

N. Notaro Homes Limited

Campania

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Campania is a care home. The home specialises in the care of people with alcohol related problems such as Korsakoff's syndrome. Campania is a large Victorian building and the accommodation is spread over four floors. The home can accommodate a maximum of 41 people. The top floor was for people who were ready to move on. There were five rooms with en-suite toilet and sink. Currently five rooms on the top floor were occupied. There were kitchen and laundry facilities and two shared bathrooms in the home. At the time of the inspection 40 people were living at Campania.

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

Safe practice was not always followed to ensure people's medicines were safely administered which placed people at risk. We reviewed the plans in place to support people safely from the building during an evacuation. Guidance for staff was not always clear placing people at risk, for example, in the event of a fire. The environment was not well maintained, we found several health and safety concerns that placed people at risk, including trip hazards and poor management of infection control.

Recruitment processes did not minimise the risk of employing unsuitable staff and there were mixed views as to whether there was always enough staff on duty. Staff and people told us they had appointments cancelled if there was not enough staff to go with them. Staff training was not up to date, this included safeguarding training which meant the provider could not be sure people were being supported by staff who had the skills and knowledge to meet their needs.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible, or in their best interests; the policies and systems in the service did not support this practice. There were generic care plans in place, people did not always have choice, some decisions did not always involve people or their representatives, and dignity was not always upheld. For example, the provider held people's cigarettes and asked them to line up in a communal area to receive cigarettes one at a time

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. Care plans did not have communication profiles for people, which meant there was no evidence, that where needed, the service supported people to communicate and understand according to their needs. People told us they were bored; People told us the activities were not based on everyone's interests.

Governance systems included internal and provider level audits and regular checks of the environment and service to ensure people received good care. We found these systems were not always fully effective in driving improvement. Whilst it was not evident this had any significant impact on people, it did not evidence a fully effective governance system was in operation and placed people at risk.

We saw some positive interactions during the inspection, with most staff being kind and friendly when supporting people. The provider analysed accidents and incidents to look for trends or ways to prevent a recurrence. There was a business continuity plan in place and we found safety checks of fire maintenance, gas, electrical safety, and safe use of water outlets were all up to date. The provider had already identified a lot of the concerns found during the inspection through their provider level audits. These had been added to the provider's improvement plan.

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 good (published 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicines management, individualised care, staff training and supervision, quality of the environment including the prevention of infection, and the management of the service at this inspection. We have made three recommendations in relation to, staffing and recruitment, assessment of people's needs and accessing health care agencies.

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 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.

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.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Campania

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.

Inspection team

Day one of the inspection was carried out by one inspector and day two of the inspection was carried out by two inspectors.

Service and service type

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

Notice of inspection

Inspection activity started on 2 December 2019 and ended on 3 December 2019. Day one of the inspection was unannounced and day two was announced.

Service and service type

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What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with seven people who lived at Campania about their experience of the care provided. We spoke with nine members of staff including the Quality & Compliance Manager, the registered manager, the deputy manager and six care workers. We also spoke with one health care professional.

We reviewed a range of records. This included four people's care records and nine medicine records. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including health and safety records, quality assurance processes, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Safe practice was not followed to ensure people's medicines were properly administered. Some staff had been signed off as competent to administer medicines but were still working through their training booklets." We identified one staff member had completed their medicines training in 2011, two staff had completed medicines training in 2014, four staff had completed it in 2015 and 10 staff members were recorded as working on their training. This meant some staff had been signed off as competent before completing their training, and some staff had not had their annual competency checks.
- The medicine records we reviewed showed that three people had missed doses of their medicines as they were not in stock. One person who was an insulin dependent diabetic also did not have their blood glucose levels checked when required as they did not have any blood test strips available.
- Medicines which were prescribed to be taken 'when required' did not always have protocols available which explained to staff when it would be appropriate to administer these medicines.
- Prescribed medicated creams were not stored securely as directed by the provider's medicines policy.
- Opening dates were not always recorded on medicines which had a reduced shelf life after opening. During the inspection we saw two bottles of eye drops which were being administered but as there was no opening date, it was not clear whether they were still in date and suitable for use. They were disposed of on the day of the inspection.
- Fridge temperatures were taken daily, however, when the temperature was outside the recommended range there was no action taken to address this to ensure there was no impact on the medicines stored.
- People could choose to look after their own medicines. Risk assessments had been carried out to ensure it was safe to do so.

Assessing risk, safety monitoring and management

Risks to people's safety were not always identified or managed to reduce these risks.

- Care plans included a Personal Emergency Evacuation Plan (PEEP) for each person. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.
- One person's PEEP said, "At present (person's name) would need a staff member to get them to a place of safety." There was no guidance as to how to get this person to a place of safety. Which meant there was a risk that people may not be evacuated according to their needs in the event of a fire.
- Risk assessments in people's care plans were not clear. Some risk assessments had an identified need but had two options for staff to address the need. So, staff could not be certain how to address the need or be consistent in their approach.

- One person's behaviour chart scored them as very high risk of challenging behaviour. There was no plan in place to support this person if their behaviour placed themselves or others at risk of harm.
- The provider employed a maintenance person for managing the day to day maintenance of the home. However, when we looked around the building we found some windows on the first floor did not have window restrictors to prevent falls from height, some of the window handles were missing and there were multiple ramps in corridors that did not have any signage to identify them as a trip hazard.
- We also found store rooms with chemicals in, open and accessible to people, even though staff told us the cupboard was meant to be kept locked.
- The registered manager assured us they would address this and make sure the building was safe for people.

Preventing and controlling infection

- People were not fully protected from avoidable risks from infection because the environment was not clean in some places, even though the provider employed domestic staff to manage the cleanliness of the home.
- Communal areas had cobwebs hanging from lights and communal kitchens were not clean, cookers were full of grease and food debris and floors were dirty. There were sanitary gels in the corridors for hand cleaning, but these were empty.
- The registered manager acknowledged the cleanliness of the home was not of a good standard and said they would arrange for a deep clean to take place.
- Cleaning staff had received training on infection control. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons.

We found no evidence that people had been harmed. However, systems were either not in place or effective enough to demonstrate that health and safety, including the prevention of infection control in the home, and medicine administration 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.

- There was a business continuity plan in place and we found fire maintenance, gas, electrical safety, and safe use of water outlets was all up to date.

Staffing and recruitment

- There were not enough staff on duty to meet people's needs. The registered manager told us, "We are over staffed according to the dependency tool, but people's needs are high, and the staff numbers do not meet their needs." The registered manager also told us they had to work with people to support staff.
- One person told us, "Staff were not around much." Another person said, "I'm not allowed out on my own but there's no staff to take me anywhere."
- Staff told us they felt there was not enough staff when they had to support people going out to appointments. One staff member said, "People have had appointments cancelled if there's not enough staff to go with them."
- Recruitment processes did not minimise the risk of employing unsuitable staff. Three staff files out of four did not explore gaps in employment history to ensure there was a satisfactory explanation.
- Checks had been completed with the Disclosure and Barring Service, but not reviewed in line with best practice. One staff member had declared convictions, and these had been recorded, but the provider had not fully risk assessed the convictions to check if any mitigating actions were needed. The registered manager informed us the risk assessment would be completed.

We recommend the provider reviews current best practice in staffing and recruitment and acts to update practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at Campania. One person said, "Yes its ok, I'm safe, staff are ok." Another person said, "Yes I'm safe here." A third person said, "Staff are good I'm definitely safe." Staff had received safeguarding training although not all refresher training was up to date.
- Staff we spoke with said if they had any concerns they would speak with the manager. "One staff member told us, "If we feel anyone is at harm we can go to the manager."
- The registered manager knew their responsibilities regarding safeguarding. We saw examples of where concerns had been raised and investigated appropriately by the registered manager.

Learning lessons when things go wrong

- The provider analysed accidents and incidents to look for trends or ways to prevent a recurrence.
- The time, place and any contributing factor related to any accident or incident was considered to show patterns and check if changes to practice needed to be made. For example, staff told us, one person had a history of entering female residents' rooms and making inappropriate advances towards them. Staff discussed the behaviour and how they could reduce the risk of them entering the rooms. Staff changed all the names on people's room doors to initials so that it was no longer obvious that it was a female resident's room.

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.

Staff support: induction, training, skills and experience

- Staff had not received up to date training or supervision to support them to carry out their roles. The provider's training matrix confirmed staff training was not up to date. We discussed this with the registered manager who told us, staff get work books issued and should return them completed within two weeks, but this was not being monitored. One staff member told us, they had several workbooks to complete and said, "I should get around to doing them really".
- The provider did not provide staff with specialist training. One staff member told us they would like training in Korsakoff's and alcohol addictions. The registered manager confirmed they don't provide this training even though most people living at the home had a diagnosis of alcohol related disease.
- Comments from staff who had been in post for a long time included, "We do the five-day mandatory training when we start." One staff member told us, "We don't do anything after the five day induction for two years then we start the workbooks."
- People told us they thought staff were not well trained. One person said, "Staff are not skilled they don't know about my diabetes." Adding, "If I have a hypo staff panic which makes me panic."
- Staff told us they did not have regular one to one supervision with senior staff to discuss their work. However, staff did say they felt supported and able to request a supervision if needed. The Quality & Compliance Manager told us they had recently held individual supervisions with staff and were starting to catch up with one to ones that were out of date.
- Staff performance relating to unsafe care was recognised but not responded to appropriately. The registered manager told us about staff who were not fulfilling their roles but instead of addressing this as a performance or development issue the registered manager was completing the tasks themselves.

We found no evidence that people had been harmed, however, staff were not receiving appropriate training and support. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All new staff completed an induction which included the Care Certificate if they had not been in a caring role before. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.

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 provider was not working within the principles of the MCA. Some people at Campania were living with Korsakoff syndrome. This is a condition related to alcohol misuse and can affect people's ability to make some decisions about their care and support and daily life.
- Mental capacity assessments and best interest recording was not based on individual need or the principles of the MCA. One person's capacity assessment was more of a decision statement and said, "To keep [person's name] safe and to support them with their mental health and dementia." There was no indication of who was involved in the assessment or how the provider concluded this was in the best interest of the person. The information did not inform staff how to keep this person safe in the least restrictive way.
- Staff told us they had not had up to date training in MCA, "One staff member said, "I think I have that workbook somewhere."
- Most people who smoked had a generic MCA assessment that clearly stated they could not hold their cigarettes. The provider had a cupboard where people had to line up for staff to allocate people with a cigarette. We asked a staff member why this was the case, they told us, "Finance said they can't afford to buy lots of cigarettes and if they run out their behaviour becomes challenging, so we restrict them." The registered manager told us that was not the case." They told us, "It's because of health and safety and it's always been this way." The registered manager agreed this was a blanket restriction and assured us they would review their current smoking policy in the home.
- We found other blanket restrictions in place within the home for example, staff held people's cigarettes, and no access to hand gel in case people consumed it. A blanket restriction refers to the rules or policies that restrict a person's liberty and other rights, which are routinely applied to everyone within a home, without individual risk assessments to justify their application.

We found no evidence that people had been harmed. However, systems were either not in place or effective enough to demonstrate that the provider worked always acted in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection 29 people had a DoLS application in place. Twelve of those applications had been authorised. Where people had conditions on their DoLS authorisations, the provider had met these conditions as legally required.

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

- People's needs were assessed by the registered manager prior to people moving into the home. However, assessments were not very detailed, so it was unclear if staff had all the relevant information needed to provide care and support for people.

- We asked people if they felt they had choices in their care. We received mixed comments from people that included, "I do my own thing, staff don't really come up to us." And, one person told us how they wanted to move back home, but felt staff had not identified what needs they had to enable them to go home. They told us, "I sit around most of the day I don't even get support with my drink problem."

We recommend the provider reviews current best practice in assessing people's needs and acts to update practice accordingly.

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 agencies such as GPs and dentists, although care plans were not detailed. For example, one person's care plan said, (Persons name) will need staff to support them in making and attending appointments." There were no details as to what appointments or what support would be required.
- We found some information in peoples care plans relating to their oral healthcare. However, this was not detailed guidance for staff and was not consistent with the guidance for care homes in relation to oral health.
- Forms were available for staff to complete in the event of hospital admission. However, one person's physical health plan recorded five key health needs and there was no guidance for staff, or information that staff could clearly communicate to hospital staff in the event an admission was required.

We recommend the provider reviews current best practice in accessing health care agencies and acts to update practice accordingly.

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

- The building was not well maintained. The décor was tired and unclean in places. Some peoples rooms were very sparse and not homely. The provider informed us that others were personalised with pictures, ornaments and other personal items.
- The registered manager told us they had a plan to decorate but this was not recorded on their development plan.
- The home was not laid out in a way that made it accessible, the registered manager told us they would not be able to take people in wheelchairs because the corridors were not wide enough. However, there was a lift that helped to promote independence for people who could mobilise unaided.
- People had access to outside space. There were quiet areas where people could see their visitors.

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

- Staff understood people's dietary needs and ensured that these were met. People could choose to eat in the dining room, the lounge, or their own room. We observed meals being served in the dining room. There were two choices of main at lunch time and the food looked appetising. People told us, "The food is great, they, (kitchen staff) can cook, and they know what I'm allergic to." Adding, if I don't like it I can always have something else. No problems with the food here."

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 outstanding. 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

- People's dignity was not always respected, or their independence promoted. We observed a staff member, in a communal area, telling one person to have a shower. This person was not ready to do so but a few minutes later the staff member shouted at them across the conservatory to hurry up. We raised this with the Quality and Compliance Manager, and the registered manager spoke with the staff member and assured us this was not normal practice. However, the person told us it was.
- People did not have free access to the kitchen as it was locked when staff were not in it. Staff said this was because of the equipment in there. There were no independent risk assessments in place that indicated people should not use the kitchen. The registered manager told us, "It's always been that way." There was access to hot drinks in the dining area and some people had their own fridges in their rooms.
- There was a kitchenette on the top floor, this was allocated to the people living on the top floor who were ready to move into more independent living but staff also used it as a training kitchen. Two people were living on the top floor, they told us they do their own cooking and staff don't help them. The kitchen was not clean, and people were not supported to maintain the environment on the top floor.
- People had to line up for their cigarettes in a public area. We observed staff handing out cigarettes one at a time. People told us they did not like this practice. The registered manager told us they would review this process.
- People's confidentiality was respected; people's care records were kept securely, and we did not observe staff discussing people in communal areas. People told us they were supported to maintain and develop relationships with those close to them.

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

- People's care records had some information about their life history, interests, significant people and preferences.
- We observed during the inspection how most staff members approached people appropriately. This included people enjoying some laughs with staff.
- Most people we spoke with said staff always consulted them about any care they gave. One person said, "Yes they ask me before they do anything."

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

- People told us staff were kind and caring. Comments from people included, "Staff are ok they are kind." And, "I get on well with most staff."
- Staff spoke positively about their work and the people they supported. One staff member said, "We want to

help people get better." And "I'm passionate about helping the people here."

- People's cultural and religious beliefs were considered. Staff told us, "If people want to go to church we would support them." And, "One person is catholic, but I don't think they practice."

- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity although this was not up to date.

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

- The care plans we reviewed were not person centred or outcome focused. Most of them were generic, lacked information about people's individual needs, and some of the wording was inappropriate. One person's life history said, "Is married to (person's name) and has a (child's name), likes going for walks. This information was written in the third person and did not help staff get to know the person. Another person's care plan stated, "We (staff) will let (person's name) have their cigarettes. A night care plan stated the person had one to one care all night, but it also said staff check on them throughout the night and (person's name) gets ready for bed independently. It was unclear as to what support this person should be receiving. One person we spoke with told us, "Care plan is probably somewhere, not sure where they keep it."
- Several people had generic agreements in place, such as smoking, or behaviour plans that dictated how the person should behave whilst living at the home. These agreements offered no support or guidance as to how staff should support people if behaviours became challenging or if they wanted to give up smoking.
- Another care plan stated, "To let (person's name) wash, shower and change when they feel like it, but the risk assessment said this person was at risk of poor hygiene.
- People told us staff did not involve them or their family members in their care planning, one person said, "I'm upstairs so they don't really have anything to do with me, I only see staff if I come down for a cigarette." Another person said, "I don't even know what is in my care plan or where it is." However, after the inspection the provider did send in additional evidence of care plans we had not seen where the person had written it themselves.

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

- The provider did not always support people to follow their interests or encourage them to take part in social activities relevant to their interests or maintain personal or community relationships.
- There was a lack of stimulation and occupation for people living at the home. Care records contained some details of people's past hobbies and interests, but staff did not offer people the opportunity to engage in old hobbies or develop new ones.
- We observed people playing bingo on the day of the inspection which staff told us people enjoyed. However, four people we spoke with said they did not like bingo. One person said, "I'm young, I don't want to play that." Another person said, "I like sports, but no one asks me what I want to do so I sit around smoking all day bored."
- We observed another person in the back-yard pacing and running back and forth for 20 minutes with no staff interaction or discussion as to why they may be doing this.

End of life care and support

- At the time of the inspection no one was receiving end of life care. We discussed this with staff who told us they had not received any training in end of life care.
- We also reviewed care plans, and whilst there were some advance care plans in place for people, the detail was minimal. For example, staff had written one-word answers such as 'Buried'.
- One question was, "What should happen to your possessions." The response was, "Family". No details about what should go to whom.
- End of life plans were not person centred and the lack of detail meant that staff would not know how people would like to be cared for if people needed end of life care.

We found no evidence that people had been harmed, however, the failure to provide care and support that met people's needs and preferences likes and dislikes, placed people at risk of harm. This included social activities and end of life preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Some people living at Campania could not communicate well with staff. We observed throughout the inspection, staff communicating with people in a way that demonstrated a commitment to understanding their wishes.
- The registered manager was aware of the Accessible information standard, but care records did not have communication profiles to show how staff should support people to communicate in a way that meets their needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place; this captured the nature of complaints, steps taken to resolve them and the outcome.
- People told us they knew how to raise concerns and make a complaint. One person said, "I would speak to staff." Another person said, "Yes I tell my key worker they usually sort it."

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 Good. At this inspection this key question has now deteriorated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not promote a positive culture within the home. Staff told us morale was low because the management was not providing clear leadership. One staff member said, "There's a clash between the managers and that impacts on us." Another staff member said, "The provider never speaks to us when they come here." A third staff member told us, "(registered manager's name) is lovely but the others are fighting to be top dog." The registered manager told us there were some issues with staffing, but it was being addressed.
- Some feedback from people was negative. People we observed were bored. One person told us, "Staff spend more time chatting to each other than us." Another person said, "Staff are always on their phones."
- However, staff we spoke with were positive about the registered manager, one staff member told us, "(registered managers name) is nice but soft."
- People told us that the way the home was led was 'Okay'. Comments from people included, "The manager is lovely." And, "Yes she's really nice."

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

- The registered manager carried out a range of quality monitoring audits, but these were not effective. For example, current local governance systems had not identified the concerns raised during the inspection around the people's capacity, the issues we found in relation to people's medicine management, risk management, environmental risks, training, recruitment practices and care records.
- The registered manager did not have full oversight of Campania due to the current management structure and the fact they were carrying out key worker duties rather than overseeing service delivery. This meant staff did not fully understand their roles and responsibilities. We discussed our concerns with the Quality & Compliance Manager who told us most of the concerns found during the inspection had been identified already through their provider level audits. We saw these had been added to the homes improvement plan and was assured the provider was working with staff to improve the care and support being delivered at the home. This evidence is the rationale for not making the well led domain for Campania inadequate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We reviewed feedback surveys for people, these were last carried out in August 2019, but they consisted of

a yes or no check list, there were no actions to develop the service. The last relatives survey was carried out in 2018. The registered manager told us, "This had slipped off the radar".

Continuous learning and improving care. Working in partnership with others

- Staff told us they did not have regular opportunities to meet colleagues from other homes, or to discuss best practice in a learning and supportive environment. One staff member said, "Workbooks don't work, I prefer face to face where we can discuss things." Other comments from staff included, "Managers are too busy trying to outdo each other."

We found no evidence that people had been harmed, however, systems either not in place or effective enough to demonstrate the governance of this service was effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager promoted the ethos of honesty and understood their responsibility to let others know if something went wrong in response to their duty of candour.
- Notifications had been received by the Care Quality Commission (CQC) which meant that the CQC could check that appropriate action had been taken. They also ensured their current ratings were displayed for the public to see.
- The registered manager told us that key messages were communicated through staff meetings. Staff we spoke with confirmed this and told us they felt communication was okay. One staff member told us, "We do have meetings and we use hand over to communicate any updates."

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 9 HSCA RA Regulations 2014 Person-centred care Assessments and care plans were not personalised to people's individual needs. This included end of life preferences and social activities. People were not supported to undertake activities.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not always act in accordance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. People were not protected from the risk of infection People were not protected from risks to their health and safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate an effective

system to monitor and improve the quality of the service.