Applegarth Home Limited

Applegarth Residential Care Home

Inspection report

Brownshill Green Road
Coundon
Coventry
West Midlands
CV6 2EG

Tel: 02476338708

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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:
Applegarth Residential Care Home provides accommodation and personal care for up to 25 older people, including people who live with dementia. At the time of our visit 18 people lived at the home. This included one person on a respite stay and two people were in hospital.

People's experience of using this service and what we found
The providers governance systems to monitor the quality and safety of the service were inadequate. The providers lack of oversight meant some previously evidenced standards and regulatory compliance had not been maintained. The lack of robust governance systems meant the provider had failed to identify and address issues we found. Opportunities to learn lessons and drive improvement had been missed.

The provider and registered manager had not taken action to mitigate known risks. This placed people at risk of potential harm. Government guidance had not been consistently followed to ensure the prevention and control of infection, during the COVID-19 pandemic. Individual, environmental and risk associated with the management of medicines was not well-managed. Despite, our findings people felt safe and staff understood their responsibilities to keep people safe. Staff were recruited safety and were available to support people when needed.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People were supported to maintain important relationships and had access to health and social care professionals when needed.

Staff received an induction and training when they started working at the home. However, staff had not received the training they needed to fully understand and meet people's specific needs. People received the support needed to maintain their nutritional well-being. A refurbishment programme for the home was planned. People had some opportunities to engage in meaningful activities.

People's right to privacy and dignity was not always considered and upheld. Relatives described staff as caring and kind and people had developed meaningful relationships with staff. Promoting and understanding diversity and inclusion was an area requiring improvement.

People's needs were assessed prior to moving into Applegarth Residential Care Home. However, information gathered was not always used to ensure people's needs were met. People's care plans and the completion of daily records required improvement. Despite our findings people and relatives were satisfied with the service provided and spoke highly of the registered manager and staff team. Staff felt supported. The registered manager and staff team worked in partnership with other health and social care professionals to support people to maintain their health and well-being.

The registered manager acknowledged and welcomed our inspection feedback and demonstrated commitment to making service improvements to benefit people.

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 7 June 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations.

Why we inspected
The inspection was prompted due to information we received indicating poor infection control practice at the home and concerns we identified following an inspection of the providers other location. A decision was made for us to inspect and examine those risks.

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.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Applegarth Residential Care 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified breaches in relation to people's safety, the safety of the environment and governance of the service.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special measures
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? The service was not safe. Details are in our safe findings below.	**Inadequate**
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 well-led. Details are in our well-Led findings below.	**Inadequate**

Applegarth Residential Care Home

Detailed findings

Background to this inspection

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

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
Day one of the inspection visits was conducted by three inspectors. Two inspectors returned to the home to complete a second visit.

Service and service type
Applegarth Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
The inspection visits were unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who work with the service. 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 used all of this information to plan our inspection.

During the inspection
We spoke with seven people about their experience of the care provided. We spoke with nine members of staff including the nominated individual, the registered manager, senior team and team leaders, care and domestic staff and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed the care people received. We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and support and a range of records relating to the management of the service, including audits and checks and policies and procedures.

After the inspection
We contacted five relatives who shared positive feedback about the service. We continued to seek clarification from the registered manager to validate evidence found and actions the provider told us they had taken. We looked at training data, and quality assurance records.

Inadequate

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

At our previous two inspections the provider had failed to ensure risk related to people's care, the environment and the management of medicines were consistently identified, assessed and well managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made at this inspection and the provider remains in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning Lessons when things go wrong

- People had been placed at risk of hot water scalding their skin because showers did not have thermostatic mixing valves (TMV's). This meant water temperatures could exceed the required safe temperatures. During our first visit we asked the nominated individual to take immediate action to address this risk. When we returned to the home, this action had been completed. However, showers had been set too low and meant people could only shower in tepid water.
- Previously, we identified concerns with management of risk associated with people's care, the environment and medicines. At this inspection we found on-going concerns. This demonstrated lessons had not been learnt and opportunities to drive forward improvement had been missed.
- Some risk assessments did not contain the important information staff needed to provide safe care. One person's risk assessment informed team leaders to check the person's blood sugar levels 'as required' but did not inform them what was meant by 'as required' or what action team leaders needed to take after they had checked the person's blood sugar level. Team leaders gave differing accounts when we asked them about the person's acceptable blood sugar range. The person had not experienced harm as a result of this.
- Staff did not always follow risk management plans to provide safe care. One person's risk assessment confirmed they were at high risk of their skin becoming damaged. To reduce this risk staff were instructed to ensure the person sat on a pressure relieving cushion. Staff had not followed this instruction. We saw the person seated in their lounge chair and wheelchair. The person was not sitting on a cushion. Staffs failure to follow instruction created significant potential for the person's skin to be damaged.
- Environmental risks were not always identified and mitigated to keep people safe. For example, the garden pond did not have a safety cover. This created a potential risk of drowning, particularly for people living with dementia who had access to the garden area. Numerous uneven and damaged paving slabs in the garden created a slip, trip hazard. When we brought this to the attention of the nominated individual, they assured us action would be taken to improve safety. The day after that visit we were notified the garden had been made safe. However, when we returned on day two, we found some areas of the garden remained unsafe. The nominated individual and registered manager had not identified these on-going safety

concerns.
● An air-conditioning unit in the medication room had not been installed safely. The unit's external ventilation pipe was draped over a plastic bin located between the medicine room and staff office. This meant the door would not close in the event of a fire creating a potential fire hazard. A staff member told us, "Someone is supposed to be coming back to drill a hole through the roof to put the pipe out the roof space."
● Known fire safety risks had not been addressed, including the removal of a padlock from a fire exit door in a person's bedroom. This placed the person at significant risk in the event of an emergency evacuation. The nominated individual assured us this would be addressed. On day two of our inspection visit we saw this had happened. However, we found additional fire safety risks that had not been identified, including the use of a bolt to secure the kitchen door.
● During day one of our inspection visits some bedrooms doors, including those being used to store flammable items, were wedged open which was unsafe because the doors would not close in the event of a fire. Despite alerting the registered manager and staff to this fire safety risk, when we returned on day two some doors remained wedged open. The registered manager addressed this.
● Important information the emergency services would need to keep people safe in the event of a fire was not up to date, including the Fire Evacuation list. The list incorrectly detailed people who were in hospital and would not need to be evacuated in an emergency.
● Staff responsible for the safety of people at night-time had not been involved in fire drills. The registered manager told us, "It's hard to get night staff to come in." The registered manager confirmed they had not considered holding fire drills when night staff were on duty.

We found no evidence that people had been harmed however systems were not sufficient to demonstrate risk was identified, assessed and mitigated. This exposed people to the risk of avoidable harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following our inspection, the provider informed us of the actions taken to address some of the concerns we raised and those planned to drive forward improvement.
● Accident and incident records were completed. A system was in place to analyse the records to identify any patterns or trends to reduce further incidents occurring. Some learning had been shared with staff.

Using medicines safely
● People's medicines were not always ordered, stored, administered as prescribed and managed safely.
● On day one of our inspection visits people's prescribed medicines were left on top of the medication trolley in the lounge. No staff were present and people including some people living with dementia were in the lounge. This was unsafe practice as there was a risk people could access and consume these medicines which could be life threatening.
● One person required a thickening agent to be added to their drinks to reduce the risk of them choking. A staff member told us they had used a thickening agent prescribed for a person who no longer lived at the home to thicken the person's drink. The staff member said this was because the person's thickener was out of stock. The registered manager was unable to explain why the person's thickening agent was not available.

● Cream prescribed to treat a person's skin condition was not documented on the person's medication administration record. A staff member told us, "I don't know why that has been missed." We saw the person had patches of red, inflamed skin.
● Some physical stocks of medicine did not tally with those recorded as received and administered, including a medicine that required stricter controls in relation to how they were stored, recorded, and administered.

● Medicine had not been managed in line with the providers medication policy. For example, the competency of care staff to apply prescribed creams to people's skin had not been assessed to make sure they knew how to apply this safely. The medicine fridge had been used to store a food item.

We found no evidence that people had been harmed however systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely. This placed people at risk of harm. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

● Information we received prior to our inspection indicated government guidance to prevent and control infection was not consistently followed. We found this was correct.

● We were not assured the provider facilitated visits for people living in the home in accordance with the guidance. During day two of our inspection visits staff permitted contractors to enter the home before waiting the required duration to determine the results of their completed lateral flow tests, in line with government guidance. This was unsafe practice and placed people at risk.

● We were not assured the provider was preventing visitors from catching and spreading infections. During our first visit a staff member permitted three CQC inspectors to enter the home without taking or checking their temperatures to make sure their visit could take place safely. This was unsafe and placed people at risk. Between our inspection visits records confirmed one visitor had entered the home without their temperature being checked and two contractors had been permitted entry without completing a lateral flow test.

● We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules had not been completed since July 2021 and no checks had been completed to ensure cleaning had taken place. Records were not available to show frequently touched points for example, door handles, were cleaned. Used toiletries located in a communal shower room were not labelled. This was an infection prevention and control risk as the items could be used by multiple people.

● We were not assured the provider's infection prevention and control policy was up to date in line with current guidance to support staff in the management of safe infection control practice. The providers COVID-19 contingency plan was not dated or personalised to the home. The registered manager confirmed the home did not have an infection prevention and control lead person. When we asked to see the homes latest internal infection prevention and control audit the registered manager told us, "I did start it but I can't find it."

● We were somewhat assured the provider was using PPE effectively and safely. During our first visit a staff member was observed to be working without wearing a face mask and the registered manager entered the home wearing their uniform. This was unsafe practice and conflicted with information the provider shared with CQC in their providers information return (PIR). Relevant PPE signage was visible in required areas.

● We were somewhat assured the provider was making sure infection outbreaks could be effectively prevented or managed. The registered manager confirmed individual staff risk assessments had not been completed, in line with national guidance, for staff including staff from Black, Asian and Ethnic Minority groups (BAME) to ensure staff were kept as safe as possible at work during the COVID-19 pandemic. Staff had received infection prevention and control training.

● We were somewhat assured the provider was admitting people safely to the service. A person admitted to the home in August 2021 had not self- isolated. The registered manager and staff told us this was because the person had received two COVID-19 vaccinations. This demonstrated the registered manager and staff were not aware of the guidance they needed to follow in relation safe admissions to care homes. This placed people at risk. On day two of our visits staff had correctly followed admissions guidance when one person had returned to the home from hospital.

We found no evidence that people had been harmed however government guidance was not followed to ensure risk associated with the prevention and control of infection was effectively managed. 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.

● Following our inspection, the provider informed us of the actions taken to address some of the concerns we had identified and the actions they planned to take drive forward improvement.
● We were somewhat assured the provider was meeting shielding and social distancing rules.
● We were assured the provider was accessing testing for people using the service and staff.

Systems and processes to safeguard people from the risk of abuse
● People felt safe. One person explained they felt safe because staff locked the doors at night which meant strangers could not enter the home. Discussion with relatives confirmed they had no concerns about their family members safety.
● Staff had completed safeguarding training and understood their responsibility to keep people safe. One staff member described how they would contact CQC if they felt a safeguarding concern had not been addressed. They added, "My priority is the resident's safety."
● The registered manager had shared information with the local authority safeguarding team and us (CQC) to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment
● People and relatives told us staff were available to provide support when needed. One person said, "Staff are around if I need any help."
● Staff felt there were enough staff to care for the number of people who lived at the home at the time of our inspection.
● Since out last inspection improvements had been made to ensure staff were recruited safely. Records confirmed staff had been recruited in line with the providers policy and best practice guidance.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's needs had been assessed prior to moving to the home. However, information gathered during assessments had not always been used to ensure people's needs could be met.
- Staff had completed training the provider considered essential. However, staff had not completed training specific to the needs of people living at the home, including learning disabilities, end of life care, epilepsy, diabetes. This negatively impacted on some people's experiences. For example, staff responded sensitively to one person who shouted and constantly sought staff's attention. However, staff did not have the knowledge or skills to enable them to use distraction techniques to assist in managing the person's behaviours. Comments made by other people confirmed they found the person's behaviours upsetting.
- The provider's induction for staff did not reflect nationally recognised induction standards. The registered manager had identified this and told us work was planned to address this shortfall.
- People and relative's felt staff had the right skills and were competent in their roles. One person told us, "They [staff] know their stuff."
- Staff received support and guidance through individual and team meetings. One staff member said, "Meetings are good we can talk about things but we can go to [manager] at any time."

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

- Improvement was needed to ensure the design of the home met people's assessed needs. For example, a sign on one door informed people it was a bathroom, but the room did not contain a bath. This could cause people living with dementia to be disorientated and confused. Furthermore, several bedroom doors did not have the room number or any signage displayed to help people located their bedrooms.
- Areas of the home needed refurbishment. One relative described the home as 'tired and old looking'. The registered manager had devised a building action plan to begin to address this. They told us the homes refurbishment programme was due to resume after having been 'put on hold' due to the Covid-19 pandemic.

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

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

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

● The registered manager understood the requirements of, and their responsibilities under the Act. They had submitted DoLS authorisation requests as required and used a system to track when authorisations had been approved and were due to expire. This ensured new applications were submitted as required.
● Staff had received MCA training and worked within the principles of the Act. Throughout our inspection visits we observed staff sought people's consent before providing care and support.
● People's care plans identified if they had capacity to make decisions about different aspects of their care.

Supporting people to eat and drink enough to maintain a balanced diet
● People spoke positively about the food provided. One person said, "It's plentiful. I don't go hungry. Another person told us they had eaten rice pudding for dessert which they liked.
● Staff demonstrated an understanding of people's dietary needs, likes and preferences. Records showed where needed, specialist advice had been sought to support people to maintain their nutritional health.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to health care professionals when needed. One person said, "I can see my doctor. The staff ring to make my appointment." A relative told us staff kept them updated when their family member had been visited by a health care professional.
● Care records demonstrated staff contacted health professionals for advice if they were concerned about people's health and well-being.

Requires Improvement

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's right to privacy was not always considered and respected. Most people did not have the facility to lock their bedroom doors and some communal shower room doors did not lock. The provider was unable to provide evidence people had been consulted about this. One person's bedroom was being used as a storage area whilst they were in hospital. Their consent had not been obtained.
- More needed to be done to ensure people's dignity was maintained. We saw people used a toilet that opened directly into the reception area. The door did not have a lock fitted.
- Staff enjoyed their roles. One said, "I truly love my job because of the residents [People]." Another told us they would be happy for their loved ones to live at Applegarth because the care provided was good.
- People were offered choices such as, what they wanted to eat and drink. Staff understood the importance of this.
- Records did not clearly show how people had been involved in planning and reviewing their care. Some records demonstrated relative's involvement.
- People's confidential records were not always securely stored to ensure these remained private.

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

- Staff had not completed equality and diversity training. The registered manager told us this was an area for development. They added, "Even the care plans are not good in this area. One documented a person was Jewish and stated they should meet with the local vicar. There are many areas to address."
- Some of the information available to people and the public did not promote cultural sensitivity and inclusion. For example, the providers statement of purpose informed the public the home provided well balanced English meals. The registered manager told us, "We need to do more. If an Asian person came, we couldn't cater for their nutritional needs."
- People had developed meaningful relationships with staff. One person told us, "I love them [staff]." Relatives described staff member as kind, welcoming, pleasant and caring.
- Staff demonstrated they cared about people. When one person became distressed a staff member immediately responded by giving the person a hug which provided comfort. The staff member then whispered something into the persons ear which made the person smile.

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

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

- Previously, care plans were detailed and individualised. This standard had not been maintained. Some care plans contained inaccurate information or lacked the detail staff needed to provide personalised care. For example, two people's epilepsy care plans had not been personalised to help staff provide safe care. Another person's plan informed staff the person slept on an airflow mattress. This was incorrect. We saw the person slept on a foam filled mattress.
- A care plan for a person who had diabetes had not been completed. The registered manager was unable to give an explanation for this. They gave assurance this would be addressed.
- Daily records had not been consistently completed to demonstrate planned care had been provided. A staff member said, "We do check but we sometimes forget to write it down."
- Despite recording omissions most staff demonstrated a knowledge of people's needs.

Improving care quality in response to complaints and concerns

- People and relatives knew how to raise a complaint and told us they felt able to do so.
- No complaints had been received by the registered manager. However, they demonstrated they understood their responsibility to manage complaints in line with the providers procedure.
- A copy of the provider's complaints procedure was on display in the home and included information about how to make a complaint and what people could expect if they raised a concern.

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.

- The registered manager was not familiar with AIS. They told us, "I get bulletins from CCG and CCQ. Sometimes I am too busy and overlook emails. I can't keep up to date all on my own." The registered manager acknowledged this was an area for development to ensure people had access to information in a way they could understand, for example in a pictorial format.

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

- At the time of our inspection the home was advertising for an activity worker. A relative told us an activity worker would benefit people. They said, "Currently there's not a lot going on." when asked about the availability of activities to occupy people's time.

● During our inspection people had some opportunities to engage in activities. We saw two people dancing with a staff member whilst other people enjoyed moving ribbons on sticks to the beat of music. Another person was reading a book which they told us they enjoyed.
● Relatives spoke positively about the support their family members had received to maintain contact with them during the pandemic.

End of life care and support
● Some people living at the home were at the end stage of their lives. Information was not available to show if people had chosen to share their end of life wishes. This meant we could not be sure people's wishes were known so they could be respected and followed.
● Staff had not completed end of life care training. The registered manager told us this was an area of training they were planning.

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 now deteriorated to Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager had limited understanding of regulations. They had failed to identify and notify CQC they were operating outside of their service user bandings, by providing support to an adult with a learning disability and had not met the requirement to update their statement of purpose (SOP). A SOP is a legally required document that includes an accurate description of the presenting needs of people a service intends to meet (service user banding).

We found no evidence that people had been harmed however the providers lack of understanding of their legal responsibilities was a breach of the Care Quality Commission (Registration) Regulations 2009 12: Statement of purpose.

- Following our inspection, the provider submitted an updated SOP. However, this version contained incorrect information. This further demonstrated the provider and registered managers lack of understanding about their legal obligations.

- The provider had failed to maintain some previously evidenced standards and ensure compliance with the regulations. We identified three breaches of the regulations including a continued breach relating to the poor management of risk associated with people's care and medicine management. This was the third consecutive occasion the provider had been in breach of this regulation. This demonstrated lessons had not been learnt.
- The providers systems to monitor the quality and safety of the service were inadequate. For example, a system was not in place to monitor the safety of the homes external environment. This meant issues we found had not been identified. Furthermore, areas requiring improvement identified at our inspections in 2018 and 2019 had not been made. This exposed people to the risk of avoidable harm.
- The providers systems and processes to assess, monitor and mitigate risks relating to the health, safety and welfare of people were ineffective. Action had not been taken to address fire safety and hot water scalding risks which had been identified by external contractors in February and March 2021. This exposed people to the risk of avoidable harm.
- The provider's policies were not fit for purpose. For example, the Medication policy referred to the Essential Standards of Quality and Safety. The Essential Standards of Quality and Safety were replaced by CQC's fundamental standards in April 2015. The nominated individual told us they were planning to update their policies.

● The provider's lack of oversight meant they had failed to identify their procedures were not consistently followed by the registered manager and staff, including their requirement for a fire warden to be on duty at all times and for staff competencies to be assessed prior to being allowed to apply prescribed creams to people's skin.
● The provider had failed to use feedback to improve the safety of the service. CQC had provided feedback to the provider in July 2021 following an inspection of their other registered location. We found concerns of a similar nature at this inspection, including failure to ensure COVID-19 national guidance was followed to keep people and staff as safe as possible, during the Coronavirus pandemic.

We found no evidence that people had been harmed. However, governance and service oversight was ineffective. Systems and processes were not established and operated correctly. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had not ensured the registered manager had the resources, guidance and support they needed to fulfil their role. However, the provider had recently commissioned the services of a care consultancy to work alongside and support the registered manager. The registered manager told us, "I think having them [consultants] will really help me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Records showed relatives had provided formal feedback about the service in 2019. Analysis of that feedback did not clearly demonstrate how the feedback had been acted upon to drive continuous improvement.
● Despite our findings, people and relatives spoke positively about the care and support provided. One relative described the service provided as 'brilliant'. They added, "[Name] has lived at Applegarth for a couple of years now and appears happy and settled."
● This was the registered managers first home manager role and they acknowledged they needed to further develop their knowledge and understanding in relation to their role. They said, "I have joined a registered managers group, there is lots I would like to do and learn but I just don't have the time." The nominated individual told us they were considering strengthening the support available to the registered manager through the recruitment of a deputy manager.
● The registered manager worked with other organisations including health care professionals and commissioners to seek advice and support to benefit people.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People, relatives and staff spoke highly of the registered manager. Comments included, "[Registered manager] is very supportive and approachable," and, "The manager is proactive and very welcoming."
● The registered manager understood their responsibility to be open and honest when things had gone wrong. They said, "It's important to be truthful. That way we [relatives, staff and professionals] can work together to make things better."
● The registered manager demonstrated commitment to improving outcomes for people. They said, "I am disappointed by your [CQC's] findings but I know with support I can put things right. I want to get it right." The nominated individual told us, "I think we have a lot of work to do. Everyone is engaged and we are moving in the right direction. I am committed to doing whatever is necessary."

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 12 Registration Regulations 2009 (Schedule 3) Statement of purpose Regulation 12 Care Quality Commission (Registration) Regulations 2009. Statement of purpose. Regulation 12 (2) (3) The provider was operating outside of their service user bandings. The provider had not revised their statement of purpose or notified CQC they were operating outside of their service user bandings.

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 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) (b) (f) (h) HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured care and treatment was consistently provided in a safe way. The provider had not ensured risk associated with people's care and the environment was identified, assessed and well-managed. The provider had not taken all practicably reasonable actions to mitigate risk. The provider had not ensured the safety of the premises, including fire safety. The provider had not ensured people's medicines were available and safely managed. The provider had not ensured risk associated with the prevention and control of infection was identified, assessed and well-managed in line with government guidance.

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance HSCA RA Regulations 2014 Good governance Regulation 17 17 (1) (2) (a) (B) (C) The provider had failed to maintain robust and

effective oversight of the service .

The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.

The provider had not ensured improvements to the service provided had been made and sustained.

The provider had not ensured they had effective systems in place to identify, assess and mitigate risk to the health, safety and/or welfare of people who used the service.

The provider had not ensured they had effective systems in place to identify, assess and mitigate risk environmental risk, including fire safety.

The provider had not ensured the prevention and control of infection was managed safely in line with government guidance.

The provider had not ensured records relating to the care and treatment of each person using the service were accurate and up to date.

The enforcement action we took:

We imposed conditions on the provider's registration.