

Centurion Health Care Limited

Penley View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Penley View is a residential care home providing personal care to 2 people at the time of the inspection. The service can support up to 6 people.

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

Right Support:

We judged that 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. However, the policies and systems in the service required improvement to continue supporting this practice.

The provider did not use safe recruitment procedures to employ staff. Therefore, there was a risk people could be supported by unsuitable staff putting them at increased risk of harm.

Staff supported people with their medicines in a way that promoted their independence. However, other aspects of medicine management such as record keeping, and checks needed improvement.

The service gave people care and support in a safe, well-furnished environment that met their sensory and physical needs. However, some aspects of premises safety such as cleaning records and practice needed some improvement.

Staff supported people to take part in activities. However, further improvements were needed to ensure people could pursue their interests in their local area with people who had shared interests and achieve their aspirations and goals.

People had a choice about their living environment and were able to personalise their rooms. The service and staff supported people to have the maximum possible choice, control and independence over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life.

Staff enabled people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and well-being.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care:

Provider needed to review staff organisation and how staff's training needs and skills were managed in order to meet some people's specific needs.

The provider did not always ensure that actions were consistently taken to reduce assessed risks to people's personal safety. Not all staff had the right knowledge to encourage and enable people to take positive risks.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff spoke to people politely giving them time to respond and express their wishes.

People's care, treatment and support plans reflected their range of needs and this promoted their well-being and enjoyment of life.

Right Culture:

We found the provider did not ensure we were notified of reportable events within a reasonable time frame.

The provider did not always follow their quality assurance policy effectively so they could assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services, the service and others.

The provider did not consistently maintain accurate and complete records relating to person's care and service management.

The provider did not always follow and kept a copy of all the actions taken as required in the duty of candour regulation when a notifiable safety incident occurred.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People and those important to them were involved in planning their care. Staff valued and acted upon people's views.

Staff turnover was stable, which supported people to receive more consistent care from staff who knew them well. People were supported by staff who understood their different range of needs or sensitivities.

The service enabled people and those important to them to work with staff to help improve the service. The home manager and staff were working together to ensure the risks of a closed culture were minimised so that people received support based on transparency, respect and positive culture in the service.

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 inadequate (published 18 May 2022) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made. We also found the provider remained in breach of some of the regulations.

At our last inspection we recommended the provider seek advice from a reputable source about end of life care planning. At this inspection we found the provider was working to review this aspect of support.

This service has been in Special Measures since 17 May 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was prompted due to the previous rating and to follow up on enforcement action.

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.

Enforcement and Recommendations

We have identified breaches in relation to quality assurance and record keeping; risk management; notification of incidents; management of medicines; staff recruitment at this inspection. We have made recommendations about assessing, reviewing and recording mental capacity; ongoing staff training monitoring and to reflect the latest best practice guidelines; staff and senior staff deployment; management and record keeping of activities for people; management of records for duty of candour requirements. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Penley View

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection site visit was completed by three inspectors. An additional inspector completed phone calls to staff after the site visit. An Expert by Experience contacted families of the people who use the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Penley View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Penley View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a new manager had been in post for 11 months and had submitted an application to register. The manager supported us on both days

of inspection. We will refer to them as 'the home manager' throughout the report. After the inspection, we were informed the home manager had been approved as the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected since the last inspection of the service including information from the local authority and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We reviewed the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the home manager and the deputy manager. Two consultants were supporting the inspection as the nominated individual's representatives. We observed interactions between staff and people. We reviewed a range of records relating to the management of the service, for example, records of medicines management, risk assessments, accidents and incidents, quality assurance systems, and maintenance records. We looked at 2 people's care and support plans and associated records. We looked at recruitment information for 7 staff in total. We spoke to the nominated individual as part of the feedback session at the end of both days of inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. After the inspection we spoke to 2 relatives of the people who use the service and 9 members of the staff team. We continued to seek clarification from the home manager to validate evidence found. We contacted 8 professionals who work with the service for further feedback.



Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At the last inspection, the provider failed to establish systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at increased risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this part of Regulation 12.

- The management and staff team had worked to improve how they assessed and mitigated people's risks. However, there remained some areas for improvement. For example, part of the risk management for one person was to monitor their weight regularly. Staff did not record this information consistently to ensure their weight was checked as required.
- Risks arising from people's individual health conditions and abilities, such as the risk of particular medical conditions requiring treatment had been assessed. Not all staff were aware of risks relating to swallowing and choking that could put people at risk of harm. Not all staff were aware of why certain procedures were required to help people manage their health and well-being.
- Risk assessments were due to be reviewed monthly however, they were not always updated monthly to ensure staff consistently had accurate guidance how to mitigate the risks according to people's needs. This was raised to the home manager who was aware of this.

The provider did not consistently operate effective systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at increased risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised the issues about staff awareness around risks to people's nutrition and continence needs with the home manager who promptly provided us with information about action taken to address this with all the staff.
- We also reviewed risk assessments that had guidelines to ensure staff supported people appropriately without restricting them or their independence and included outcomes, and how to mitigate the risks.
- People were supported to have as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff assessed people's sensory needs and did their best to

meet them.

- Business continuity plans were in place to ensure people were supported in the event of emergency.
- Chemicals were locked away to prevent inappropriate access by people.
- We checked all statutory and mandatory premises requirements were being met, to reduce the risk to people, staff and others. The provider showed they had regular checks of electrical safety, portable appliances, firefighting equipment and window restrictors.
- The provider reviewed and improved the fire safety management with the support of fire services. A fire risk assessment by a contractor was completed in March 2022. There were 21 remedial actions required. The deputy manager showed proof that these matters were corrected to a satisfactory standard.
- A Legionella risk assessment was completed in November 2022. There were 8 remedial actions required, with 3 rated as 'urgent' or 'high'. The deputy manager had commenced some checks and kept appropriate records. A record folder arrived on the first day of our inspection. This would be used to record future checks. We did not find all remedial actions resolved; the nominated individual later confirmed that the contractor was scheduled to attend to carry out remedial works. An ongoing scheme of control was required.

Staffing and recruitment

At the last inspection, the provider did not ensure all the information required by the Regulations about the staff employed was obtained. This was a continued breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The provider did not operate effective and robust recruitment and selection procedures to ensure they employed suitable staff.
- The provider had not ensured all of the required recruitment checks had been completed before staff started work. The recruitment records of 5 staff did not contain all of the required information such as evidence of full employment history and any gaps explored, staff's conduct in previous employment and verifying the reasons for leaving.
- We talked through issues found and the requirements of the regulation with the home manager. After the inspection, we provided the list of missing information, however, the provider did not provide evidence they obtained all required information.
- Failing to obtain all of the required recruitment information before allowing staff to work, placed people at risk of receiving care from unsuitable staff.

The registered person had not obtained all the information required by the Regulations to ensure the suitability of all staff employed. This was a continued breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, the provider did not ensure staff were deployed in a way that kept people safe or in a manner that met their needs. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of the regulation 12.

- We reviewed the rotas and spoke to the home manager who explained the shift patterns and planned

number of staff during each part of a day. They said they had held a consultation with staff to review and make the rota more flexible to meet people's needs."

- We received mixed feedback from staff about staff numbers and deployment. Some staff agreed there were enough staff on each shift to carry out their roles and support people. However, others told us people's care and support were affected due to staff deployment and lack of trained staff. For example, staff said at times they had only 2 staff and it should be more. They also said if staff were not fully trained yet, they were left doing more care tasks at the same time which was difficult to manage.
- Staff noted if someone needed to go out at the same time as another person, for example emergency hospital appointments, additional staff would need to be called in. This would delay a timely response to people's needs and could place them at risk of harm.
- Professionals felt there was still a concern about the staff mix ratio and who was actually competent to deliver delegated health tasks.
- We observed people went out during the day, however only one person could go out at one time because both people required 2 staff to accompany them. This did not assure us that staff deployment was organised in a way that met people's needs safely at all times.
- Rotas indicated that on certain shifts there were not staff trained to administer medicines, for example, if people needed help with PRN medicine. This would delay a timely response to ailments and put people's health at risk.

We recommend the registered person seeks advice and guidance from a reputable source about support in deploying staff, including involvement of the management team, in a more effective manner to provide the care and support in a timely way.

- The home manager and deputy manager were not part of the shift plan to enable them to attend to other management matters during their shifts. When needed, they were available to support people, with care staff to ensure people received good care.

Using medicines safely

At our last inspection the provider did not ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this part of the regulation 12.

- At this inspection, we found the management of medicines had improved however, some areas still needed improvement. For example, when staff administered medication that was prescribed 'as required' (PRN), staff were required to record additional information on the reverse of the MAR to evidence why the medicine had been given. This information had not been recorded on 9 occasions.
- PRN protocols needed more personalised detail to ensure staff would know when to administer people's 'when required' medicines such as specifics around people's expression of pain or ailment and details on when to vary a dose of medicine.
- According to risk assessments, open creams should have been stored in people's bathrooms, but we found that was not the case. The risk assessment noted keeping the creams in people's bathrooms was the mitigation to reduce the risk of recording and administration errors.
- Records of topical medicines were not kept accurately. For example, one cream was to be used as and when needed but staff were applying it daily. We raised this with the home manager to be reviewed. Another

cream had to be applied twice daily. It was not applied on 4 occasions and the daily notes did not record if it was done.

- There was a box of medication that had needed to be returned to the pharmacy since November 2022, but this had not been done. We asked the home manager to address this.
- From evidence gathered, not all staff who administered and recorded medicines management, were trained and competency assessed to administer medicines safely to people.

The registered person did not ensure the proper and safe management of medicines. This was a continued breach of Regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff did not record the minimum and maximum temperatures for the medicines' fridge according to the instructions for this process, listed on the fridge door. The home manager acknowledged this failing and advised they would update the corresponding record form. There was no medicine in the fridge at the time; this meant there was no risk of harm to people at that time.
- Medicines in the cabinets were stored safely and securely.
- People could take their medicines in private when appropriate and safe.

Learning lessons when things go wrong

At our last inspection the service failed to implement systems to learn from incidents to make improvements and prevent recurrence. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

- Processes and practice had been reviewed and improved to effectively review and respond to incidents and accidents to mitigate risk and make improvements to the service. We had reviewed a number of incidents and accidents since the last inspection and recording had improved.
- We also reviewed communications attached to some of the incidents and accidents. It demonstrated the home manager's approach was appropriate and they were motivated to resolve issues or concerns raised proactively.
- Body charts were completed to record the circumstances and actions taken to investigate the potential cause of any injuries. Staff also checked people's skin and completed body charts daily to help identify more effectively how people sustained bruises instead of just classing it as 'unexplained' as was previously the case.
- The home manager had also introduced reviews with staff called 'lessons learned' and provided them with learning alerts to ensure the learning had been embedded and staff followed best practice.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, the provider did not ensure that systems and processes were established and operated effectively to prevent abuse of service users or investigate concerns. The service did not ensure that forms of restraint were necessary or proportionate to prevent risk of harm or ensure that people were only deprived of their liberty with lawful authority. This was a breach of regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- We spoke with the home manager about the safeguarding process and procedures, and the work they had been doing with external professionals to ensure timely referrals were made to the local safeguarding team.
- The home manager understood when to raise safeguarding alerts and actions to take afterwards. They also said, "We readily discuss safeguarding in team meetings and weekly meetings, what would staff do about safeguarding concerns. Then we do workshops, look [at] the signs and how to identify abuse, and what to do about it; look at reporting, section 42 process, duty of candour, and what would happen if staff didn't report it".
- People were protected from harm, neglect and discrimination. Relatives felt things had improved in the service, and one relative said, "Yes, I feel [my relative] is safe now and I am more confident that any safeguards that are raised, [the service] informs me now".
- Staff told us about how to recognise the different types of abuse and how to report it. Staff also said they knew the provider's whistleblowing policy and when to raise concerns about care practices externally.

Preventing and controlling infection

At our previous inspection, the provider failed to establish or implement robust infection prevention and control procedures to effectively mitigate risks to people. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

- Since our last inspection, government guidance and practices for COVID-19 prevention and control in care homes have significantly changed. We have considered this against our findings at our last inspection.
- The provider has improved the prevention and control of infection. We noted a few areas for improvement such as to separate general waste from clinical waste; to secure industrial bins and keep them locked; to not store mop heads in buckets.
- Records were kept of day and night cleaning by staff, but we also found gaps in the recording. The January 2023 audit failed to pick up that the cleaning records for the prior months had missed signatures. The manager's 'walk around' audit done in January 2023 had detected this, and staff were advised about this. Despite this, cleaning on some dates was not signed for. The provider has given written assurances this will be addressed going forward.
- The service followed the guidance about the pandemic in place at the time of the inspection. Information was in people's care documentation about protecting them against infections.
- Personal protective equipment (PPE) such as disposable gloves and aprons were used by staff. Staff were observed to practice satisfactory hand hygiene.
- Food was stored correctly to ensure food hygiene standards were maintained. Food temperatures were checked and correctly recorded.
- There were appropriate policies and procedures in place for general infection prevention and control and pandemic preparedness. Staff completed associated training. Some staff training was ongoing.
- The service followed the guidance about visiting; there were no restrictions to relatives and friends visiting people.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection we found systems in place to monitor staff training, attendance and needs were not robust. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection, we found staff did not have sufficient training and competency assessments in artificial feeding ('tube feeds'). This placed people at risk of complications. 9 care staff out of 11 had since received training in artificial feeding by a specialist nurse. 6 out of 11 staff had completed a competency assessment to ensure they completed the feeding procedure safely. Agency staff used to cover certain shifts did not have this specific training.
- One person had a complex and high-risk continence management procedure completed every 2 days. We were told that 2 staff had prior competency assessments to complete the procedure, but the records of this were not available at the site visit. The provider later sent the certificates of completion to us.
- The home manager confirmed the staff who were able to carry out the procedure. 4 more staff had agreed dates for their competency to be assessed in February 2023.
- Staff were also listed to complete the 15 modules of the Care Certificate on the e-learning training system, as well as medication training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The provider clarified to us that 3 staff were working on their care certificate as part of the learning pathway.
- The Health and Social Care Act 2022 introduced a requirement that all regulated CQC registered service providers must ensure their staff receive training on learning disability and autism that is appropriate to their role. 4 staff had not completed this training yet.
- Training records showed not all staff had completed training set as mandatory by provider.
- Staff assessing staff competencies in medicines support were not all trained as competent assessors to assess the knowledge, understanding and practical skills of the staff.

We recommend the provider ensures effective monitoring of staff training and brings the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

- Staff had support and supervision meetings to discuss their professional development needs.

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

At the last inspection, the provider did not ensure that care plans fully identified or met people's needs. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 9.

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans together.
- However, oral care plans were of inconsistent quality. For example, one oral care plan had limited information whereas another person's oral care plan included more information about the person's oral care such as what toothpaste and toothbrush to use and how often to go for check-ups.
- Other care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.

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

At the last inspection, the provider did not consistently identify or meet people's nutrition or hydration needs. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 14.

- There was enough food and drink in stock at the service to prepare meals for people. Food was being stored correctly.
- One person liked a small set of foods and also had individualised menu with variety of healthy foods. Staff had encouraged them to gradually try other foods which were more nutritious. Staff explained they were continuing with the plan to introduce more healthy foods for the person.
- There were pictures on the menu to help staff show people what meal was planned. This helped people to understand what food was being prepared and offered.
- Instructions of how to deal with one person's artificial feed port were also clearly displayed in the kitchen. Following a prior incident, emergency information including contact numbers were prominently available to use in case of a similar incident.
- Although there was a communal lounge and dining room, staff respected one person's choice to eat in their bedroom. This was where the person felt most comfortable, but staff gently encouraged them to try using the dining room.

- Relatives told us support with nutrition and hydration needs had improved. They said, "The food is much better. [Staff] have a meal plan and [the person] gets a choice of sandwiches. [Staff] are very successful in monitoring the weight... [staff] have started helping [the person] out at mealtimes and they send me photos of what [the person] is doing" and "I did have concerns with [the feed procedure] in the past as [the person] lost a lot of weight. But it has all been put right now and the dietitian is involved. [The person] has put the weight on they lost last year. I am happy now with everything as long as it's continually reviewed".

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

At the last inspection, the service did not consistently support people to access healthcare services and support to meet their needs. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 9.

- People had health actions plans and care passports that staff and health and social care professionals could use to ensure people received support in the way they needed and wanted.
- People were involved in maintaining their own health and well-being. They were supported to attend health checks, screening and primary care services.
- Staff worked with other services and professionals. People were referred to health care professionals to support their well-being and help them to live healthy lives. For example, staff worked with a dietitian to review and update person's artificial nutrition protocol and requirements.
- Relatives agreed this area of support had improved and they were kept informed about any changes with people's health and well-being. They said, "The home emailed me to inform me about dental health and discussed what they were going to do. They give me an update on all [person's] health appointments" and "All [person's] health needs are taken care of... They keep me informed of any health-related changes".
- Multi-disciplinary team professionals were involved in and made aware of people's changing needs. Professionals said there had been some improvements for example, using a system to raise any issues regarding people's ailments or concerns. However, there was still work in progress to ensure all staff at the service worked consistently to support people in a timely way.

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

At our previous inspection, the service was not always clean, well maintained or secure. This was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 15.

- An extensive renovation programme commenced after our last inspection. This included multiple aspects of the premises and environment. For example, the walls were stripped, and all interior walls were repainted. Failing plaster work was repaired. The home manager explained the plan to decorate the walls was ongoing.
- A larger sensory and activities room was created. We noted a chalkboard wall, boxes of games and crafts, wall decorations, beanbags and a television were in the room. People had been using the room and staff reported that people liked the new room.

- Issues with the front door entrance were resolved. This prevented people from inadvertently leaving the building, although they were under continuous supervision by staff. We asked the home manager whether information was on file to provide to emergency services, such as the police if a person went missing. They later sent us profile sheets that could be used by emergency services if needed.
- A large communal dining room and lounge room were available. We were told staff respected people's choices and routines, and gently encouraged them to use the areas. The building was clean and tidy throughout.
- The outside of the building and ground floor were wheelchair accessible. CCTV devices were observed outside the building and within communal areas, such as hallways. The home manager said the CCTV was not working or in use.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection, the provider did not always implement the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 11.

- Mental capacity assessments did not always contain specific information regarding what decision they related to. For example, only noted heading as "Medication management and administration" but did not described clear purpose of assessment carried out. Also, one mental capacity assessment included incorrect information regarding a family member and decisions they could make. The home manager confirmed this had to be changed.
- Staff completing some assessments did not indicate they had good knowledge to carry out this task and it was not always clear what decisions were being assessed. We discussed this with the home manager and asked them to review this.

We recommend the provider seek advice and guidance from a reputable source about the MCA legal framework and carrying out assessments to support people's views and decision making.

- Two people had active DoLS authorisations. When we checked, we were not notified of the authorisations, in accordance with the applicable regulation. The home manager acknowledged this oversight and

submitted the notification forms to us the next day. There was no risk or harm to people who use the service.

- Staff told us about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff explained how people would express themselves, what it meant and how staff would support them appropriately.
- Staff empowered people to make their own decisions about their care and support. They supported people to make choices without staff restricting them.
- Within people's care plans, it documented about people's capacity and support they required with making decisions.
- Staff helped people make choices and decisions, using their preferred method of communication and this was done in a respectful manner.

Is the service caring?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant 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; Respecting and promoting people's privacy, dignity and independence

At the last inspection, the provider did not always ensure people were treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 10.

- People received kind and compassionate care from staff who used positive, respectful language and means of communication which people responded well to.
- Staff were patient and used appropriate styles of interaction with people. They were calm, focused and attentive to people's emotions and support needs, such as sensory sensitivities.
- People were valued by the home manager and staff who showed genuine interest in their well-being and quality of life.
- Staff were observed to be patient and caring with people. They were addressed by their preferred names and interacted well with visitors, such as the inspection team. Staff introduced us to people and told us about their likes, dislikes and preferences.
- People's bedrooms were decorated in a way that they liked. This ensured they had items and objects which interested them and were important for their well-being.
- Relatives said, "The staff are caring and have built a trustworthy relationship. They are very helpful" and "The staff are very caring; they are very good. The staff are very gentle and understand [person's] needs and mannerisms well as [the person can get upset or distressed]".
- Professionals agreed the staff were developing positive and caring relationships with people.
- People were neatly dressed and groomed. One person liked to wear their pyjamas until later in the day, when they had their personal care. Staff respected this and explained what clothes the person liked to choose.
- Personal care occurred behind closed doors. Each person had their own bedroom with an en-suite bathroom and toilet. We observed staff knocking on doors and asking to enter before they went into people's bedrooms.

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

At the last inspection, the provider failed to consistently involve people and their representatives in decisions about their care. This was a breach of regulation 9(1) of the health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 9.

- We observed people were given time to listen, process information and respond to staff and other professionals.
- Staff told us how they took the time to understand people's individual communication styles and develop a rapport with them. We observed staff supported people to express their views using their preferred method of communication.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed and accommodated their wishes.
- Care plans were reviewed and amended with people, their relatives and relevant professionals to ensure they were accurate and reflected people's current needs and preferences.
- Staff supported people to maintain links with those who were important to them. The home manager told us they made a referral to the advocacy services for one person to support the care planning and expression of their views.
- Relatives said they felt included in supporting people and being involved in the management of their care and support. They said, "When [person] comes home, [person] talks about the staff using their names which is a big change. We [video call person] and the staff support with this" and "They bring [person] home to me at weekends and they guide [them] towards positive things, they are firm but good with [them]. [The person] is always willing to go back with the staff and [person] is very happy".
- The home manager said the staff were allocated as dedicated key workers to people. However, the key worker meetings had not taken place yet. Having regular meetings will ensure individuals were supported to express their views as part of continuous support in the service and to keep up to date with people's changing needs, support or wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 the last inspection, the provider did not provide people with personalised support to meet their holistic needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this Regulation 9.

- We spoke with the home manager about activities people were supported to participate in. The home manager was very open and explained it was an area that still required more improvement and spoke about how they had been working to change that.
- People were supported to participate in their chosen social and leisure interests on a regular basis. We observed people going out during our inspection to the park or to a café. However, it was not clear from the daily records if people were offered other types of activities.
- We were told people needed time to adjust to new routines or activities without upsetting them. However, the records did not evidence that staff were encouraging people, at their own pace, to try new things and to develop their skills.
- Relatives told us they still felt this was an area needing improvement. One relative said, "One area for improvement would be the need for more activities. Although this has improved over the past 3 months and a world apart from a year ago" and "If I could change anything, I would ask for more activities out and about. [The person] is very nosy and interested in wanting to do more".

We recommend the provider seeks advice and guidance from a reputable source about support in arranging, managing and keeping records for people's activities to ensure they live a fulfilling life.

- Staff provided person-centred support with self-care and everyday living skills to people.
- People were able to stay in regular contact with friends and family. Staff helped people to have freedom of choice and control over what they did and supported people to plan their day.
- Care plans included specific and individualised information about people's needs and what staff could do to provide the right care including the needs related to protected characteristics.
- Care plans were updated if there was a change in a person's needs. For instance, where there was a change in need around a person's hydration and food intake, the care plan was amended with new

information.

- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- Changes to care plans were communicated between staff during team meetings and at shift handovers.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At the last inspection, the provider did not ensure people received personalised support to meet their communication needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 9.

- The service identified people's information and communication needs and recorded this in their care plans so staff were aware of how to support the person in the most appropriate way including the approach to use for different situations. For example, one person had a board to note events as "now, next and later" for staff to use when communicating with the person and explain what activity was happening.
- Information included how people communicated, processed information, any verbal and non-verbal communication to explain wishes and feelings, body language or facial expressions and how staff should respond to it.
- People also had communication passports in place to help staff with effective and timely communication.
- Staff told us how they communicated and supported people, what their body language or expressions meant so they could provide effective care to people.
- We observed staff knew how to facilitate communication and when people were trying to tell them something and responded to them appropriately.

Improving care quality in response to complaints or concerns

At the last inspection, the provider had not established a system to identify, receive, record, handle and respond to complaints. This was a breach of regulation 16 of the health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 16.

- People, and those important to them, could raise concerns and complaints and staff would support them to do so.
- The home manager explained the process of handling a complaint if it was raised. They also said they learned from any complaints, reviewing the effects on people and the service. They would review the practice and discuss how they could do better next time.
- The home manager said, "There is a procedure in place. Any recent complaints have resulted in lessons learned and from previous feedback we certainly learned from it. Important to keep communications open

and reassuring people that we are taking it on board and doing things".

- We reviewed information about concerns or complaints raised. The home manager communicated appropriately with the relatives and other stakeholders to provide them information about any action taken in response to complaints.
- Relatives said there had been positive changes in the service. One relative added, "It's hugely improved from a year ago because of the change in the management. So, for example, communication is much better. I used to phone and get nowhere. The manager is very approachable now. If I have any questions, they are dealt with".

End of life care and support

At the last inspection, we made a recommendation the provider seeks advice from a reputable source about end of life care planning.

- We spoke with the home manager about the support around end of life care. Some conversations had been held with families and the information was generic. If the need for such care arose, then this would be discussed with relatives and other relevant stakeholders to support people.
- We were also mindful that due to the age of the people living at the service, end of life care support would need to be sensitively approached with people and/or their families.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. This was a continued breach of regulation 17(1) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Senior staff did not demonstrate full compliance with regulatory and legislative requirements. The provider's quality assurance system and process were improved. However, we found these still did not always effectively assess, monitor and mitigate any risks relating to the health, safety and welfare of the person using the service, staff and the operation of the service.
- The provider's quality assurance systems did not identify concerns we found during this inspection which are described throughout this report.
- We acknowledged the improvements made since the last inspection. However, the provider did not always ensure people and staff were protected against the risks of unsafe or inappropriate support and practice because records were not always accurate or fully completed. For example, when people became upset, distressed or anxious, staff did not always complete dedicated forms to describe how they supported people so this could be used to review triggers and improve support to people.
- Where tasks or record keeping were delegated to other staff members, the provider did not always check things were done correctly and accurately at all times.
- We received mixed feedback from staff members. Some staff felt they could approach the management team with any concerns. However, others felt they were not always listened to, or suggestions not taken on board.
- The last staff and relatives survey was completed in May 2022 with areas noted needing improvements, but we did not receive further analysis or information about actions taken to make those changes.
- The issues we found indicated the provider did not always have full oversight of the areas identified. This could prevent them from identifying and acting on issues that could potentially place people at risk of harm or abuse.

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been changes in the management team since the last inspection. A new home manager had been employed and had been working to make improvements. The policies and procedures had been reviewed to support improvements.
- Provider was working on introducing a new care planning system to help manage people's care and associated records, and the oversight of the service.
- Provider communicated with families and other stakeholders in an open and transparent manner to inform them about any changes or updates.
- The home manager and deputy manager worked well together and had a good professional working relationship. They were both aware of their roles and how they could drive improvements together. We found the home manager and the deputy manager to be accessible, honest and transparent. There was a clear commitment to driving improvements in the service.
- Both were knowledgeable about the people they supported. They were able to provide detailed information about people, risks associated with their care and how risks were managed. They were both able to explain changes they had made since starting in their post.
- They both took on board all queries or issues we raised during our inspection over 2 days and started to address them promptly.
- The previous ratings poster was clearly displayed in the entrance area of the building, in line with the associated regulation.

At our last inspection the provider had failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay. This is important as it means we can check that appropriate action had been taken to ensure people are safe.
- During this inspection, we found the provider had failed to notify CQC of a number of reportable events including allegations of abuse or neglect.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection, the provider did not ensure the service acted in accordance with their duty of candour responsibilities. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 20.

- We discussed the regulation and requirements to follow when notifiable safety incidents happened.
- Since the last inspection, there had been at least 2 incidents reported to CQC where the duty of candour was applicable. People were supported to receive the required treatment and appropriate care was provided. Whilst the home manager ensured that people and families were kept informed and updated, the specific steps taken to meet the duty of candour requirements were not always recorded.

We recommend the provider seeks advice and guidance from a reputable source about Regulation 20: Duty of Candour to ensure requirements are met at all times, including clear record keeping.

At our last inspection, the provider did not ensure the statement of purpose contained up-to-date information. This was a breach of Regulation 12 Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

- We received an updated statement of purpose from the service in May 2022. This contained updated contact details. The document included aims and objectives of the service such as, "We aim to foster an atmosphere of care and support that both enables and encourages our residents to live as full, interesting and independent a lifestyle as possible with rules and regulations being kept to a minimum."
- There was no manager registered at the time of our inspection, however the statement of purpose contained the home manager's contact details.
- The statement of purpose also acted as a 'service user guide', with information about how to make a complaint, people's rights, meals, fees and details of social activities, hobbies and leisure interests.
- The statement of purpose was not presented in an easy-to-read format and only included one picture, which was of the building. This needed to be reviewed to include more pictures and use of signs and symbols that could benefit people if they wished to view the document.

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

- The home manager expressed a commitment to providing people with quality care and support and to instilling a culture where staff felt valued and which promoted people's individuality. They understood more action was required to ensure there was 'a whole team' approach and a positive culture embedded again.
- Relatives were positive about the changes in the service. They said, "[The service] have really stepped up. It has improved so much. [Staff] ring to give me updates instead of me having to ring them. I can raise issues now definitely. There still needs to be improvements e.g., the activities are the main [issue]. The experienced staff are more confident with activities and the newer staff need more guidance. It's a matter of stepping up and continually improving. The home is friendly, and [the person] is always happy to return," and "I do think it is well led now, the manager and the deputy are very caring. I don't have any issues and when I ring, they take everything on board I hope as I don't visit anymore".
- The home manager and the deputy manager worked alongside staff to continue learning about the service and this helped them observe daily practice and pick up any issues.
- Staff had team meetings and weekly meetings to review and ensure any items arising from the day to day running of the service and others' feedback were shared with the staff team. The provider also had weekly meetings with the local authority's contract team officer to maintain good lines of communication and support provider when needed.

- Professionals told us the service still needed to make improvements, to embed the practice and sustain those improvements. They also noted the provider made improvements such as better reporting of incidents and accidents and utilising support such as GP and digital systems for care homes.
- We were aware the provider had been working with the local authority and other professionals with an improvement plan report being completed. It detailed the issues and actions to be taken or that were already taken and where improvements had been made.
- The service had established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments such as GPs, dietitian, other health professionals and the local authority.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission about specified incidents without delay.</p> <p>Regulation 18 (1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure safe care and treatment. The registered person had not consistently assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not operate safe recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.</p> <p>Regulation 19 (1)(2)(3)(a) and Schedule 3</p>