

Minster Care Management Limited

Ideal 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

Ideal Home is a residential care home providing personal care to 36 people at the time of the inspection. The service is registered to support up to 50 people. There are two sides to the home, one side supports older people living with dementia and the other side supports people with enduring mental health problems.

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

People were not always safe as the physical environment was not safely maintained. The provider failed to identify risks or put effective measures in place to mitigate potential harm. People were not protected from the risks of abuse or neglect as the provider failed to consistently follow reporting procedures when concerns were raised with them. The provider was not promoting effective infection prevention and control practices throughout the building. The provider did not consistently learn from incidents, accidents, or near misses as their processes were inconsistent and did not robustly identify and promote good practice.

People were not always supported to have maximum choice and control of their lives. Staff did not always support them in the least restrictive way possible or in their best interests; the application of policies and systems in the service did not always support best practice. People did not have concerns or complaints effectively managed.

The provider did not always promote people's dignity or respect. People's protected characteristics were not known by the management team or promoted.

The provider's quality checks were ineffective in identifying or driving good care. The provider had not always told the care quality commission about significant events.

People received their medicines safely and as prescribed. When required the provider referred people for additional support with their diet and hydration.

People were supported by a trained and supported staff team. The provider followed safe recruitment practices when employing new staff.

The last rated inspection rating was on display at the location and on the providers website.

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 28 August 2019). At that inspection there were breaches of regulation regarding recruitment, governance processes, hydration and nutrition.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We found improvements had been made in some areas. However, we also identified additional

concerns at this inspection and the provider remained in breach of regulations. The service remains rated requires improvement. This is the second consecutive inspection where this service has been rated requires improvement with breaches.

Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last inspection.

We looked at infection prevention and control measures (IPC) 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 the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the safe, effective caring, responsive and well-led sections of this report.

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 Ideal Home on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to keeping people safe, safeguarding from abuse, consent, complaints and overall governance.

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.

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 always 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 always well-led.

Details are in our well-Led findings below.

Ideal 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

Two inspectors and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ideal Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. 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 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.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality.

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 all this information to plan our inspection.

During the inspection

We spoke with eight people living at Ideal Home and two relatives. In addition, we spoke with six staff members including carers, senior carer, domestic support, the registered manager and area manager. Following our site visit we spoke with one healthcare professional.

We looked at the care and support plans for four people and multiple medication records. In addition, we looked at several documents relating to the monitoring of the location including quality assurance audits, health and safety checks, incident and accident reports. We confirmed the recruitment checks of two staff members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed 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 safe from the risks of abuse and ill treatment. The providers systems and practices were not effectively followed to protect people. For example, we saw two incidents where concerns of an abusive nature had been identified and reported by staff. The management team failed to follow recognised procedures and had not reported this incident to the appropriate authorities.
- Although staff told us they had received training on how to effectively safeguard people they did not have information readily available to guide them on how to raise concerns. One staff member told us they didn't know where the process was or if there was a policy but were sure they would be able to find a way to raise concerns.
- Information was not readily available to people or visitors in a format which was accessible to them on how to report concerns. We asked the registered manager where the information was on how to raise a safeguarding concern. After a brief walk around the building they concluded there was no information on display directing people or visitors on how to report a concern.

We found no evidence that people had been harmed, however, systems were not robust enough to safeguard people from abuse and improper treatment. This placed people at risk of harm. These issues constitute a breach of Regulation 13: Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following identification of these concerns we instructed the registered manager to pass the details to the local authority in accordance with local reporting instructions. This was actioned at the time of the inspection.

Assessing risk, safety monitoring and management

- The provider failed to ensure the physical environment was safe for people. For example, we found a stair hand rail was broken, a window restrictor on a first floor sash window was missing, one fire door had been altered and did not close, some radiator valves were missing creating sharp points, a ceiling light had exposed wires and one person's hot water exceeded the safe maximum temperature creating a risk of scalding.
- One person had a kettle in their room which was placed on a low table with electrical wires and extension leads surrounding it. This had not been risk assessed by the management team to ensure the risk of scalding or electrocution was mitigated. This person also had access to cleaning products which they stored in their room. There was no risk assessment in place to mitigate any risk from accidental or intentional ingestion of these products.
- We saw individual toiletries were left in communal bathrooms accessed by those living with dementia.

This put people at the risk of accidental ingestion.

- One person told us they manage their own medicines and keep these in their room. There was no assessment to indicate if the person was safe and competent to do this or if the storage of these medicines was appropriate.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw dining tables which had chipped wood and worn varnish exposing the bare wood below. We saw chairs with torn protective covers, handrails which were worn exposing bare wood, lighting pull cords which were visibly dirty, unknown substances on dining chairs and general detritus in communal areas.
- We were not assured the provider was preventing visitors from catching and spreading infections. One visiting healthcare professional told us they were not asked for evidence of a recent test to ensure they were safe to enter the building and they were greeted by a staff member who was not wearing a mask. In addition, the poor level of general cleanliness of the location put visitors at risk of catching and spreading infection.
- We were not assured the provider was making sure infection outbreaks could be effectively prevented or managed. Although the provider managed a recent outbreak with minimal impact on people the practices and environment did not assure us outbreaks could be prevented.
- We were not assured the provider was using PPE effectively and safely. We spoke with a visiting healthcare professional who told us they witnessed staff members wearing face masks under their chins, not changing PPE equipment between tasks, not adhering to bare below the elbows and in one instance not wearing a mask at all. In addition, we saw the registered manager at times with their face mask dangling from one ear.
- We were not assured the provider's infection prevention and control policy was up to date. Despite advice being given by the NHS trust's infection prevention and control team the provider was still using incorrect cleaning chemicals.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. These issues constitute a breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We passed our immediate concerns to the registered manager who told us their maintenance person was on site and would start addressing them.

- We were assured the provider was meeting shielding and social distancing rules. However, the registered manager did explain it was difficult to encourage people to maintain a distance when they were living with dementia.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.

Staffing and recruitment

At our last inspection the provider had failed to operate effectively established recruitment procedures to meet the regulations. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were supported by enough staff to safely and promptly support them. One person said, "I have no concerns about the staff. They make me feel safe."

- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour. This included retraining or disciplinary procedures if required.

Visiting in care homes

- The provider was supporting visits in line with the Government guidance.
- The registered manager told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, the registered manager reviewed all incident and accident records to identify any trends in incidents or if anything could be done differently to minimise the risk of harm to people. This was overseen by the area manager. However, this process was not robust enough. They failed to identify incidents which should have been referred to other agencies.

Using medicines safely

- People told us they received their medicines safely and as prescribed. One person said, "I get my medicines when I need them."
- People had individual care and support plans which informed staff members what medicines were needed, when and why.
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider completed checks to the medicines to ensure staff members followed safe practice.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.

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.

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

- Staff did not always support people in the least restrictive way possible or in their best interests; the application of policies and systems in the service did not always support best practice. We saw information stated one person had the mental capacity to make decisions for themselves. However, staff had limited them to one cigarette per hour. There was no assessment why the decision to limit this person's choice or independence. There was no indication the person had consented to this restriction and there was no evidence the restriction was made in their best interests. We asked the registered manager about this and they told us, "They would smoke a whole packet in one go and don't have the finances to keep smoking like that." The registered manager failed to understand this was a restriction placed on the person without their consent.
- Another person told us they had to ask every time they wanted to leave the building and for staff to unlock the doors. This person had capacity to make decisions for themselves and attended work on a regular basis unaccompanied. They felt this restricted their freedom and no one had explained to them the rationale for this restriction. This person had not consented to this restriction.

We passed our concerns about the potential unlawful restrictions on people to the local authority for their awareness. Systems were not robust enough to demonstrate the MCA was effectively managed. This placed people at risk of unnecessary or potentially unlawful restrictions. These issues constitute a breach of Regulation 11: Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised our concerns with the area manager and the registered manager. They confirmed they would

review any restrictions currently in place as a matter of priority to ensure people's needs were being met in the least restrictive way possible.

- We did see the provider had made application to the relevant authorities when other restrictions had been identified and had processes in place to review and if necessary, remove restrictions. However, the policies were inconsistently applied meaning some people were subject to unnecessary restrictions which were not in their best interests.

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

- People's health needs were assessed and reflected their individual health and care needs. For example, we saw assessments of nutrition and mobility. However, people told us they were not routinely consulted about their care needs or what they felt they would like support with.
- Staff members knew the health and care needs of those they supported. One staff member said, "We all pass on information and changes in people's needs. That way everyone knows how best to look after someone."

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

- The physical environment was not decorated or adapted to a consistent standard to meet people's needs. There was a lack of signage to direct people or help them orientate around the building. We saw many bedrooms did not have names on the doors or other indications to help people orientate themselves. There was a lack of signage or direction to toilets or bathrooms and no indication where other communal areas were. For example, the smoking area.

At our last inspection people's nutritional needs had not been safely and effectively monitored and managed. This was a breach of Regulation 14 (Nutritional and Hydration Needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

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

- When it was needed the provider monitored people's food and drink intake and any weight gain or loss. Any concerns or unplanned fluctuations in weight were passed to supporting healthcare professionals for their assessment.
- People told us they had plenty of food which was of a good quality. If they didn't like something an alternative was available.

Staff support: induction, training, skills and experience

- Generally, people felt they were supported by a staff team who had the skills to effectively meet their needs. One person said, "The staff are fairly well trained." They went on to say, "Some of them know what they are doing." One relative told us they believed staff were well trained and you could tell this by the way they did things.
- Staff were positive about the training and support they received. A staff member told us, "The training is good, and I get what I need. They [management] make sure we are up to date with our training." "I've never been asked to do anything that I haven't been trained to do."
- Staff members new to the role received an introduction to Ideal Home and were supported to obtain the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff members had effective, communication systems in place. This helped to share appropriate information with those involved in the support of people. One person told us if there were any concerns about their health a staff member would contact the GP without delay.

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

- People were not consistently treated with dignity and respect. The physical environment within which people lived and spend time was in a very poor state of repair with ripped seating, missing light fittings and significant amounts of dirt and debris throughout some communal areas.
- Staff did not always explain or present things in a clear and easily understood way for people to be involved with what was happening. For example, we saw one staff member provide a lunch time meal for one person who had a significant visual impairment. They just put it down on the table in front of them. The staff member did not announce themselves, say what they were doing, what the food was or where on the plate individual items were. There was no consideration for this person's individual circumstances.
- People's protected characteristics under the Equalities Act 2010 were not identified as part of their need's assessment. We asked the registered manager about people's protected characteristics and how they go about protecting them. They told us they didn't support anyone with a protected characteristic. We looked at the providers information return which stated, "We don't have anyone with protected characteristics." The registered manager and provider failed to consider gender, sexuality, disability, ethnic origin etc.
- Although staff members could tell us about those they supported and could identify people's individual circumstances and backgrounds this lack of recognition by the management team put people at risk of discrimination. During our time at Ideal Home we spoke with people all of whom had a protected characteristic which had not been considered or assessed by the management team.

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

- People's views were not always valued by the management team. One person told us about several concerns regarding their physical environment. All of which were valid and impacted on their health and safety. We asked the registered manager about these and they said, "The thing you need to know about [person's name] is they want things done now." This lack of regard for the concerns led to the person expressing to us they did not feel listened to by the management team and this caused them frustration and upset.
- Despite our findings people felt they were generally well cared for and looked after. One person said, "Some staff listen to me," and another person told us they felt their dignity was respected by those who supported them with their personal care. Information which was confidential to the person was securely stored and only accessed by those with authority to do so.

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 remained requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The registered manager showed us a record of the complaints they had received. We observed they had received only one complaint since 2015. We spoke with one person who clearly had complaints about the environment and thought they had made several complaints about it as they believed they were at risk. However, this wasn't recorded as a complaint by the management team who then subsequently failed to follow their own complaints process.
- Information was not readily available to people, visitors or staff on how to report complaints.

The provider did not have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service. These issues constitute a breach of Regulation 16: Receiving and acting on complaints, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 management team had not implemented the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss.
- People did not always have information presented in a way they found accessible. The registered manager told us in their PIR "No one has a communication need." This was again reiterated to us during our site visit by the registered manager. However, we spoke with one person who was visually impaired. They did not have a communication care plan explaining to staff how to present information in a way they could understand. We saw people living with dementia and there was a lack of signage to direct them including missing names or pictures from their bedrooms.
- Another person told us they had to use their phone to try and understand as they struggled with reading and writing. They did not have a communication care plan in place to support their needs.
- People did not have individual communication care plans putting them at risk of missing important information as there was nothing directing staff on how to best engage with them. Despite the management team telling us they could provide information in other ways i.e. large print, we saw no evidence this had been done.

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 told us they could involve themselves in activities outside of Ideal Home, for example going to work or meeting friends. However, those who were dependant on staff to engage them in activities did not receive consistent support. On the day of our site visit we asked staff about the activities. The only activity staff could tell us about on the day was they walked around the garden with one person. The registered manager told us the activities coordinator was not at work. No alternative provision had been made to keep people engaged or stimulated.

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

- Although peoples protected characteristics and communication needs had not been assessed and recorded, they did have other assessments which were personal and individual to them. However, people had mixed views about their level of involvement in the development of these plans. No one we spoke with told us they had been involved in the development of their care plan. However, one family member told us they were involved in the initial development of their relative's care plan.
- People' individual health care needs had been assessed and written up for staff members to follow and support people.

End of life care and support

- Improvements were needed to ensure people's religious preferences were recorded in their plan of care. However, people had an end of life care plan in place which detailed their preferences during their final days and following death.

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. At this inspection the rating has changed 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.

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

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively to ensure the regulated activity was carried out safely. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At this inspection there was a registered manager in post who was supported by an area manager. They did not have an effective quality monitoring system in place to identify improvements or drive good care. For example, they failed to identify or rectify when people did not have communication care plans in place, or if their protected characteristics were not known or recorded. The provider failed to ensure people received dignified and respectful care.
- They failed to ensure the environment was safe for people to live in. The management team completed regular 'walk around' checks of the building yet failed to correct issues like the missing window restrictors, broken furniture or that some toiletries were left out in communal areas. They failed to complete individual risk assessments for people, where needed, to keep them safe and to reduce the potential for harm.
- The management team had systems in place to look at accidents and incidents to identify trends and to see if something could be done differently to safely support people. However, they failed to identify when these incidents contained elements of aggression or abuse and then failed to ensure the right processes were followed.
- The provider failed to see there had been a potential under reporting of complaints over a sustained period of time. They failed to review the process to see if there was a potential issue with how complaints were being received and processed. They failed to provide information to people, in a way they could access on how to raise concerns.
- The provider failed to review the restriction placed on people living at ideal home or identify when these were potentially unlawful.
- The provider had an improvement plan in place, but this did not account for immediate improvements which were needed to keep people safe.

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 provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment. However, the provider did not have effective systems in place to identify or respond to concerns which had been raised with them. They did not follow procedures for responding to incidents and they did not have an effective complaints process in place.
- The provider had not always told us about significant events which occurred within their premises. For example, we saw two incidents had been reported to the registered manager. Both incidents contained elements of an abusive nature. The provider failed to notify us of these incidents.

The provider did not have effective governance, including assurance and auditing systems or processes in place. These issues constitute a continuing breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw the last rated inspection was displayed at the home in accordance with the law. The last rating was also displayed on the provider's website.

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

- Staff told us they felt supported by the management team and their colleagues. One staff member told us they could go to anyone at any time and they would be supported. They went on to say they had regular meetings and access to training to help them keep informed about any changes.
- However, the provider could not assure us staff understood the policies and procedures that informed their practice including the whistleblowing policy. Staff did not know how to report incidents of abuse consistently, information was not readily available to them on how to raise a safeguarding concern or how to direct people to the complaints procedure to resolve any issues.
- People gave us mixed responses when asked about the management of Ideal Home. Some gave positive responses like "helpful and nice," whilst others told us they didn't know who the management was or that they didn't get on with them." Relatives were positive about their experiences with the management team and found them helpful when engaging with other healthcare professionals. However, the management approach did not provide a consistently supportive and empowering environment for people to openly express themselves.

Continuous learning and improving care

- We could not be assured the management team had kept themselves up to date with legislation and best practice used to drive improving care. This was because they had failed to initiate and maintain effective practices and were in breach of multiple regulations at this inspection.
- The management team received information regarding changes in guidance from the NHS and Public Health England in terms of how to manage during the pandemic. They received information from the local commissioning groups, local authority and a provider representative organisation. Additionally, their policies and procedures were being updated after commissioning the services of a specialist provider.

Working in partnership with others

- The management team had established links with other health care professionals. For example, GP, and social work teams. Any advice or recommendations were recorded in people's individual care plans.

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 11 HSCA RA Regulations 2014 Need for consent People were subjected to unnecessary restrictive practices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have an effective system in place for identifying and reporting safeguarding concerns.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not operate a accessible or effective complaints process.

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 did not ensure the physical environment was safe for people to live in.

The enforcement action we took:

We issued the provider with a warning notice instructing to take action to improve.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective governance systems in place to drive good care.

The enforcement action we took:

We issued the provider with a warning notice instructing to take action to improve.