

Weldglobe Limited

# St Georges Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service: St Georges Care Home is a residential care home that is registered to provide accommodation and personal care to a maximum of 35 people. At the time of our inspection, 25 people were living there.

People's experience of using this service:

- People told us and we observed that staff were kind and caring in their interactions with them.
- The systems for checking the quality and safety of the service had again failed to identify where improvement was required. Audits were not sufficiently robust to identify concerns we found during this inspection. This put people at risk of potential harm.
- Further improvement was needed to ensure identified risks contained clear guidance on how these should be managed. Some risks, such as choking, did not have an associated plan of care to guide staff on how to reduce the risk, and action to take if a person was to choke. Where people had health conditions such as epilepsy or diabetes, there were not always risk assessments in place so staff knew how to recognise signs that they were becoming unwell and how to support them if their health condition deteriorated.
- Care plans were now more person-centred and included information on people's life history and what their preferences were in relation to how their care was delivered. However, we found that care plans were not always sufficiently detailed where people had health conditions, and sometimes there was conflicting information contained within them.
- Food and fluid charts were in place for people at risk of malnutrition or dehydration so staff could monitor this. However, we found some conflicting information in care plans relating to people's dietary needs.
- The Mental Capacity Act 2005 Deprivation of Liberty Safeguards were not fully understood by the registered manager. Applications to deprive people of their liberty had not been made in line with this Act to ensure care was lawful.
- People received their medicines by staff who had received relevant training. However, medicine administration records were not always completed in line with best practice, and we found two medicines in use had expired. Staff were not periodically assessed for competence in managing people's medicines.
- Staff received training relevant to the people they were caring for. However, other areas of required training, such as diabetes, management of challenging behaviours and end of life care had not been planned.

- Staff understood the need to keep people safe from abuse and what was required to do this. Staff had received training in this area, and were clear they would report concerns to a manager or appropriate outside agency without delay. However, referrals had not always been raised by the registered manager.
- The overall rating for this service remains 'Requires Improvement'. The rating for well-led is inadequate. This is the second consecutive inadequate rating for well-led, which means the service will now enter special measures.
- Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will act in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will act to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Rating at last inspection: At the last inspection the service was rated 'Requires Improvement' (Report published August 2018.)

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated 'Inadequate' in any one of the five key questions.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor this service according to our inspection schedule in line with services in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not 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 Safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# St Georges Care Home

## **Detailed findings**

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** One inspector and an expert by experience carried out this inspection. 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:** St Georges Care Home is a residential home that is registered to provide accommodation and personal care to a maximum of 35 people. At the time of our inspection, 25 people were living there. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced.

**What we did:** We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people who used the service, four relatives and a visiting healthcare professional to ask about their experience of the care provided. We carried out observations of people receiving support and spoke with the registered manager and four care and catering staff who worked at the service.

We looked at seven care records in relation to people who used the service. This included medicines

records. We also looked at four staff files as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- At our last inspection on 6 February 2018, this key question was rated, 'Requires Improvement.' This was because the service needed to make improvements in how it managed risks to people, and risks within the environment. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found some improvements in how risks were being mitigated which included more detailed instruction within risk assessments to ensure staff had clear guidance. The provider is no longer in breach of this Regulation. However, further improvement is needed to ensure identified risks are managed.
- Risk assessments were in place to reduce the risks to people in relation to developing pressure ulcers, malnutrition and falls. However, some areas of identified risk, such as choking, did not have an associated plan of care to guide staff on how to reduce the risk, and action to take if they did choke.
- Where people had health conditions such as epilepsy or diabetes, there were not always risk assessments in place so staff knew how to support them if their health condition deteriorated. There was no guidance on symptoms the person might exhibit if their blood sugars were to become high or low so staff were aware.
- Risk assessments were reviewed by staff monthly or when people's needs changed. However, the new risk score was not always recalculated and staff wrote 'no change'. Some risks were originally assessed as far back as 2016. The registered manager told us they trusted staff to carry out a full re-assessment if this was needed. However, this method does not demonstrate a robust process to ensure increasing risks were identified.
- Where people experienced periods of distress, there was detailed information about what might trigger this, and what staff should do to help reassure people. We saw staff following the care plans and using the techniques outlined effectively.
- Emergency plans were in place to ensure people were supported in the event of a fire.
- Some environmental risks had been addressed; wardrobes were now secured to walls to prevent the risk of an accident if they were to fall over.
- The temperature in the conservatory area was now controllable; high level wall mounted heaters had been installed, and we found this to be effective at maintaining an ambient temperature.
- Equipment such as hoists and bath lifts had been serviced to ensure they were safe to use.
- Water systems were monitored to prevent the risk of legionella. This included taking hot water temperatures. However, the service was not monitoring cold water temperatures to ensure these were within safe limits.

### Using medicines safely

- People told us they received their medicines on time and when they needed them.

- Documentation was not always completed in line with best practice; medicine administration records (MAR) contained some handwritten entries which had not been signed by two staff which is best practice to avoid errors when transcribing.
- Protocols were in place for some, but not all, medicines taken 'as required' (PRN). This is important to ensure they are given consistently and appropriately by staff. We found three protocols had not been reviewed since 2014.
- One MAR chart stated that one medicine should be given three times daily. The PRN protocol stated this could be given up to four times daily. Therefore there was a risk the medicines would not be given as prescribed.
- We found a box of pain relief medicines and dextrose gel (used to treat low blood sugars) had expired and this had not been identified through auditing processes. There was therefore a risk that people would not receive effective medicines to treat their symptoms.
- Topical medicines (such as creams and lotions) stored in people's room were not secured. Therefore medicines could be accessed by people living at the service with the risk of causing themselves accidental harm.
- Cream charts were not consistently signed to demonstrate that staff had applied these in line with their assessed needs.
- Staff received medicines training, but did not receive periodic assessment of their competency.

#### Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults. They were able to tell us the types of abuse they may come across in their work, and who to report any concerns to.
- The registered manager had not made any safeguarding referrals in the past 12 months. They told us of an event which should have been reported to safeguarding and hadn't been.
- We discussed with the registered manager their responsibility to liaise with the local authority safeguarding team if concerns were raised, and to refresh their knowledge on types of abuse which would warrant a referral.

#### Staffing and recruitment

- We observed that staff were readily available to assist and support people when needed throughout our inspection visit.
- People told us that staff responded to their needs. One person said, "I do feel safe here as everybody is so nice, the staff and the residents. If I need anything during the day there is always a number of carers about in the lounge and the dining room, so I just need to ask. When I am in my room there is a buzzer there which I can press if I want some help. I rarely use it." Another said, "If I need anything then there is always someone about who can help me. At night I can press a buzzer in my room and they will come quickly."
- Staff told us that generally there were sufficient staff. One staff member said, "Staffing is ok. If staff call in sick it's sometimes hard to cover, but not too many issues, we cope okay, and it does not compromise anyone's care."
- Procedures for staff recruitment needed to be more robust. We found one staff member had not provided a full employment history; there was no written explanation of a two year gap in their employment.
- Checks were made with the Disclosure and Barring Service (DBS) to ensure staff were suitable for their role. However, we found that for long standing members of staff, there was no process or policy in place to review the DBS and check if their circumstances had changed.

#### Preventing and controlling infection

- Infection control audits were not being carried out routinely. One was carried out following our inspection, but none could be produced prior to this.



- There were cleaning schedules in place which included equipment that people used.
- We observed the main areas of the service to be clean, however, some corridors had a noticeable mal-odour that remained throughout our inspection. We brought this to the registered managers attention who told us they were monitoring this and some carpets and flooring were due to be replaced.
- Staff had access to personal protective equipment such as gloves and aprons, and were seen to use these when required.

#### Learning lessons when things go wrong

- The registered manager had taken some action to improve documentation, such as more person centred detail in care plans, and reference to best practice for end of life care. However, since our previous inspection in February 2018, the service had not made sufficient improvements, and as a result remain in breach of three Regulations. This does not demonstrate that lessons are learned, and actions taken as a result.
- There was a more robust method of recording accidents and incidents which had occurred in the service. The registered manager had only recently implemented this, however, it will enable them to have better oversight of any potential themes and trends.

## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found that two authorised DoLS had expired in 2018. There had been no consideration of whether these needed to be renewed to ensure any restrictions were lawful.
- The two authorisations were not subject to any conditions, however, when we asked the registered manager if there were conditions attached, they told us they would have to check as they weren't sure of this.
- The MCA 2005 and DoLS were not fully understood by the registered manager or staff, and therefore we could not be assured that people received care in line with this Act.
- There were other people living with dementia, under constant supervision and unable to leave the service where DoLS applications had not been made. This meant that we could not be confident that the provider was aware of their duties and responsibilities and that people's human rights were respected.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Appropriate documentation relating to best interests decisions were in place.
- Staff understood the need to gain consent. One staff member said, "I always assist people with day to day decisions, making sure I give people clear choices, and not restricting them. When having tea, we let them choose types of cake, we bring them out so they can see them. If people need personal care we will support them if they allow us to, not against their will. We work in their best interests."

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

- At our inspection in February 2018 we found the provider to be in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the care planning around how risks of malnutrition were managed was not always clear. At this inspection we found some improvements had been made in the level of detail relating to people's nutritional needs, such as if they required snacks between meals, and their food preferences. We found that people were receiving foods in line with their dietary needs, and were appropriately referred to professionals such as dieticians. The provider is no longer in breach of this Regulation. However, we found that further improvements were still needed to ensure documentation was clear and consistently completed by staff.
- One nutrition care plan stated that the person should have a low sugar and low carbohydrate diet. Part of their care plan said they should eat cakes and chocolates. Their daily notes had been updated recently to say that they should have fortified foods and high calorie snacks between meals. This meant that guidance was not clear as the main care plan had not been updated.
- Another person had a best interests decision in place stating they did not have capacity to choose food that was suitable to control their diabetes, and that staff needed to provide them with a low sugar diet to reduce the risk of problems arising, as recommended by their GP. However, their nutrition care plan said they particularly enjoyed snacking on biscuits, chocolate bars and cakes. This meant that staff did not have accurate information to ensure the person's needs were met, and that risks to increasing blood sugars were minimised.
- Two food charts we reviewed showed that snacks between meals had not always been documented to evidence these were offered in line with their care plan. We saw the two people had however gained weight.
- We observed the lunchtime meal and found this to be a pleasant dining experience. People chatted together on tables set for four people. Staff were available at all times and supported those who required assistance with eating. One person said, "I think the food is very good here and they know what I like. I love my puddings and they always give me a second helping each day."

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

- Assessments were obtained from health and social care professionals prior to people coming to live at the service. These were used to help plan people's care.
- Best practice guidance had been researched in relation to planning people's end of life care. However, further learning in different topics would enhance people's care and ensure it was effective.
- A health professional told us, "They [staff] are good. Whenever I come in they are always helpful. They do seem to care. They follow any recommendations."

Staff support: induction, training, skills and experience

- Staff received training in areas such as medicines, moving and handling, nutrition and hydration, and safeguarding. However, we found some staff had not received recent MCA/DoLS training, or training relevant to the people they were caring for such as end of life care, diabetes, or how to deal with behaviours which may challenge staff.
- Staff received quarterly supervision sessions to discuss their performance and any training requirements. However, the content within these was very limited in some cases, and it was not always clear when issues were raised by staff how these would be dealt with by management. Where staff had requested further training in 2018, such as end of life care and challenging behaviours, this had not yet been arranged to ensure staff were competent.
- The service had recently employed several new staff. Newly recruited staff told us they had been supported and mentored by existing staff, and that they spent time shadowing them to gain confidence in their new role.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager had worked closely with the local authority provider support team to improve the quality of documentation and governance systems.
- There was communication with community based professionals, and a system of handover of information between staff on a daily basis.
- People were supported to maintain good health and were referred to appropriate health professionals as required. One person said, "If I need to see the doctor, then I just have to ask and they will arrange it for me. I get a visit from the chiropodist every so often who looks after my feet." A relative told us, "There is very good access to the local GP. My relative had a problem with one of their eyes. I mentioned it to the staff and the doctor came to see them the next day. Now that's what you call service."

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

- The service had good navigational and informative signage to support people to locate different rooms, such as the lounge and bathrooms. Corridors were well decorated with colourful murals and objects of interest, such as clothing and handbags from the 1960's.
- There was a choice of communal areas where people could sit and spend time with others or alone in a quieter lounge area.
- Some areas of the service were in need of redecoration where paint had become chipped from wear and tear. The registered manager was aware of the need to address this.

# 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

Although we received positive feedback from people and their relatives about the care they received and the kindness of staff, the lack of attention to detail in relation to people's care plans and associated documents, meant that people were at risk of potential harm. The concerns we raised during our last inspection in February 2018 had not all been adequately addressed by the provider to ensure people were safe. This did not demonstrate a caring approach.

Ensuring people are well treated and supported; equality and diversity

- People told us, and we observed, that staff were kind and caring in their interactions with people. We saw that relationships had been built between people and staff.
- One person told us, "The care here is quite outstanding. It's homely, not impersonal, like some of the larger care homes." Another said, "The staff here are very caring here and I don't know what I would do without them. They are all so kind and polite and nothing is too much trouble for them." A relative said, "The care my [relative] gets in the home is as good as they would get at home. The girls [staff] are all very kind and thoughtful and always speak nicely to people and never raise their voice."

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

- At our previous inspection we made a recommendation that people's care plans were updated to reflect their views and preferences. At this inspection we found that progress had been made, and people's preferences were recorded. This included their personal care, food preferences and how they liked to spend their day.
- Residents meeting were held monthly so people could give their views on the care they received. Minutes from these meetings showed that topics included the food, activities provision, room décor, access to health, management and care delivery. People's views were documented well and showed that the majority of people were happy with their care.
- People and their relatives (where appropriate), were invited to be involved in reviewing their care plans. One person said, "I have seen my care plan but I don't really understand it so I leave that to my [relative]." A relative said, "I know there is a care plan but I have not had an opportunity to view it yet, but I have had meetings with the manager to talk about [family member's] care." Another said, "I have seen the care plan, but more than that we have regular discussions with the manager about [family member's] care."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private.
- Staff knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets and people told us this was usual.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in a private location.

- People told us they felt listened to. Staff knew how people liked to be addressed and called people by their preferred name or title.
- People were asked their views about their preferences of the gender of staff who delivered their care. These were documented in people's care plans so staff were aware.

## Is the service responsive?

### Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection on 6 February 2018, we found that care plans were not person centred and did not contain information on people's preferences. This constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements had been made in the level of person centred content, however, further improvement is still needed to ensure care plans contain accurate and updated information. The provider therefore remains in breach of Regulation 9.
- Some care plans contained conflicting information, particularly in relation to people's nutritional needs.
- Some care plans had been completed over 12 months ago. Staff added information to these where people's needs had changed. However, this could lead to confusion. It was sometimes not clear which part of the care plan was still relevant to the person's care, and in some cases their needs had changed.
- One person had several falls in the preceding month. Their falls care plan had not been updated to reflect the increase in falls they were experiencing and how staff should support them.
- There were not always care plans relating to health conditions such as diabetes and epilepsy and the associated risks so staff were aware.
- Whilst many of the staff working in the service knew people's needs well, there were new staff working in the service who would require clear and accurate guidance to ensure they could meet people's needs effectively.
- People's records now contained detailed life histories. Often they were worded exactly as the person had told the story, which gave it additional impact and understanding of their views. These will help staff to better understand people, particularly those living with dementia, or people who may have limited communication. Relatives had also been involved and gave their views on their relatives lives.
- There were posters in people's bedrooms which gave an overview of people's preferences in relation to various aspects of their care.
- There was an activity co-ordinator who worked in the service three to four days per week; we observed them during our inspection visit and found them to be very effective in supporting people to participate in activity. They planned the activities for the week and when not in residence the materials were provided for the care staff to use. There were activities such as handwriting practice and evidence seen of a significant improvement of handwriting skills.
- There was the development of gardening with on-site allotment and also a community allotment planned for. People tended to the on-site allotment discussing, planning and choosing what was grown. Last year they grew many types of vegetables, sunflowers, sweet peas, and soft fruit.
- People went on a number of trips and photographs of a recent outing were on display.
- People were supported by the local Dementia Club which was run by students from the local High School.

#### End of life care and support

- The registered manager told us they had referred to best practice guidance in relation to end of life care plans to improve the content of these. We found that they contained relevant detail such as where people wished to spend their last days, who they wanted present, and if they had any religious or spiritual needs. This helped staff to understand and respect people wishes. However, staff had not received recent training in end of life care.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, people told us they would complain if they needed to raise concerns.
- The service had logged a recent complaint that we were made aware of, including actions taken. However, when visitors raised concerns verbally the registered manager had not kept a written account of the conversation or their response so there were no records to demonstrate the action taken.
- One person told us, "I have no reason to complain, everything is just right for me." Another told us, "I have no complaints, I really love it here." A relative said, "The management are very approachable and will chat to you about how things might be improved for my [family member]."



# 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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- At our previous inspection in February 2018, we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management of the service had been unable to sustain improvements to comply with Regulations. We rated this key question as inadequate.
- At this inspection we found the provider remained in breach of Regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also a new breach of Regulation 11 which relates to consent. This demonstrated that the service had been unable to make sufficient improvements to comply with Regulations.
- The service had been rated 'Requires Improvement' since 2015. The provider has failed to achieve and sustain a minimum overall rating of 'Good'. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'.
- The registered manager had worked in the service for a number of years and was supported by a deputy manager and senior care staff.
- Systems in place to monitor the quality of the service were not robust and had again failed to identify where improvement was required. Some audits did not cover sufficient areas to be effective.
- Documentation in relation to medicines had not been identified as requiring improvement, and we found topical application (such as creams) charts were not being audited. Audits that were in place were not sufficiently robust to identify areas requiring improvement, such as expired medicines which we found were in use, and reviewing 'as required' protocols. Best practice was not being followed to ensure hand written records were transcribed accurately. Staff were not receiving annual medicine competency assessments in line with best practice.
- Care plans contained contradictory guidance in some cases, and this had not been identified by the auditing processes.
- The registered manager had not always reported safeguarding incidents without delay and via the correct notification procedure. Their knowledge around what incidents would warrant this was lacking.
- The registered manager was not knowledgeable in the Mental Capacity Act 2005 Deprivation of Liberty Safeguards to ensure people's human rights were respected. They had not received recent training in this area.
- Staff had not received all the training they required promptly to ensure they were competent in their roles.

The above constitutes a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was open and transparent about some of the difficulties they were having with improving documentation. Where discrepancies were found they were honest in their account of failing to identify this independently and acknowledged the auditing process needed to be more robust. Following the inspection they took prompt action to rectify some areas of concern we raised, such as risk assessments, care planning and medicine audits. However, this was in response to our findings.
- The provider had chosen not to fill vacancies so that they could focus on making required improvements. The registered manager said they felt well supported by the provider who provided supervision, and regularly spoke with them between visits to see if there were any issues they could help with.
- Following the last inspection the provider had implemented a more questioning audit that they completed. Actions were listed where issues had been found. However it was not wholly effective. For example, one first aid box had not been checked, and we found items within it had expired. The provider regularly checked the audits that had been completed by the registered manager, and visited the service monthly. No issues had been identified that we found.

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

- The provider engaged with people and their relatives using satisfaction surveys and meetings. These showed that people had been satisfied with the quality of care provided.
- The results from a 'residents survey' for 2018 was displayed in the main entrance. With questions based on the Care Quality Commissions key lines of enquiry. The results showed that people felt the home was at least good, very good, or excellent in all areas. No negative responses were observed.
- People told us they knew who the registered manager was, and that they were approachable. A relative said, "The manager is so approachable and have impressed me no end. I can't thank them enough for what they have done for [family member]."
- Staff worked effectively as a team, and interacted with people in a respectful manner. One staff member said, "I do think it is well led, things are improving, like the care plans, and having an end of life care plan in place was really needed. I now know who I need to contact should the worst happen." Another said, "There is always room for improvement, people do get good care here, but sometimes I think communication could be better."
- There were staff meetings held to share information. We saw that following the inspection, findings were discussed with staff members so they were aware of the improvements needed.
- Links had been made with the local school who visited and participated in arranged activities on a weekly basis. This was in addition to the local high school who run a dementia friendly community support group, putting on drop in coffee mornings as well as entertainment and events.
- The activity co-ordinator had recently arranged for another local primary school choir to come and practice their singing with people. There were also links with local Brownie groups and another school who at different times of the year visited the service to sing with people.

Working in partnership with others

- Evidence we looked at demonstrated the service worked in partnership with the wider professional team. The service had also worked closely with the local authority provider support team, and had followed their advice and guidance in areas such as care planning.
- The registered manager needed to continue to forge links with other professionals and organisations that could support them in additional learning and to prevent the service from becoming isolated in their practice.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care plans did not always contain accurate and updated information so staff had clear guidance.</p> <p>Health care plans were not always in place.</p> <p>9 (1) (3) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards to ensure that people's human rights were respected.</p> <p>11 (1)</p>