

Life Opportunities Trust

Life Opportunities Trust - 15 Rose Vale

Inspection report

15 Rosevale
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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

Life Opportunities Trust – Rosevale is a care home registered to provide accommodation and personal care for up to eight older people living with a learning disability. At the time of our inspection eight people were living at Life Opportunities Trust – Rosevale.

The service had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not always receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

People were not always protected from the risk of harm. When people sustained unexplained bruises or skin tears these were not investigated or reported to external safeguarding authorities. Lessons following incidents, accidents or complaints were not shared and used to improve practice.

Recruitment checks did not fully assess a staff member suitability for the role they were working in.

Staff had not received consistent support from management or specific training to understand the needs of the people they supported. Staff competency and skills had been rarely reviewed.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support. This is because people were not treated with dignity and respect at all times. There had been some improvements in supporting people to participate in activities, but some people were not always supported to help them experience positive, meaningful daily lives that promoted their independence and wellbeing.

The registered manager had not investigated or responded to complaints raised. People were not always provided with information in an accessible format they could understand.

The provider failed to ensure that people received a good quality service in a personalised and safe way. People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The governance systems in place were not used effectively to identify areas for development and to improve the service. Staff had been unable to share their views and opinions on the management of the service, or ideas to develop care.

People were supported by sufficient numbers of staff. People's medicines were managed safely.

People's needs were assessed prior to the moving to the service to ensure their needs could be met.

Staff and relatives were positive about the changes in the management team, and supportive of the very recent improvements made 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 requires improvement (published 04 December 2018). At this inspection we found that the provider was in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to keeping people safe from harm, staffing, responding to complaints, good governance and duty of candour at this inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Life Opportunities Trust - 15 Rose Vale

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

This inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff, the provider, registered manager, deputy manager, peripatetic manager and care director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and assurances that improvements would be made. We looked at further information relating to training and quality assurance records.

Is the service safe?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure that sufficient checks were carried out before staff were employed.

Not enough improvement had been made at this inspection and the provider was in now breach of Regulation 19 [Fit and proper persons employed] of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment records seen at the previous inspection continued to lack a full employment history. One staff member had been employed since the previous inspection. We saw one professional and one personal reference had been sought even though two professional references were available. The provider's policy was for two professional references where possible.
- The interview record for this staff member noted a disciplinary concern from the previous employer, however this was not followed up. Also, for this staff member and the chiropodist and reflexologist we were unable to see that a criminal records check [DBS] had been carried out. This meant the provider could not be assured these staff were of sufficiently good character to support people.

The provider failed to ensure there was robust checks in place to ensure staff employed were suitable to provide care safely. This was a breach of regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, staff and relatives told us there were sufficient staff to support them promptly. One relative said, "There's always staff around when I visit, they always seem to have time to spend with [Person]. I'm not concerned about staffing levels."
- There had been a number of staff departures from the service, however, new staff had been appointed to key positions, and agency staff were consistently used where vacancies remained. People and relatives told us they knew the staff who supported them.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe in the home and this view was shared by their relatives. One person said, "I love living here, it's my home and everyone is very nice to me." A relative said, "The staff are all genuinely caring people, I feel very safe leaving [Person] with them because I know they will look after them."
- Staff were aware of how to identify when a person may be at risk of harm. Staff had good awareness of

external safeguarding authorities they could also report concerns to under the whistleblowing policy. We found that staff reported concerns appropriately.

- However, incidents that had been reported to the registered manager had not been thoroughly investigated or responded to. One person had returned to the home and found to have nine scratches to their shoulder when staff gave personal care. Staff recorded these were not present when they gave personal care that morning. The registered manager had not investigated this to explain the injury or report this to the local authority.
- A second person was seen to have scratches to their shoulder. Staff completed an incident form and handed this to the previous deputy manager, however, no investigation into the cause had been completed. We identified other examples of incidents involving medicines errors and marks to the body that had not been robustly investigated and measures put in place to keep people safe. For example, staff omitted to administer a medicine due to it not being ordered. The deputy manager investigated and noted one staff member had been involved in previous errors. However, they did not take action to provide additional training or supervision for this staff member. The deputy manager had not informed the registered manager who had also not reviewed the incident because of this situation?.
- There was no lessons learnt process used by the registered manager to improve care practices. Accidents, incidents or injuries were not analysed for trends and patterns, staff's competencies were not monitored in response to the continued medicine errors.
- Staff and relatives were not consistently informed when there had been an incident, or what the outcome had been. Staff were not provided with the opportunity to reflect on practise through team meetings or supervisions to mitigate the risks of errors, incidents or injuries recurring.
- The provider had however identified that the responsiveness and monitoring of incidents was an area that required improvement. They showed us a monitoring and reporting system they would use to track themes, trends and individual incidents. However, as this had only just been implemented the provider was not able to demonstrate or show us how effective this was.

Systems were not robustly operated to keep people safe from harm, nor was appropriate action taken when there was suspicion people may not be safe. This was a breach of Regulation 13 [Safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Assessing risk, safety monitoring and management

- Risks associated with people's care, were assessed and risk management plans directed staff how to manage and reduce risks. For example, how to support a person with nutrition, fluid and medicines through their PEG tube. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. Staff understood PEG guidance and we observed them reviewing a person's medicines as there was difficulty administering using this process.
- Assessments had been carried out in relation to fire safety, legionella, electrical testing and actions arising from these were completed. Staff knew what to do if the fire alarms sounded and completed regular testing of fire alarms and conducted regular drills including people in these.
- However, there were no designated fire marshals to be responsible for fire safety whilst on duty and training had not been provided. The provider sourced this training during the inspection to be provided in due course.

Using medicines safely

- People's medicines were managed safely. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded.

- People medicines were administered as the prescriber intended, and any errors were identified and reviewed.
- Staff had received training and there were protocols in place for medicines prescribed on an 'as needed' basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.
- People's medicines were regularly reviewed, and staff were quick to contact the prescriber if any issues occurred.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. Generally, the home was clean, however on the first day of the inspection we saw cobwebs continued to hang from lampshades and some areas of the home were unclean. Action had been taken by the second day and the home was clean. A complete redecoration of the home was also planned to address some areas, such as staining to walls and carpets.
- Staff were seen washing their hands and using personal protective equipment when needed. Staff prepared food following good practise and had received food hygiene training.

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

- All staff told us they had not felt supported by the registered manager until the appointment of a new deputy and peripatetic manager. Staff had not received supervision for a significant period of time. One staff member said, "My last manager [previous registered manager] did my last supervision before they left, and [newly appointed deputy] did one last month, so I had a gap of about 8 months with no supervision. I did not at all feel supported I was looking for a new job."
- A second staff member said, "Support has been dreadful from the registered manager. I had a supervision with [newly appointed deputy], last week or week before, then the last one was in October last year."
- Training had not been provided to staff to support their skills and knowledge. The newly appointed care director had identified this through recent monitoring of the service. All staff were booked to recomplete their induction, and additional training had been booked.
- One staff member said, "I have got quite a few bits of training that I need to do but [new management team] has now booked them in. When we have had training, it has been really good. What's good now is the new training being implemented is what I have suggested like mental health, behavioural support, and autism." We saw evidence of training that had been booked to be delivered after the inspection in these areas.
- However, since the previous inspection in October 2018, staff had not been supported through a robust process of induction, support to develop their skills and effective training. Staff did not always receive updates to their training. This was a breach of regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- People were supported to maintain a well-balanced diet and had meals they enjoyed.
- Staff supported people to actively participate in their meal planning, food shopping and meal preparation. One person proudly showed us the lunch they had been supported to prepare. Allergies were recorded and specialist guidance from health professionals was followed particularly around risk of choking.
- Staff knew the specific dietary requirements and eating plans for each person living at the home and supported people to follow them. People's weights were monitored regularly.

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

- Rosevale was a purpose-built care home to support people's needs. However, at our previous inspection the environment was seen to need maintaining and decoration. Plans were at that time in place to begin redecoration work but had not been completed.
- We saw walls were scuffed, dented and chipped, some walls with holes from pictures or fixtures and fittings exposed. Many areas were drably painted and some walls were stained.
- People could bring their own items into their rooms to personalise them as they wished. However, we did not see all people were supported to do so. For example, one person's bedroom was poorly decorated, tiling around the sink was missing, and there was a distinct lack of any personalisation.
- Signage and decoration did not support people's independence, although we saw people's bedroom doors were attractively painted to indicate whose rooms was whose. Two bedrooms we saw were nicely decorated. One using a mural covering the wall to reflect a person's interests.
- During the inspection we were provided with an environmental action plan that addressed these issues. One person was visibly excited when telling us their room was going to be decorated in their favourite colour. All works were due to begin in the middle of January 2020 and people had been consulted. We have further reported on this in the well led domain.

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.

- People were not supported to have maximum choice and control of their lives.
- Staff demonstrated they understood the principles of MCA, although had not received refresher training. Staff were seen to ask people for their consent before providing their care.
- However, capacity assessments and best interest decision had not been completed for each decision. For example, where a person took their medicine covertly, or where people were restrained, for example, use of bed rails to keep people safe when in bed.
- Where DoLS authorisations were required, these were not always requested. For example, where a person received their medicines covertly. Where DoLS authorisations were awaiting assessment by the local authority a risk assessment or plan to manage the deprivation was not in place and reviewed. For example, where people were not free to leave the building.
- At the time of the inspection the care director, and managers had reviewed the MCA and DoLS that required completing. A tracker to monitor the applications and assessments was in place and managers were beginning the process of reviewing.

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

- People's needs were assessed before they started using the service to ensure staff understood their needs and preferences and could meet their needs.
- Assessment documentation showed all aspects of a person's needs were considered including the

characteristics identified under the Equality Act and other equality needs such as peoples religious and cultural needs.

- Staff worked with health professionals to assess and review people's care. This helped to ensure people were being supported in line with current best practice guidance to promote people's well-being.

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

- Staff supported people to attend planned health appointments and referred people promptly to their GP or other specialist health services when they showed signs of illness.

- Staff worked with local and specialist health services to ensure people received effective, timely care. Staff knew the health services which supported people and contacted them as required for advice. The advice given by the healthcare services which supported people was included in people's care records, although was at times difficult to locate.

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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People said that staff were caring, and respectful. We saw friendly interactions between staff and people that demonstrated a warm and compassionate approach. One person said, "I love the staff, they look after me and are nice to me."
- However, we were also told that some staff members were not as committed to ensuring people were well treated. One relative told us the level of care and respecting people's dignity and independence varied depending on who was on shift. They told us they once summoned assistance when visiting their relative who had been unwell. They said a staff member entered the room, looked around and then left. They expected the staff member to return but did not leaving them to support their loved one.
- People's independence and dignity was not always promoted. One person had waited a number of months for an assessment for equipment to use a shower chair. This referral was only requested just prior to the inspection when the new management team put this in place. This meant this person was unable to have a shower, which was their preference, and could only have a wash. At the time of this inspection they were awaiting assessment for appropriate equipment and the wet room they used was being repaired to make it usable.
- Staff documented in daily records where people had been able to be independent. These noted things such as dressing or for one person taking their plate to the hatch. Care planning had not looked at how the person could be fully supported and encouraged to manage day to day living skills themselves. The deputy manager told us, "The views on independence here are so much different to mine. Over the next few months, we [staff] will be looking to support people to live the life they can as independent as they want to be."
- During the inspection we saw where management were focusing on promoting independence and supporting people's dignity in a positive manner. An action plan addressed these areas and identified where the improvements were required.
- People's personal confidential information was stored securely in the office. However, staff were heard to discuss people's personal care or private matters in front of other people. This meant that people's personal confidential information may be inadvertently shared and not respecting their privacy or dignity.

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

- People's care plans contained evidence to show they were involved in developing their care. Care plans captured what was important to people and how they wanted their care provided. However, people and their relatives' views were not consistently sought when people's needs changed, or to review the care

provided. One person's relative told us they had only one formal whole life review in five years, when the expectation was annually. When care plans were reviewed, or when people's needs changed, people and their relatives were not consistently consulted. Staff during the inspection had begun to review people's care, and were conducting whole life reviews, however we were unable to assess the impact of these and how they were based on people's views.

- People and relatives told us staff did not consistently respect people's choices. One person's relative said, "It's been more difficult lately with the staff changes as some of the staff really don't know what people want."
- Information relating to advocacy services was available to people and their relatives. We were told about one person who had recently been referred for advocacy support. This helped to ensure that people were able to seek independent support to make decisions about their care.

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

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise any concerns. Information about how to complain was written in alternative formats for ease of reading. A complaints policy was in place and people were provided with a copy of the procedure. However, the procedure had not been followed by the registered manager.
- Relatives said when they raised grumbles, concerns or complaints until recently, they had not been responded to sufficiently. One relative said, "To raise a complaint I just went to the staff to sort things out, there wasn't much point seeing the manager because they were never there." A second relative said, "It's the staff who pick up my concerns or complaints, not the manager, there wasn't any point raising anything with them, but [new deputy] is different and gets things done."
- The newly appointed management team, reviewed concerns and complaints received and acted through December 2019 to review and take action. Relatives were positive about the new management team's approach. Complaints or concerns at that time had been reviewed and responded to, although this had in some examples taken a significant period of time to complete.
- Staff were not involved in discussing the outcome of complaints or concerns raised. This did not allow staff to review practise, learn lessons or reflect on the nature of the concern to reduce the likelihood of recurrence.

Although some improvements had been made in responding to complaints, the actions arising from those raised were not in place. It was not possible to see how the change of management approach positively influenced people's care. This was a breach of regulation 16 of the Health and Social Care Act 2008 [Regulated activities] Regulations 2014.

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

- People's care reflected their likes, dislikes and preferences. One person's relative said, "They know what [person] likes, how to give that little bit extra so that [person] is helped how they like it. I don't worry about the way the care is provided at all and think it is personalised."
- People's needs had not always been responded to with prompt actions, however, staff were reviewing people's care needs to ensure this was met. People's relatives told us there had not been an annual review meeting held, and for most people this had been for a significant period of time. We saw one annual review had been completed during the inspection and plans were in place to complete the remaining ones.
- When people's needs changed staff did not look to establish how the changes affected people holistically. For example, one person had been unsettled and unwell over a period of days. This person's behaviour became more unsettled and challenging to others. However, staff were not aware that fear of being unwell

caused heightened fear and distress for the person. Although staff were aware of how to provide basic levels of care that met people's preferences, they were not consistently aware of meeting people's holistic needs and responding to their known anxieties and fears.

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

- People were seen to be happy with the activities provided. One person was completing puzzles, then cooking their lunch and seemed thoroughly content. Relatives told us that people were able to pursue their interests outside the home, and we saw examples of people going horse riding, walks, visiting the town and seaside visits.
- However, staff told us that the level of interaction provided to people had depended on whether they had additional funding for activities outside the home or if supported by relatives. One staff member said, "Well, up until recently there needed to be more [meaningful activity]. It's no life making sure someone eats and drinks and had their medicines. [Deputy manager] has revamped things, we now have allocated time. They don't all have 1:1 hours, family or day centres so we are now just beginning to be able to make choices. All the men are a similar age, so we started to think about pastimes to do with the men, we did a carry-on quiz and they loved it."
- A second staff member said, "Before we were told [by the registered manager] we can't get the staff in, the attitude was 'that person doesn't get the one to one hours. Since [deputy manager] came, we have been able to really change the activities and now have outings and things to do. That is over the last six weeks. [People's] mood has changed, I can see getting people out and about is improving their mood."
- People were encouraged to maintain relationships with people important to them and develop new friendships. Relatives told us they could visit when they wished, and were able to take people out for family events and day trips when people wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's initial assessments reviewed and assessed their communication needs. Where necessary further information or support had been sought from health and care staff and organisations that could support people.
- People's care plans detailed their communication needs and support they required. Some information was developed in an accessible format; however, a number of care plans were written without the use of easy read or large print to support people's involvement.
- Staff were seen to communicate with people using items of reference, speaking clearly and slowly, giving people time to respond. However, we saw, and staff confirmed that their approach to meeting people's communication needs was limited. One staff member said, "We are making changes to more use more pictorial information. We have updated the menu board, complaints, and some care plans so they are more likely to understand. A couple have had [tablet computers] but don't use them now."
- Further improvement is required to ensure people are given information in a manner they can understand clearly, that meets their individual communication needs.

End of life care and support

- The service did not provide end of life care at the time of this inspection.
- People's care plans needed developing further to ensure if people had any specific wishes for their final days or hours, so these could be known to staff.

- Further training had been booked for end of life care and completing assessments.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. 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.

At the last inspection we found improvements were required to ensure audits completed by management improved the quality of care people received. The home leadership did not ensure people received high quality care. At this inspection we found that the provider had not made the improvements needed. We found further areas for improvement in relation to recording, staff morale and engaging people, relatives and staff in the management of the service.

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

- Governance and quality assurance systems did not effectively identify areas for improvement or address concerns identified. For example, at the previous inspection we found the environment needed improvement, maintenance and decoration. In August 2019 the local authority carried out a review and found the environment continued to require decoration. This work had not been completed at this inspection, and work only commenced after we had visited.
- Staff reported to the management team any incidents that placed people at risk of harm. The registered manager did not always review and investigate these. For example, unexplained marks and bruising had not been investigated or reported to the provider or external safeguarding authorities for further investigation.
- The registered manager did not analyse patterns, themes or trends emerging so that actions could be taken to improve the service. We found the same lack of monitoring across the home with other areas such as weight, pressure care, completion of care records, complaints and meaningful engagement.
- People's daily care records did not document consistently how staff meaningfully engage with people or support their equality characteristics. People's care plans and risk assessments were not well organised or maintained, missing required information and difficult to find information.
- The provider had a lack of oversight of how the service was being run. Regular monitoring had not been carried out until the appointment of a new Director of Care Services in September 2019. This audit identified a number of the concerns raised at this inspection and an action plan had been developed. However, we were unable to see the impact of this newly developed action plan, or how it had consistently improved the quality of care people received.

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

- Leadership and management identified at this inspection did not promote a positive and person-centred culture in the home. Staff and relatives were not positive about the registered manager or leadership within

the home. One staff member told us, "The managers are now listening to me, I think things will get better now, I feel part of the team and a lot happier than before." One relative said, "The issue I have with the manager is their lack of transparency of what is going on, both with my sister and also with the home. They allowed those who shout loudest to influence the others. If the [registered] manager answered my emails, and was just honest, and told me about the plans to address the running of the home then that would have been okay."

- Staff morale had suffered due to poor leadership that was not inclusive and did not seek to empower people, staff or relatives. One relative said, "When the [registered] manager came into post a few months ago they didn't embrace the staff or support them. Staff morale was atrocious, but I see staff now smiling now. There is a new regime now, the deputy manager gets it. I had a long chat with the deputy yesterday and feel more confident today than I did before Christmas."
- People's views about the quality of care were not regularly sought. A new survey was being developed so the views of people and relatives could be gathered and used to improve the service. There was no current strategy in place to share learning and improve the service to provide personalised care and support for people. The provider told us they were reviewing their approach to care organisationally and making significant changes to bring about inclusion, transparency and improved outcomes for people.

Systems and processes to assess, monitor and improve the quality of care people received had not been effectively used. Management oversight until the recent appointment of a new management team had not ensured people, staff or relatives were able to work in an inclusive, supportive and open environment. People, staff and relatives had been unable to be involved in decision relating to the management of the service. 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 had not been responsive to issues and concerns. They had failed to be open, honest, and apologise to people when things went wrong.
- Duty of candour sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. There was no evidence in people's care records, discussions with staff or management to demonstrate where this had occurred.

This was a breach of regulation 20 of the Health and Social Care Act 2008 [Regulated activities] Regulations 2014.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>Regulation 16 (1)</p> <p>Complaints received had not been robustly investigated and proportionate action had not been taken in response to any failure identified by the complaint or investigation.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 Good Governance (2) (a) (b) (d) & (e)</p> <p>Systems and processes were not operated to ensure the effective assessment, monitoring and improvement of the quality and safety of the services provided in the carrying on of the regulated activity. Where improvements had been identified, actions were not put in place to make those improvements.</p> <p>Accurate contemporaneous records were not maintained relating to people's care needs, day to day support provided, or when reporting incidents.</p> <p>The provider did not seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services</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>Regulation 19 (1) (a) Fit and proper persons employed</p> <p>Prior to staff commencing employment, the provider had not assured themselves staff were of sufficiently good character to work with people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA RA Regulations 2014 Duty of candour</p> <p>Regulation 20 Duty of Candour (20) (1) (a)</p> <p>The provider did not act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity when things went wrong.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staffing. Regulation 18 (2) (a)</p> <p>Staff did not receive appropriate support, training, professional development or supervision and appraisal to enable them to carry out the duties they are employed to perform.</p>