Libatis Limited

Barton Lodge

Inspection report

12 Longlands
Dawlish
Devon
EX7 9NF

Tel: 01626866724

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Barton Lodge is a care home that provides personal care for up to 11 older people. At the time of the inspection nine people were living at the service. Some of these people were living with dementia.

The service was last inspected on 28 November 2018. At that inspection the service was rated as Requires Improvement overall and for the key questions of Safe, Effective, Responsive and Well Led. Six breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found.

Following the inspection in November 2018, we asked the provider to complete an action plan to show what they would do and by when to improve. This was completed and informed us what actions they would take and when these actions would be completed by.

At this inspection we found some improvements had been made. However, we continued to find issues of concern. Therefore, the service has remains as requires improvement.

The registered manager had been working with the local authority quality improvement team to embed positive changes. The registered manager said they had been supported by the provider. The registered manager was also the registered manager of the provider's other service situated in the same town.
People's experience of using this service and what we found

The service was still not always safe. Some improvements had been made including improving risk assessments for people and staffing levels at night. However, we found people did not always received their medicines safely, staff still had not completed safeguarding or infection control training, the hallway carpet presented a trip hazard, and some rooms had an odour.

The service rating certificate was displayed in the main entrance hallway. However, this was from the inspection completed in 2016, rather than for the last inspection in 2018. This stated the overall rating was Good. Where the last inspection, dated 2018, the service received an overall rating of Requires Improvement.

We were concerned about the level of activities available at the service. For example a relative said there was very little in the way of activities carried out. During our two days at the service no activities where completed until the final hour of our visit. An activity coordinator had been employed since the last inspection but was currently off. No other arrangements had been made to cover activities.

People and their relatives told us they were happy living in the home. Staff told us they enjoyed working at the service. Many people chose to spend time in their bedrooms. Staff were caring, however spent little time chatting and enjoying their time with people as they moved around the service.

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.

Improvements to the environment were still ongoing. For example, a new chair lift had been fitted. However, this left a carpet on the main stairway with holes in which could be dangerous for people due to multiple trip hazards. The registered manager confirmed a new carpet was on order.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. A visiting professional said the service contacted them appropriately and completed all actions requested.

Records of people's care were individualised and reflected each person's needs and preferences. The service was in the process of introducing a new computerised care planning system. Some records were not available on the day of inspection due to the changes taking place.

Some risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Staff were responsive to people's requests and gave people choice and control over their care.

People were involved in menu planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices.

People received support from staff who cared about them. People were supported to express their views in the way they wanted to. People and their families were given information about how to complain and details of the complaint's procedure were displayed at the service. The management and staff knew people well.

People, their relatives and staff told us the management of the service were 'hands on', approachable and listened when any concerns or ideas were raised. However, we found there was a lack of oversight and sufficient knowledge regarding the regulatory requirements of the service, this placed people at risk of avoidable harm.

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 Requires Improvement (published 6 February 2019) and there were multiple breaches of regulation. The provider was required to send us an action plan detailing the improvements they had identified and what action they had taken as a result. We have reviewed this report.

At this inspection not enough improvement had been made and the provider was still in breach of regulations. The provider therefore remains as Requires Improvement.

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, premises and equipment, notifications, displaying ratings, and good governance.

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 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 and request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Barton Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector during the site visits. We worked with the CQC medicines team to analyse our findings regarding medicines after the inspection.

Service and service type
Barton Lodge is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on 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
The 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 also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke and met all nine people who used the service. We spoke with the registered manager, deputy manager and three other staff members. We spoke with three relatives and visitors and one healthcare professional. Some people were not able to tell us verbally about their experience of living at Barton Lodge. Therefore, we observed the interactions between people and the staff supporting them. 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.

We reviewed a range of records. This included three people's care records and a sample of medicines records. We looked at two staff files in relation to recruitment and staff supervision records. A variety of records relating to the management of the service, including policies, procedures and staff training records were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely.
At the last inspection we found gaps in some medicine administration records. The registered manager stated at the time they would follow this up and review their process to ensure audits would pick up any medicine discrepancies.

At this inspection we found people did not always receive their medicines safely or as prescribed.

● Medicines recording systems were in place and being used but were not always in line with best practice. For example, when Medicines Administration Records (MARs) were hand written and these were not signed by a staff member. It was also not checked and countersigned by a second person to ensure it was correct.
● On checking one person's medicine, we found five tablets had been dispensed from the packet, however this should have only been four tablets. There was a change on a MAR for this person. The number of tablets to be given was altered from two tablets a day to one tablet a day. We understand that this was an error, and no staff signatures were recorded. As a result, we could not be sure that this person received their tablets as prescribed.
● We found that this person had also not received their prescribed medicine for two doses on the same day. It had been recorded that they had attended a day centre. However, no medicines had been taken with them or given as prescribed on their return for the following dose. We found the MARs had been signed by staff to say this medicine had been administered for the second dose. Therefore, this person did not have their medicine as prescribed.
● People prescribed topical medicines and cream had these held in their bedroom. However, we could not be sure if people were receiving these topical medicines as prescribed. Whilst people had a 'Topical Medicines and Transdermal Patches Administration Record' they were not always completed. We saw a lack of staff signatures and in some cases no description of the areas the topical cream should be applied to.
● We found another person who was prescribed on their MAR record 10 mls of a 'when required' medicine for pain relief being administered only 5 mls. This was due to their 'When Required (PRN) Medication Outcome Record' being incorrectly completed. There was no staff signature to say who had recorded this information. Also, there was no second signature to say it had been checked by a second member of staff. We found this person was requesting pain relief most days. Records showed this person did not have the recommended gap of four hours between doses recorded on their MAR. Therefore, this person could have been requesting additional doses of medicines as they were not receiving the dose as prescribed to ease their pain and discomfort.
● We found another person's MAR had medicines crossed out with no explanation on why this was the case. There was also no staff signature to say who had completed this. It was also not recorded if this person had

been given one or two tablets of their pain relief medicine. This person also had a 'When Required (PRN) Medication Outcome Record' in place for this same pain relief tablet. However, the MAR showed this was no longer a 'as required' medicine and prescribed to be given four times a day. We found this form had been completed by a staff member within the last few days. This conflicting information could lead to staff confusion and this person not receiving the correct dose of medicine.

● This person was prescribed two topical creams. The MAR had not been signed to say they had been administered. They also did not have a 'Topical Medicines and Transdermal Patches Administration Record' held on file for either cream. Therefore, we could not be sure this person was receiving their prescribed topical cream.

● This person had a 'When Required (PRN) Medication plan' for an inhaler with clear instruction on using a 'Aerochamber' when administering the inhaler. (A person can use an Aerochamber to help improve medicines delivery from a metered dose inhaler). We observed a staff member administer an inhaler without the use of the Areochamber. As a result, we could not be sure if this person was receiving their full dose of their inhaler.

● One person was prescribed a pain relief patch that was required to be stored under additional security measures. This included two staff signatures when being administered and documented where and time it had been placed on their body. Ensuring it was not placed in the same area two weeks running. We found the last two administrations of this pain relief patch not documented to show where and when it had been administered. Therefore, staff could not be sure they were changing the position of the patch as required or the correct date and time of administration.

● Recorded stocks of medicines did not match with actual amounts of medicines in the service. The system used for ensuring stocks were correct did not account for medicines carried over from the previous medicines cycle. This meant it was not clear whether medicines had all been administered as prescribed and how many should be in stock.

● The staff training records shows staff had not received medicine training for four years. This placed people at risk as staff do not have up to date training and guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines safety was effectively managed. The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Systems and processes.
At our last inspection the provider had failed to ensure recruitment process were robust. This was a breach of in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

No new staff had been employed since the last inspection. The registered manager understood the recruitment process and assured us full employment history would be completed when new staff commenced employment. Therefore, they were no longer in breach of Regulation 19.

● Incidents were now recorded and systems in place to analyse incident information or identify trends.
● Information was available for people and for staff on adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management.
At our last inspection the provider had failed to complete risk assessments for people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered persons completed risk assessments to minimise the risk to

people. There were suitable risk assessments in respect of for example diabetes, the risk of falls, skin integrity and people's mental health. However, though changes and improvements had been made these had not yet been embedded into the service. We also identified risks were not mitigated or assessed for people due to the provider not booking safeguarding training for staff or identifying the trip hazard on the main stairway carpet.

There was no evidence anyone had been harmed; however, failing to identify, assess, reduce and monitor risks to people was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, the provider remains in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● At the previous inspection we found not all staff had completed safeguarding training. No additional safeguarding training had been carried out since that inspection.
● People's needs continued to be assessed before entering the service. This information was now being documented onto individual risk assessments.
●Specialist advice from healthcare professionals was sought where necessary and acted upon. People who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses.

Staffing levels.
At our last inspection we made a recommendation that staffing levels are reviewed in line with people's dependency and their view on feeling lonely taken into consideration. At the last inspection some staff said there was not enough staff at weekends. At this inspection we found the provider had actioned this recommendation. The registered manager and staff confirmed an extra staff was now employed to cover weekends.

● People, relatives and staff all told us there were enough staff on duty to meet their needs and we judged this to be the case on the day of the inspection.
●The service had not needed to employ any additional staff since the last inspection. Many of the staff had worked at the service for some time. One visitor said; "It's good they have the same staff for people."

Building safety.
● At the last inspection we found several areas to be a trip hazard. For example, carpets frayed in communal areas. At this inspection we found this area had been made safe. However, we found the main stairway carpet to be unsafe. This was due to the repositioning of the new stairlift and areas with holes in which could be a trip hazard. The registered manager said a new carpet was on order and due to be fitted at any time.

Preventing and controlling infection.
At the previous inspection we found that some areas of the service required vacuuming and cleaning and some carpets stained. We also found staff had not completed infection control training and some staff had not completed a food hygiene certificate.

At this inspection we found the service generally clean however, some rooms had an odour. We also found many staff had not completed food hygiene training. We also found some staff had not completed infection control training.

● Staff had access to aprons and gloves to use when supporting people with personal care and used them appropriately. This helped prevent the spread of infections.

Learning lessons when things go wrong.
At the previous inspection we found the registered manager was not able to demonstrate they were learning lessons when things went wrong. For example, they did not have a system in place to review incidents such as falls and how the risks of these happening again could be mitigated.

● At this inspection we found the registered manager had made some improvements. This included recording accidents and incidents to analysed so any trends or patterns could be highlighted. However, the improvements were based on feedback from external sources. The service were not able to show us where they had used their initiative to identify a concern and prevent it from future reoccurrence. Where necessary the registered manager sought advice from external healthcare professionals such as occupational therapists or physiotherapist.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff skills, knowledge and experience.
At our last inspection the provider had failed to ensure staff had appropriate training, support and development to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found staff had not completed training in core areas. This included training in manual handling and medicines. Staff induction had not been completed and the last staff employed had not completed the Care Certificate.

- Training records showed the majority of staff training had not been completed. For example, no staff administering medicines had completed training on the administration of medicines for four years. Staff had not completed safeguarding training as required from the last inspection. Staff had also not completed training in managing diabetes when the service cared for one person who was an insulin dependent diabetic. The providers action plans sent to the commission stated they planned to complete safeguarding training in 2019.
- The service cares for people who may be living with dementia. However, staff had not completed dementia care training. Dementia care training would assist staff to better understand the needs of people living with dementia. Most staff had no record of completing end of life training, though the registered manager confirmed they cared for people at the end of their life. No staff had completed training in Mental Capacity Act.
- All staff had now completed fire safety training.
- No new staff had started at the service since the last inspection. However, the last two staff employed had not completed the Care Certificate or had any formal care qualification. There was no evidence of induction training for new staff.
- Staff said they received regular supervision and the registered manager was approachable for support at any time.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate staff had received adequate support through training to meet the needs of people. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, the provider remains in breach of regulation 18 of the Health and Social Care Act 2008.

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

● People's needs could not be fully meet by the adaptation, design and layout of the of the premises. People who used mobility aids either could not or found it difficult to gain access to the bathroom due to the doorway being too narrow and had a tight turn.
● There remained no showers in the home, so people who were unable to use the bath or preferred a shower were restricted to using their sink or washing in bed. However, the registered manager stated there were plans to redesign the bathroom to incorporate a shower and wet room.
● The service continued to support some people with advancing dementia. There was not adequate adaptation of the property and its decoration, to cater for the specific needs of people with dementia. There was also a lack of appropriate signage.

At our last inspection the provider had failed to ensure that people's need had been effectively met by the adaption and design of the premises. This was a breach in Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 15.

● The communal area of the home was homely, with a variety of furnishings, books and magazines. However, we saw no one use these items and the TV remained on for most of our visit with the majority of the time no one watching it.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
At our last inspection we found some information missing from people's care files and other information not being updated.

At this inspection we found the service was starting to introduce a new computerised care system.
● Care plans were currently being updated and added to the new system.
● People's needs were appropriately assessed before they used the service.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had failed to gain consent of the relevant person for care and treatment and was not acting in accordance with the principles of the MCA 2005.

At this inspection we found people were having their capacity assessed and best interests' decisions made. This meant the provider was no longer in breach of this part of regulation 11. However, though changes and improvements had been made these had not yet been embedded into the service.

● Some staff were able to show some understanding of the MCA. However, no staff had completed training in this area.

● Some people were having their liberty restricted and this was in line with the principles of the MCA. People now had their capacity assessed and best interests' decisions had been made.
● Some Deprivation of Liberty Safeguards applications had been completed and capacity assessments had been carried out to make these decisions. These had been sent to the local authority for authorisation.
● We saw care staff asking people for consent before supporting them with care tasks.

Supporting people to eat and drink enough to maintain a balanced diet.
● People told us they enjoyed the food. One person said; "Food is all homemade and a second choice is offered if needed."
● People had drinks within reach in their rooms. People confirmed they received regular hot drinks.
● The menu was displayed on the notice board for people. The staff or cook went around to people each day to see if they wish to have the meal on offer.
● Staff were aware of any specific dietary requirements for people, for example, if people needed their food to be pureed to minimise the risk of choking. Menus were discussed at resident meetings.
● Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.

Staff working with other agencies to provide consistent, effective, timely care
● A healthcare professional told us they had a good working relationship with the service.
● The registered manager and deputy manager worked effectively with other organisations and agencies to help ensure people's needs were met.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a relaxed atmosphere at the service and staff were friendly. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People said; "I am happy here. I like to stay in my room, but they come to see me all the time." Another said; "I couldn't ask for better care from them all." A healthcare professional said; "I like visiting here, they are all friendly."
- Care plans also contained background information about people's personal history. This assisted staff to gain an understanding of people and engage in meaningful conversations with them.
- People's religious wishes were respected, and people were supported as needed to continue practicing their chosen faith.

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

- People were supported to make as many decisions as possible about their daily living. A relative told us they were kept informed and involved in decisions.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.
- Meetings were held to provide people with the opportunity to express their views and experiences.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. We observed that staff clearly understood the importance of protecting people's privacy, dignity and independence. For example, ensuring that doors were closed when providing personal care.
- People who requested to be left alone and only wanted support with specific things had this respected.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended that activity provision is reviewed with consideration to people's preferences.

This recommendation has not been met.

● At this inspection we observed periods when people had little or no interaction from staff. Though the service had now employed an activities coordinator they were not available during our two-day visit. The registered manager had no arrangements in place for another staff to carry out this task. We observed staff did not always acknowledge people or carry out activities with people.
● There was an activities list displayed for people. However, it was three months out of date.
No activity audit had been completed since May 2019 to document what activities had been carried out and what activities people enjoyed.
● The registered manager said the activities coordinator planned activities around people's likes. They confirmed many people liked to stay in their room while other like to attend activities. The registered manager said staff spoke individually with people about what activities they liked to partake in.
● People were supported to maintain relationships which were important to them, with friends and relatives.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Care plans were currently being updated and uploaded onto a new computerised care plan system. This new system held detailed forms for the staff to complete for each person. The registered manager said they would go live with this new system within the next month after further training and transfer of information.
● People and relatives were involved in planning and developing their care where possible. People and their relatives agreed the standard of care people received was very good.
● Some people had 'This is me' documents completed which held detailed information on people including people's personal histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were. The registered manager said others would be completed soon.
● People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.

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 care records outlined any communication need and documents could be provided in other formats if required.

● Staff understood people's preferred formats for information and communication.

Improving care quality in response to complaints or concerns

● There were suitable systems and procedures in place to manage complaints. People's concerns and complaints were listened and responded to.

● People and relatives said that they felt able to speak to the management team at any time.

● We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

● No one was currently receiving end of life care. The service had provided end of life care to people, supporting them at the end of their life while comforting family members and friends. However, staff had not received end of life training.

● Some people's views on the support they wanted at the end of their lives was discussed with them and recorded. Care plans held information 'Advance Care Planning' and included people thoughts and wishes for their end of life. The registered manager confirmed more would be completed with the new computerised care system.

● There were positive links with external professionals, such as GPs and district nurses to support care at this time.

Inadequate

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 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. Some regulations were not met.

We have rated this service inadequate due to the number of repeated and new breaches in regulation found at this inspection, the track record of quality in the service and the concern that provider and registered manager oversight and processes were failing to pick up on issues that were affecting the quality of care and safety for people living in the service. Due to a failure to fully understand regulatory responsibilities the provider and registered manager have not provided accurate intelligence on risks people face to the CQC and other key stakeholders. This leaves the service in need of further regulatory input and support from local services to ensure people are safe and being provided a quality service.

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

- Checks and audits had still not effectively addressed the breaches in regulation identified at the last inspection, and in several cases remain on going breaches in regulation as identified at this inspection. For example, in respect of the management of the medicines system and provision of staff training.
- The registered persons had not always learned from experience to improve the service. Though some regulatory breaches had been addressed since the last inspection, some breaches remain outstanding such as in regard to environmental risks and unclean areas, staff training, concerns around medicines practices, and infection control practices.
- The registered provider was not taken suitable action to effectively fulfil their responsibility to ensure they monitored the service effectively, identify gaps between current service provision and regulatory requirement, and make improvement. They had not effectively monitored work delegated to the registered manager.
- Following the last inspection, the provider was required to submit an action plan to the commission detailing what action had been taken to improve the areas where breaches of regulation had been found. This report had reflected some improvements we found during the inspection; but had not identified all the gaps we found. For example, the action plan sent to the commission states; "I have familiarised myself of when to send a notification to CQC from the website."
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- The registered manager did not fully understand their role in terms of notifying the Care Quality Commission in regard to some incidents. For example, not all notifications were not sent to CQC when required to report deaths.
- The service rating certificate was displayed in the main entrance area informing the public of the CQC

rating. However, the rating displayed was awarded at an inspection which occurred in 2016. At that inspection the rating awarded as 'Good'. However, the last inspection, which occurred in 2019 the service was awarded the current rating of 'Requires Improvement'. Therefore, the service was displaying the incorrect rating.

At our last inspection the provider had failed to have systems and processes that were established or operated effectively to assess monitor or improve the service, and assess, monitor and mitigate risks to people. Records were not accurate or complete. This demonstrated a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

Notifications were not made when required regarding when a person passed away. This was a breach of the Care Quality Commission (Registration) Regulations 2009, Regulation 18.

Failing to display the current rating issued by the Care Quality Commission a breach of Regulation 20A of HSCA Regulation 2014 Requirement: Requirement as to display of performance assessments.

● One staff member said of the registered manager; "Very approachable. It very much a family run home."
● There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and at staff meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood some of their responsibilities under the duty of candour. For example, relatives said they were kept well informed of any changes in people's needs or incidents that occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People told us they were happy living in the service and that staff met their needs.
● Staff told us they enjoyed their jobs because of the atmosphere in the service and the positive impact it had on people. Comments included, "I'm happy working here" and "I work in both homes (The provider has a second service close by)."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff told us they found staff meetings and individual supervision meetings useful as they were able to discuss any ideas or concerns they had, as well as receiving any advice or support they required.
● People told us the registered manager was available most days. Staff said the registered manager was approachable and "I can go to them at any time for advice."
● The registered manager confirmed some action had been taken to help ensure people, relatives, staff and professionals were consulted more regularly about the service. They said individual surveys and questionnaires had been completed. However, the surveys could not be found during our visit or produced following our inspection.

We recommend the provider reviews their process for collating and responding to people's views about the service.

Working in partnership with others

● The home worked in partnership with key organisations to support care provision.
● A healthcare professional confirmed staff worked well with them and other healthcare professionals.
● The registered manager and deputy manager told us they had worked closely with the local authority quality assurance team to help ensure improvements were made to the service.

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 18 Registration Regulations 2009 Notifications of other incidents Notifications were not made when required regarding when a person passed away. This was a breach of the Care Quality Commission (Registration) Regulations 2009.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured the environment was in good repair and suitable for people's needs. This was a breach of Regulation 15 (Premises and Equipment) HSCA RA Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not taken suitable action to effectively fulfil their responsibility to ensure they monitored the service effectively. Systems and processes were not established or operated effectively to assess monitor or improve the service, assess, monitor and mitigate risks to people. Records were not accurate or complete. This was a breach of Regulation 17 HSCA (Good Governance) RA Regulations 2014

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had failed to display the most recent rating by the Commission that relates to the service provider's performance at those premises. This was a breach of Regulation 20A (Requirement as to display of performance assessments) HSCA Regulation 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure staff had appropriate training, support and development to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 (staffing) HSCA RA Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the proper and safe management of medicines and the provider failed to identify, assess, reduce and monitor risks to people. This was a breach of Regulation 12 (Safe Care and Treatment) HSCA RA Regulations 2014.

The enforcement action we took:

Issue a Warning Notice for Regulation 12 Safe Care and Treatment.