

London And Manchester Healthcare (Romiley) Ltd

Cherry Tree House

Inspection report

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Date of inspection visit:
10 May 2022
18 May 2022
19 May 2022

Date of publication:
05 July 2022

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?

Inadequate 

Summary of findings

Overall summary

About the service

Cherry Tree House is a residential care home providing personal and nursing care to up to 81 people. The service provides support to older people, and people living with physical disabilities or dementia. At the time of our inspection there were 78 people using the service.

Care is provided across three floors, with two floors providing general nursing care and one floor providing specialised care for people living with dementia. All bedrooms are ensuite and there are a variety of communal areas on each floor including living and dining areas, adapted bathrooms and a shared garden, kitchen and laundry.

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

The systems in place to ensure oversight and drive ongoing improvement were in place but had not been effective in resolving all of the issues found at the last inspection or identifying further concerns found at this inspection. The management team were responsive to feedback and took immediate action to investigate our findings and address any shortfalls and provide assurances. The providers track record at Cherry Tree House did not demonstrate that the required improvements could be effectively made and embedded at the service.

People did not always receive the right support to maintain a healthy diet and care records were not robust enough to have oversight that people were receiving the correct diet. People were having their needs assessed but changes were not always readily identified in people's care records. Staff spoke positively about the training they received, but this was not always evident in how we observed people being cared for. People's bedrooms were spacious; and people were able to personalise them. There was a programme to redecorate the home in place.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service were not robust enough to support good practice.

People's experience of being cared for by staff varied and not everyone was consistently treated with dignity and respect. We observed some positive interactions between staff and people, but other interactions which were task focused, or where the support people needed was not readily given. People were not always supported to remain as independent as possible.

People did not always receive person-centred care and we found examples where care was planned and delivered in a staff and task focused way. A new programme of wellbeing activities had been implemented and the wellbeing coordinator was keen to support people's emotional wellbeing. People were supported to have visits from friends and families, but it was not clear that people had been supported to maintain these contacts as much as possible, and some people were unclear about how the current guidance was

being followed. People had care plans in relation to end of life. Those receiving end of life care had advanced care plans which detailed specifics about people's plans for end of life and use of medicines to keep people comfortable.

Systems of checks and maintenance were in place for equipment. There were individual and generic risk assessments, and incidents and accidents were investigated. Staff were being recruited using safer recruitment practice and work to improve recruitment was ongoing. Staff were not effectively deployed throughout the day to meet the needs of people and the home used a high number of agency staff. We have made a recommendation about the dependency tool used to assess staffing levels. People were receiving their medicine as prescribed but we have made a recommendation in relation to the recording of administration of creams. The home was clean and staff used PPE as required.

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 05 February 2021) and there were breaches of regulation. This service has been rated requires improvement for the last three consecutive inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on action we told the provider to take at the last inspection.

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 delivery of individual personalised care; treating people with dignity and respect; the meeting of people's dietary needs; and the oversight and leadership at the home. We have also made recommendations in relation to medicines and staffing.

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 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Cherry Tree House

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

This inspection was carried out by two inspectors, a medicines inspector, an inspection manager and an Expert by Experience. 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

Cherry Tree House 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. Cherry Tree House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. However, at the time of the inspection they were not available onsite and the inspection was supported by other members of the management team, including the deputy manager and area manager.

Notice of inspection

This inspection was unannounced for all visits.

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. We reviewed the information we held about the service including notifications the provider had sent to us and information the service had shared with us through our monitoring activities. We contacted local stakeholders to obtain their views about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with twelve people who used the service about their experience of the care provided. We spoke with seven relatives to gain their views on how their family members were supported. We spoke with 24 members of staff including the provider senior management team; unit managers and the deputy manager; nurses; care home assistant practitioners (CHAPs); care workers from both the day and night shifts; auxiliary workers including domestic, laundry and kitchen assistants; the activity worker and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed how people were being supported during the day and walked around the service to ensure it was clean and a safe place for people to live. We visited the service over two days and also completed an out of hours visit to understand people's experience of care at night.

We reviewed a range of records. This included eight people's full care records, a number of other care plans and records and a variety of records relating to the management of the service, including policies and procedures.

We watched some people being given their morning and lunchtime medicines. We looked at medicine records, including seventeen medicine charts. We also looked at the home's medicine policy and medicine audits.

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 requires improvement. The rating for this key question has remained 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

At the last inspection we made a recommendation the provider review processes for storing prescribed cream and ensuring sufficiently robust systems for checks are in place.

- Most creams were stored securely in people's bathrooms and were readily accessible for staff to use as needed. We noted that some people had skin which looked dry and some staff and people told us that creams were not always consistently applied. The records did not always demonstrate that people had received any cream prescribed as frequently as needed.

We recommend the provider review their processes to record the administration of prescribed creams and lotions to ensure people have the skin care support they require.

- We saw that medicines were given at the right times and people were offered medicines prescribed 'when required' for pain relief. Guidelines for staff about the administration of medicines prescribed 'when required' (prn protocols) and medicines to be given covertly (disguised in food or drink) were clear and up to date.
- Medicines were generally stored safely. Some medicines awaiting disposal, thickening powders and creams were not suitably secured. This was discussed with the management team
- Medicines that are controlled drugs were handled safely. Controlled drugs are drugs that are subject to higher levels of regulation in order to reduce the risk that they are misused. These can include powerful pain management medicines.

Staffing and recruitment

At our last inspection we found that a robust system of recruitment was not always being followed. This was a breach of regulation 19 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 19.

- Safer recruitment processes were being followed but there was not always enough staff to meet people's needs.
- Safer recruitment processes were being followed and appropriate checks were in place including checks

with previous employers and the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Where improvements in recruitment practice were identified, action had been taken. The deputy manager told us, "The recruitment process is much more robust. It can mean things take a little longer, but we are getting the right people in."
- We received mixed feedback regarding staffing. One person told us, "I can wait a long time for the staff to answer the buzzer. At night it tends to be the same staff, but it tends to be different during the day." Another person said, "I call when I need staff, they do come but it varies on how busy they are."
- Staff gave mixed feedback about staffing levels. One staff member told us, "We could really do with more staff. It can be very stressful at times. I think this is why staff keep leaving." Another member of staff told us, "The staffing is ok. We all muck in as a team."
- We observed staff were very busy. People often had to wait for support if they required additional support from staff, particularly at busy times. There were limited opportunities for staff to interact with people which were not task focused.

We recommend the provider reviews arrangements for staffing including ensuring people's needs are accurately assessed and reflected within the dependency tool, how staff are effectively deployed across the home and seeks feedback from people using the service."

Assessing risk, safety monitoring and management

At the last inspection we found systems for checking environmental and individual risk were not always sufficiently robust to ensure timely action was taken to address shortfalls. This was a breach of regulation 12 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 12.

- Systems to assess risk, monitor and manage safety were in place, but other areas of governance require improving.
- Systems to ensure robust oversight for temperature checks of hot water were in place and being completed. The provider undertook a programme of scheduled checks and ad hoc checks to ensure risk associated with scalding were reduced.
- A range of generic and individual risk assessments were in place and reviewed. Individual risk assessments and detail about specific areas of need were recorded in people's care records. However, not all risks were consistently recorded in people's overview of care needs.
- The last two visits from an external fire detection service had identified some recommendations but it was not clear this had been actioned prior to inspection. We discussed this with the management team. This was reviewed and addressed during the inspection with any remedial action arranged.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People generally felt safe at the home and families felt their loved ones were safe. One person said, "I feel safe here and the staff are very good."
- Most staff have completed training on how to safeguard people and understood their responsibilities and the processes used in the home.
- When safeguarding concerns were identified these were reported as needed and investigated to reduce

the risk for the person. Following a number of whistleblowing's, consideration had been given to good practice and any lessons which could be learnt.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We noted some equipment such as crash mats needed additional cleaning and discussed this further with the provider.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to receive visits from their loved ones in line with current guidance. Some people told us they were updated regularly about changes in visiting guidance and received regular visits. However, another person told us there were restrictions on how many people could visit and the length of time relatives could visit for. We observed some visitors on site. However, not all care plans in this area accurately reflected the current guidance.

Learning lessons when things go wrong

- Systems to ensure lessons were learnt were in place, but further work was required to ensure learning was embedded.
- There were systems for oversight from safeguarding concerns, accidents and incidents were in place to ensure appropriate action for individuals was taken, for example any referrals needed. However, it was not always evident that improvements were embedded and sustained over time from shortfalls found at previous inspections.
- The management team were responsive to feedback from the inspection and took immediate action to explore and understand the issues underpinning our observations during the inspection. Meetings were arranged to discuss our findings with the staff team and ensure good practice is embedded.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People did not always get the support they needed to eat and drink enough to maintain a balanced diet.
- The service had clear systems for identifying people losing weight and ensuring actions, such as referrals to dieticians, were taken. However, electronic care records did not always readily identify these risks and care notes did not demonstrate that appropriate care was being delivered in line with advice and care plans. For example, it was not clear that people who required fortified meals or additional snacks were having these as records were not robust.
- Mealtimes were very busy and there was not always enough staff available to provide everyone with the support needed. Some people required prompting or supervision to eat and drink but did not consistently receive this; other people had to wait for significant periods of time for their meal; and meals were not always placed appropriately for people to eat independently. We discussed all our observations of the mealtime experiences with the management team who took action to review our findings and address our concerns.
- Care plans contained details of people who required specific diets, such as a modified diet due to choking risk. Specialist advice was sought when needed and incorporated into care plans. Kitchen and regular care staff understood people's dietary needs. However, care notes did not reflect this guidance was being followed and systems for monitoring and oversight of this was unclear. The management team were responsive to feedback and put measures in place following inspection.

Oversight was not robust enough to ensure people at risk of weight loss were supported to eat enough to maintain a balanced diet. This placed people at risk of harm. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed and reviewed. A variety of assessment tools were used to assess risk, such as weight loss and skin integrity. Where needs had changed this was generally reflected within the care plans. However, these risks were not always clearly identifiable as risk and care plans were not always rewritten when needed.
- Some staff knew people and their needs and preferences well. However there were a number of newer staff and agency staff providing support. Care was not always being delivered in line with people's care plans. For example, support to eat and drink and other preferences were not always being followed. This is discussed further in the responsive section of this report.

Staff support: induction, training, skills and experience

- Systems for induction, training and support were in place but not always effective in ensuring people received the care they needed.
- Staff spoke positively about the training they received and told us they were encouraged and supported to access additional training as needed.
- New staff spoke positively about the induction process they received. One staff member told us, "I got to shadow more experienced members of staff. I was able to get to know people and could ask questions."
- We received mixed views about the knowledge and experience of staff. One person told us, "Most of the staff are fine and know what they are doing." However, we observed practices which indicated some staff may need additional training and support, particularly in regard with supporting people's dignity, person-centred care and eating and drinking.

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

- The environment had been adapted to meet a variety of different needs and plans to improve the decoration at the home were in place.
- There was a plan for improvements and redecoration across the home. Kitchenette and dining areas on the units were worn. We were assured that the provider had the relevant action planned.
- People's bedrooms were spacious, and people had personalised these. Some bedroom furnishings, such as cupboard doors, carpets and window coverings needed attention. This was fed back to the management team who took steps, for example to look into privacy curtains for people who chose to be cared for in bed and had windows visible from the car park.
- The management team had developed previously unused communal areas of the home to make them more usable, including making one room into a garden room. People living with dementia had communal spaces including a pub, laundrette and nursery; resources such as 'fiddle boards' with locks and tools; and dementia friendly signage in place to help orientate them and provide sensory stimulation.

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

- People were supported to access healthcare services and staff worked with other agencies to meet people's needs. However, some improvements to how this was implemented in practice, and records, was needed.
- People were generally having their oral care needs met. There were detailed oral health care plans. One person told us, "The staff are always supportive and assist me with oral care."
- Staff worked with health care professionals including local GP services. People felt confident that staff would contact services when needed.

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.

- People had their capacity to make decisions assessed, but consent to care was not always obtained by staff.
- People had capacity assessments and these were decision specific and included best interest considerations. Where people lacked capacity appropriate applications to DoLS had been made.
- Staff practice around obtaining consent varied. Some staff sought consent before supporting people with any care. However, others did not consistently interact with people or obtain consent when providing support. Some staff moved people with wheelchairs or provided clothes protectors at mealtimes without any interaction or requests for consent.
- Staff completed training in MCA and DoLS but it was not evident the principles of acting in people's best interest in the least restrictive way possible was understood. For example, people who were a falls risk were told to sit down without any consideration as to why they were moving.
- Some staff and people said people were required to go to their bedroom in the evening. We completed an evening visit and found the majority of people to be asleep or in bed before the end of the day shift. We discussed this with the management team who took action to discuss our findings further with the care team, ensure care plans accurately reflected people's preferences and a positive and person-centred approach was embedded.

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 requires improvement. The rating for this key question has remained requires improvement. 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

- People were not consistently well treated and supported.
- People did not always get the support they needed or had to wait for support. On two units we observed mealtimes where people were supported to get ready for their meals but then left to wait for long periods of time for their meals. We noted occasions where people became anxious and unsettled as a result of waiting, whilst others became less alert, and in some instances fell asleep.
- People gave mixed views about how they were cared for but generally described the regular staff positively. One person told us, "The staff are friendly. They are like my friends. I know the staff and they know me." However, another person said, "There was one member of staff who shouted at me. I have insisted they don't come into my room anymore."
- The quality of interaction between people and staff varied. We saw positive and kind interactions but also noted times when people were not given reassurance as needed or were ignored. At times people were overly restricted and told to "sit down". We fed this back to the management team.

People were not consistently well treated and supported. This placed people at risk of harm. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- It was not always clear that people were supported to express their views and make decisions about their care.
- People generally told us they were involved in making decisions about their care. One person told us, "Staff listen to me and they don't insist I do anything I don't want to." However, we observed that people were not consistently supported and encouraged to make decisions about their daily lives.
- People's care records did not always reflect that they were involved in making decisions about their care, or in reviews of care plans. Where people lacked capacity, families were involved in making best interest decisions. Staff would arrange for advocacy services to support people who did not have anyone to advocate on their behalf and in their best interest.

Respecting and promoting people's privacy, dignity and independence

- People did not always respect and promote people's privacy, dignity and independence.
- Care plans were written and reflected the importance of promoting people's dignity and independence. However, care was consistently delivered in line with these care plans and we saw instances where people's dignity and independence was not considered. For example, we found numerous instances where people

who were able to use call bells did not have these in reach. We observed that many of these must have been placed in this way, rather than fallen out of reach, although care plans indicated it was important that staff ensured call bells were at hand for these people.

- We completed an evening visit and found the majority of people in bed prior to the night staff commencing shift. We were not certain that this was people's genuine preference and some people and staff indicated free choice around bedtimes was not consistently promoted. During this visit we found many people did not have their curtains closed, even though in some instances this was a preference expressed in their care plan, and consideration was not always given to adjusting lighting or sound from televisions when people had fallen asleep.

- We received mixed views about how people were supported to remain independent. We observed some examples where adaptations, such as where eating and drinking equipment and cutlery, were in place. However, we found other examples where staff had not taken action to promote independence. For example, through moving furniture to ensure meals were accessible for people to eat. Staff addressed these shortfalls when these were highlighted to them. People did not always feel they were supported to remain as independent as possible. One person told us, "I would like to get up and walk and do more for myself but I keep getting told I am at risk of falling."

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 requires improvement. The rating for this key question has remained 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

At our last comprehensive inspection we found people were not receiving care and support which met their needs and reflected their preferences. This was a breach of regulation 9 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 9

- People were not consistently supported with person-centred care in line with care plans. For example, one person required supervision and encouragement when eating, but was not supervised and staff only offered this person encouragement on one occasion although they were not eating. We observed opportunities to encourage people with offers of second helpings were not taken for people at risk of weight loss and additional varied and balance choices of snacks not provided above those offered to people not at risk of weight loss.
- We observed that care was often delivered in a way that was staff and task orientated rather than person-centred. For example, almost everybody was provided with breakfast before receiving personal care and getting up for the day, and schedules for showering were agreed by the shift leader on a rota. People could ask for showers and baths, but records did not evidence that this often was the case.

People were not always getting care that was person-centred and in line with their assessed needs and preferences. This placed people at risk. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last comprehensive inspection we made a recommendation that as part of the roll out of the electronic care plan system, care plans are reviewed to ensure they are of good quality and person-centred and that all the relevant areas of care are planned for in a timely manner.

- Care plans contained detail about people's needs including specific conditions and how this affected people; specific equipment needed; and reference to people's likes and preferences. One family member commented on how well written the care plans were and how well it reflected their loved one. However, daily records did not demonstrate that care was being safely delivered in line with people's needs and preferences. Our findings were fed back to the management team; who took steps to further review and address these issues.

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 home had two wellbeing co-ordinators in post and they offered various activities each day on a unit and this alternated every day. The home had recently invested in a wellbeing programme, which is developed to enhance the mental, physical, and emotional wellbeing of older people living in care home settings. The wellbeing co-ordinator was keen to improve people's wellbeing and spoke positively about the wellbeing programme. We will review the impact of this on reducing social isolation for people, particularly those cared for in bed, at our next inspection once it has been embedded.
- People spoke positively about the activities available in the home. One person told us, "I do go out to join in the activities but there hasn't been much on lately." Another person told us, "I sometimes join in the activities I enjoy the live music and the bingo."
- Staff told us that people were supported with visits from friends and family in line with any guidance and restrictions in place at the time. One person told us, "My family member is kept fully informed on the latest changes in visiting guidelines. They visit me all the time." However, another person was less clear on the visiting arrangements and told us visiting was time limited.
- Some people had visits from friends and family during our inspection. However, Covid-19 related care plans had not been updated regarding recent changes in guidance. Records did not demonstrate that the role of essential care givers were consistently considered for everyone who may have benefited from this support when this scheme had been in place.

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.

- People had communication care plans. This contained basic information about equipment people needed to enable communication, such as glasses and hearing aids. We found some examples for people where more could have been done to address barriers to and discussed this further with the management team.
- The home used communication cards with people which contained basic areas for communication. However, further work in this area could be implemented. For example, we noted that where people were living with dementia they were not consistently offered choice at mealtimes and may have benefitted from a pictorial menu.

Improving care quality in response to complaints or concerns

- Systems to make complaints and raise concerns were in place and these were investigated.
- Most people and relatives told us they felt able to raise concerns although not everyone told us they were confident to do so. One relative told us, "I know the manager and they are approachable and I feel they listen to me and put me at ease."
- Information about how to make a complaint was provided to people as part of a welcome pack on admission. The reception area contained information about how to provide feedback and a suggestion box. The provider had suitable policies and procedures around managing complaints in place.
- The registered manager maintained a record of complaints received by the service. Where complaints were received, these were investigated and responded to. Action was taken to address concerns although some of the recent complaints had not yet been resolved.

End of life care and support

- End of life care plans, which guided staff on how to support people approaching end of life, were in place. Some people had advanced care plans and these contained further specific details around anticipatory medication to keep people comfortable at the end of their life and practical arrangements.
- During the inspection some people were receiving this support. Staff were proactive in using anticipatory medicines to manage symptoms being experienced and provide reassurance and comfort to people. Some staff were experienced and passionate about providing good quality end of life care and support to people.

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 requires improvement. The rating for this key question is now inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection we found systems of oversight were not robust enough to consistently identify shortfalls in checks of risk and record keeping and recruitment. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection we found shortfalls regarding the management oversight. At this inspection we found measures implemented, but not always effective in identifying and addressing issues.
- Regular checks were completed to ensure call bells were in place for people who needed them. However, these checks had not identified how frequently call bells were not in reach for people. This was a shortfall which we observed throughout the inspection. Other checks identified at the last inspection, such as water temperatures and recruitment records, had been addressed.
- Systems to ensure the quality of service were not effective to ensure person-centred care was delivered. During the inspection, a number of shortfalls in the delivery of person-centred care regarding personal care, mealtime experience, and other aspects of care were identified. This had not been identified through quality assurance tools used by the service.
- Systems to understand the experience of people receiving care, particularly those unable to advocate for themselves, were not effective in identifying shortfalls in staff practice. Our observations of how people were treated was corroborated by members of staff and people living at the service.
- Systems to ensure accurate, contemporaneous records were maintained were not effective in identifying where shortfalls in people's care occurred. We found numerous instances where mealtime records did not contain sufficient detail about what a person had eaten, or evidence this was in line with their care needs. We found examples where records were not accurate and a person had a meal option recorded which was both not accurate and had not actually been eaten.
- The service has been rated as requires improvement or inadequate in the key question 'Is the service well led?' for the past eight consecutive inspections since 2015. This track record does not demonstrate the provider is able to embed and sustain the improvements required, despite the current assurance given by the provider.

Systems were not effective in ensuring the identification of shortfalls within the home, or in driving improvements to the quality and experience of care being delivered. This placed people at risk. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture at the home did not always support a positive and open person-centred approach. Staff gave mixed views about the culture of the home, with some feeling very supported and able to raise concerns. However, other staff told us they felt dismissed when they raised concerns. One staff member told us, "A lot of staff tend to be in the office rather than on the floor. There isn't enough leadership and they are more concerned about the staff than the residents."
- During the inspection we saw some positive and person-centred care but also care that was task focused with limited consideration given to the preferences and impact for people.

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

- The management team were open to feedback and took immediate action. However, we could not be certain that the culture at the home fostered open and honest dialogue. Staff's experiences of raising concerns varied significantly and it was not always possible to ascertain if legitimate questions or concerns had been dealt with appropriately.
- Records from complaints, incidents and safeguarding's indicated the provider was meeting their responsibilities under the duty of candour. It appeared information was being shared with organisations, such as the local authority and CQC where needed.

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

- Systems to involve people using the service and work in partnership were in place, but not effective in ensuring everyone felt able to contribute.
- The home held meetings with people living at the service. These discussed various aspects of the service, including meals and activities. Action was taken in response to feedback, for example where people had specific requests for meals. However, it was not clear how people with challenges around communication had been supported in feeding back about the service, or how their advocates and families had been involved. Views about people's confidence in raising concerns varied.
- The provider completed surveys with people, families and staff. A recent staff survey had been completed which was mainly positive. However, the feedback we received from staff was more mixed and indicated not everyone felt safe to raise concerns or feedback views.
- Staff sought healthcare input from external services as needed.

Continuous learning and improving care

- Systems for continuous learning were in place, but were not always effective.
- The management team were responsive to feedback and immediately took steps to review their processes and understand the context of our findings. They told us meetings and discussions with staff following the inspection took place and reflective learning for the team was ongoing.
- The management team recognised some challenges regarding the culture at the home. An external service to support the home and complete 'mock' inspections had been commissioned. However, these had not identified some of the concerns we observed during this inspection.

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
Treatment of disease, disorder or injury	People were not always getting care that was person centred and in line with their assessed needs and preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not consistently being well treated and supported

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	Oversight was not robust enough to ensure people at risk of weight loss were supported to eat enough to maintain a balanced diet.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not effective in ensuring the identification of shortfalls within the home, and driving improvements in the good quality and experience of care being delivered.

The enforcement action we took:

Warning notice