respected, and others told us staff were not always respectful to them. One person told us, "The staff are very good they know me well they don't fuss over me they are very respectful which I appreciate." And "The majority of staff are good and obliging." However, one person told us that one staff member had been "abrupt", and another person described a staff member as "brusque". We reported this concern to the registered manager. We received feedback from one person that there was a language barrier with agency staff, they told us,

"The agency staff do not appear to understand English."

- Relatives told us they were happy with the care at the home. One relative told us, "The staff are always polite and respectful, I feel comfortable visiting." Another relative told us, "Each time we visit there is staff we know on duty; they are obliging and willing to answer anything we ask." One visiting professional told us, "Staff are amazing...they deserve praise where it is deserved."

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

- We were not assured the provider gave the staff enough training, support and time they needed to enable them to provide meaningful and compassionate care.
- We observed caring and positive interactions between people and staff; however, personal engagement was limited, and support was mostly task led. Despite providing mostly kind care, staff had limited time to support people's emotional needs.
- Care records did not evidence how people were supported to engage with their care planning. Care plans did not always show staff what people's specific preferences were about how they wanted their care to be delivered. However, we saw that most staff knew people well and the people who were able to express their views told us they did not feel restricted.
- On the first morning of inspection we found there were over 20 people in the dining room early in the morning. Night staff told us they got at least 5 people up per staff member each morning. We spoke with the registered manager about people's choices and preferences on what time they started the day and they told us that staff may have agreed this themselves but it was not the home's policy.

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 good. At this inspection the rating has changed to 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

- People were not always supported to enable them to take part in inclusive and person-centred activities of their choice. This concern was raised at the last inspection.
- There was one activities co-ordinator who worked hard and was caring and enthusiastic with lots of ideas; however, we found there was little in the way of daily activities. We were informed there was no budget provided for the provision of activities and any funds had to be raised through the residents' fund. We spoke with the provider about this lack of provision, and they told us this was incorrect.
- Care documentation demonstrated people were not always supported in activities socially and culturally relevant to them. People were mostly sat in the lounge or walking around the home with no stimulation or social interaction.
- People told us any activities were not always relevant to them. One person told us, "I don't join in the entertainment; there isn't much for me." Another person told us, "I wish there was more staff and entertainment that is more suitable for me; I keep myself busy with puzzles. I would like to see more outside entertainment. I went on a trip last year and it was wonderful."

We recommend the provider ensures sufficient provision of activities for everyone that are inclusive and relevant to people living at the home; including those people who are cared for in their room.

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

- Care plans and care delivery was not always person centred.
- Care plans contained information to direct staff on people's everyday care needs. However, we found there was a lack of detailed information about people's personal history, individual preferences and how they liked to have their care provided. This was important as the home had several new staff, and sometimes used agency staff, and they would not have information on each person's preferences to provide personalised care. After the inspection, the provider sent us a copy of one person's care needs document that showed their personal history and preferences for care.
- We saw no evidence that people had been involved in reviews of their care plans and assessments. However, relatives told us they felt involved in their loved one's care.

We recommend the provider consults best practice guidance to ensure people receive person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences.

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.

- The registered manager was aware of the AIS and understood their requirement to ensure people received information in a way they could understand.
- The registered manager told us there was no-one living at the service who required information to be provided in an alternative format. They told us one person will, at times, write down what they are struggling to say and some people use lip reading.
- People living with dementia had limited orientation aids and signage available within the service. This increased the risk of people being disorientated because the environment had not been fully designed to meet their needs. We did not see where any dementia communication aids were used, such as pictures or communication boards.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place with timescales for responding to any complaints received.
- There was no information on display for people or relatives at the home on how to make a complaint. However, details on how to complain were included in the service user guide given to people when they move into the home. The registered manager told us they would put some information in the home's foyer.
- The registered manager told us they had not had any complaints about the service since the last inspection.

End of life care and support

- The home had an end of life care planning policy and procedure in place. We saw the policy stated all staff should receive end of life training. However, the training information provided to us demonstrated that only a small number of day staff, and none of the night staff, had received this training. Therefore, we were not assured that staff would be provide effective management of care as they near the end of their life.
- The registered manager told us there were 2 people at the home who were deemed to be on end of life care at the time of our inspection and these people were receiving appropriate care from visiting nursing teams.

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

- The provider had not demonstrated continuous improvement and had not always ensured safe and effective governance of the service. The service has now been rated requires improvement or inadequate in the well-led domain for the eighth consecutive inspection and we have identified multiple breaches at this inspection.
- The provider, registered manager and compliance manager had undertaken quality monitoring and audits prior to this inspection. A service improvement plan was in place. However, although the quality monitoring of the service had identified some areas requiring improvement, specific and significant areas of concern found during this inspection had not been identified.
- The provider had not ensured staff were adequately supervised and trained and had not ensured people always received their medicines safely. We found care plans were not always accurate and clear on how to provide safe care and treatment. We found conflicting information in care records and care documents did not always reflect people's current needs. There was no management presence at weekends and no seniors on duty on night shifts to provide support to care staff.
- The provider had not always ensured people were treated with dignity and not always ensured the safety of people around the home. We found concerns with the environment, including the malodour of the home in various areas at various times of the day, unsafe radiators, and repeated concerns around a lack of a dementia friendly environment.

The provider had not always ensured full oversight of the operations of the home, leading to the concerns identified in this inspection. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At the last inspection we recommended that the provider seeks best practice guidance to ensure people are actively engaged in the operation and development of the service. The provider had not made enough improvement.

- People who live with dementia and cognitive impairments cannot always express their views. Their lived experiences were not being captured, considered, or analysed to ensure they were receiving good quality care.
- Regular meaningful activities and engagement with people to ensure they had a good quality of life needed further improvement. There were monthly residents' meetings held and we reviewed the previous 3 meeting notes. We found few people were noted in attendance and where people had expressed their wishes, we did not see these had been acted upon. For example, people said they would like to go on walks and would like fresh fruit on the tea trolley. We did not see that these requests had been met.

The provider had not effectively sought and acted on feedback from people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements were needed to the culture of the service. Whilst staff were caring and when they spoke to people, and were kind and considerate, we found staff were very busy and there was a task centred culture in the service.
- People were supported to maintain friendships and important relationships. We saw relatives visiting people during our inspection.
- People, relatives and staff spoke very highly of the registered manager and told us they found them very approachable and caring. One person told us, "I have no complaints I get three meals a day plenty of drinks I can have visitors and the staff are always kind and obliging and helpful the manager often comes in and I enjoy our chats." Another person told us, "If I am unhappy with anything I speak to the manager my concerns are addressed and resolved." One relative told us, "I feel I can speak openly to the manager they are visible and always willing to listen to me and I feel lucky that the management understands and the staff care about the residents." One staff member told us the registered manager was "absolutely lovely."

Continuous learning and improving care; 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 the last inspection we recommend the provider strengthened their policies and procedures in respect to the submission of statutory notifications. The provider had made improvements to the submission of statutory notifications.

- The registered manager told us they understood their responsibilities under the duty of candour. They told us they would ensure an open and honest disclosure to people and their families if something went wrong.
- Accidents, incidents and safeguarding concerns were reviewed, analysed and investigated where necessary. We saw where action had been taken to mitigate risk and make referrals to other agencies when people had fallen multiple times. However, there was a high number of falls at the home that required further meaningful analysis to identify specific risks.
- Prior to this inspection, we were made aware of concerns about the care and support people received. Those concerns were confirmed during this inspection and learning actions from a recent safeguarding had not been effective.

Working in partnership with others

- The registered manager told us they worked closely with the local authority and health care teams to share information when incidents occurred. Where safeguarding and other investigations took place, the management team worked alongside the local authority. They worked closely with the local authority, health care organisations and public health departments to ensure government and local guidance on

safety was adhered to during any infection outbreak.

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 ensure the premises and equipment were clean and safe. Regulation 15 (1) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there was enough staff and not all staff had received training and supervision to safely meet the needs of people using the service at all times. Regulation 18 (1) (2) (a)

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 medicines were managed safely and that risks relating to the health, safety and welfare of people were robustly managed, monitored and assessed. Regulation 12 (2) (b) (c) (f) (g)

The enforcement action we took:

Warning notice issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance and quality checks were not always effective in identifying areas for improvement. Effective action was not always taken to improve the quality and safety of care people received. Regulation 17 (1) (2) (a) (b) (c) (e)

The enforcement action we took:

Warning notice issued.